

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

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June 24, 2015
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HELD AT: 250 Broadway - Committee Room
16th Floor

B E F O R E:
COREY D. JOHNSON
Chairperson

COUNCIL MEMBERS:
Maria Del Carmen Arroyo
Rosie Mendez
Mathieu Eugene
Peter A. Koo
James G. Van Bramer
Inez D. Barron
Robert E. Cornegy, Jr.
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A P P E A R A N C E S (CONTINUED)

Karen Taylor
Assistant Commissioner
Bureau of Community Services
NYC Department for the Aging (DFTA)

Johanna Conroy
Program Manager
Office of Emergency Management (OEM)

Dr. Tom Matte
Bureau of Environmental Surveillance and Policy
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Michael Seilback
Vice President of Public Policy and Communications
American Lung Association of the Northeast

Michael O'Laughlin
Campaigns Director
Cab Riders United

2 [sound check, pause]

3 [gavel]

4 CHAIRPERSON JOHNSON: Good afternoon,
5 everyone. I'm Council Member Corey Jonson, Chair of
6 the New York City Council's Committee on Health.
7 Today, the Committee will be hearing two pieces of
8 legislation relating to air quality in the Department
9 of Health and Mental Hygiene. According to a 2013
10 study by DOHMH, an average of 447 patients each year
11 between 2000 and 2011 were treated for heat illness
12 and released from emergency departments, 152
13 hospitalized and 13 died from heat stroke in New York
14 City. And due to increasing temperatures, these
15 number are expected to rise. Meanwhile, studies
16 suggest that poor air quality in New York City
17 contributes to 6% of all dust here. Short of death,
18 poor air quality has been linked to reduced birth
19 weight and, of course, asthma. The city's air has
20 been improving in recent years, but we must do more.
21 Introduction 703 by my good friend Costa
22 Constantinides, which we're hearing today is intended
23 to work towards addressing the dual problems of heat
24 and poor air quality to the operation of Cooling
25 Centers. It would require the Department of Health

2 and Mental Hygiene in consultation with the Office of
3 Emergency Management to operate Cooling Centers when
4 the heat index and air quality are hazardous to
5 vulnerable populations such as the elderly. This
6 bill would expand the existing Cooling Center's
7 program and require improvements to the Cooling
8 Center website, which currently only shows Cooling
9 Center locations for limited portions of the air.

10 The second bill we'll be hearing today is
11 Introduction 712, which I introduced. This will
12 would codify and expand the Community Air Quality
13 Survey performed by the department. It would require
14 DOHMH to use measurements from at least 150 locations
15 around the city and release and issue an annual
16 report about the survey that identifies major sources
17 of pollution and makes recommendations for improving
18 air quality. I would like to turn it over to my
19 colleague and friend Council Member Costa
20 Constantinides to make an opening statement.

21 COUNCIL MEMBER CONSTANTINIDES: Thank you
22 Chair Johnson and your leadership has been exemplary,
23 and I truly appreciate not only your friendship,
24 you've been a true friend and a true advocate for the
25 people of the city--for the people of the City of New

2 York as Health Committee Chair. So thank you today
3 for this hearing and working with me on Intro 703 as
4 well as on 712. Although in the past century New
5 York City has made tremendous strides in the--in the
6 quality of its air the work our city agencies have
7 done to protect New Yorkers from ambient pollution
8 and inclement weather are very praise worthy. The
9 Cooling Center Program in place [coughs] there for
10 the most vulnerable among us is exactly the
11 undertaking that local government was designed to do.
12 And I believe that OEM has done a great job in
13 conducting it. We're here today, therefore, not to--
14 not to give you a hard time, but to collaborate with
15 agencies and to figure out how we can connect this
16 resources with those who sorely need it. We're also
17 here because we need to prepare for the future. The
18 Department of Health has estimated, as Chair Johnson,
19 has talked about that 250 to 300 New Yorkers die
20 every year from heat related conditions. As this has
21 been the case in past heat waves, it's likely that a
22 large percentage of those deaths are seniors. It's
23 also quite likely that the number will grow
24 substantially over the next few decades. In a July
25 2013 report, the Center for an Urban Future estimated

2 that the senior population will increase by 35% over
3 the next 15 years putting New York's 65 and over
4 population at 1.3 million by the year 2030. In that
5 same time frame, under Clear Climate models the
6 number of days above 90 degrees per year that the
7 city will experience is projected to rise from about
8 17 to between 26 and 31. Most significantly, the
9 NRDC, the National Resources Defense Council has
10 estimated that heat mortality in New York City much
11 hot air could increase up to 70% by mid-century.

12 There is also the issue of air quality. Although New
13 York has made strides in meeting the Clean Air Act
14 standards for criteria pollutants, we still haven't
15 met the standard for ozone, a chemical compounds that
16 often correlated with hotter weather. With
17 aforementioned climate rise, this problem will only
18 grow and bring with it a host of potential health
19 problems, including decreased lung function,
20 increased susceptibility to respiratory infection,
21 chest pain, nausea and other symptoms. There are all
22 from the OEM website. Yet, even with ozone
23 concentrations reach hazardous levels, there is no
24 specific requirement to open city Cooling Centers.
25 Our Cooling Centers are undoubtedly an excellent

2 resource that can be used to mitigate this looming
3 disaster. Several investigations over the past few
4 years have shown that many people who are without--
5 who are in most need of a Cooling Center are not
6 using them. Both the New York Times and WNYC have
7 found that centers are often under-utilized, and I
8 think that you do a great job with Cooling Centers,
9 and we're looking forward to seeing how we can expand
10 that use. That's why this bill is so important. It
11 codifies the program, and expands it to include poor
12 air quality days. It instructs partners through our
13 Public Awareness Campaign to bring more people into
14 our centers, which we're looking forward to you
15 partnering with us. It requires that our Cooling--a
16 list of Cooling Centers be listed on the City's
17 website at all times and not just on days when there
18 are air quality emergencies. It also requires that
19 the yearly survey be conducted so we can know how to
20 improve both the substance and the marketing of our
21 cooling centers. But that also leaves the ball in
22 OEM's court. It doesn't require--it doesn't require
23 OEM to open specific centers or a specific number of
24 centers between what they've already done. It also
25 delegates a decision about what specifically

2 constitutes an air quality emergency to OEM so that
3 agency or expertise can best determine what standard
4 is right for New Yorkers. I believe that this bill
5 strikes a balance between the current program, and
6 where we need to go in the future when it comes to
7 our environment. I think this will take promising
8 program that the City has built, and ultimately make
9 it stronger. I again want to thank Chair Johnson for
10 his great work on this, and look forward to each and
11 everyone of you for your great work. And look
12 forward to hearing your testimony today. Thank you.

13 CHAIRPERSON JOHNSON: Thank you Council
14 Member. So, I want to turn it over to the
15 Administration who is here to testify. We are joined
16 by Karen Taylor the Assistant Commissioner from DFTA
17 for the Bureau of Community Services. Johanna Conroy
18 from OEM, Dr. Tom Matte from the Bureau of
19 Environmental Surveillance and Policy of the Division
20 of Environmental--of the Division of Environmental
21 Health at DOHMH. And forgive me for not getting your
22 name correctly. Iyad

23 IYAD KHIERBEK: Yeah.

24 CHAIRPERSON JOHNSON: Iyad--

25 IYAD KHIERBEK: Khierbek

2 CHAIRPERSON JOHNSON: Khierbek from the
3 Bureau of Environmental Surveillance and Policy of
4 the Division of Environmental Health at the
5 Department of Health and Mental Hygiene. Before you
6 testify, I would just like to swear you all in. If
7 you all could raise your right hand. Do you affirm
8 to tell the truth, the whole truth, and nothing but
9 the truth in your testimony before this committee,
10 and to respond honestly to all council member
11 questions?

12 DR. TOM MATTE: I do.

13 ASSISTANT COMMISSIONER TAYLOR: I do.

14 CHAIRPERSON JOHNSON: Thank you very
15 much. So I believe, Dr. Matte, you were going to
16 read some testimony. Thank you very much for being
17 here.

18 DR. TOM MATTE: Yes. Thank you and good
19 afternoon Chairman Johnson, members of the committee.
20 I'm Tom Matte and I direct the Bureau of
21 Environmental Surveillance and Policy at the
22 Department. You've introduced the other people with
23 me at the table. On behalf of our Commissioner,
24 Commissioner Basset, I want to thank you for the
25 chance to testify on this legislation concern air

2 quality and Cooling Centers. As you mentioned, the
3 city's air quality has improved for several decades
4 because of reductions of emissions from multiple
5 sources from inside and outside the city. But despite
6 these improvements, we estimate that fine particles,
7 which are the most harmful air pollutant for New York
8 causes more than 2,000 premature deaths, 6,000
9 emergency department hospitalizations--emergency
10 department visits and hospitalizations each year.
11 Research has shown that air pollution also increase
12 cancer risk, and my cause reduced birth weight and
13 impaired brain development and function. It's
14 important to note that the scientific evidence
15 suggests this chronic exposure to air pollution over
16 weeks and months that really is most important in
17 driving health effects like decreased lung function.
18 The department's role in reducing air pollution
19 health impacts includes studying the levels and the
20 impacts on neighborhoods. We estimate the benefits
21 of actions to reduce air pollution, and we provide
22 critical data like this, and our studies to there
23 agencies to inform initiatives like the Clean Heat
24 Program, the recent updates to the City's Air Code,

2 which passed thanks to the Council. And the recent
3 update to the Sustainability Plan known as OneNYC.

4 I'm first going to speak to Intro 712.

5 It requires the department to conduct the Community
6 Air Quality Survey and publish the results annually.

7 I really welcome the Council's interest in this
8 issues. I want to just talk about our work in this
9 program as background for the comments. The City's
10 first long-term sustainability plan, which was in
11 2007 launched several initiatives of which the New
12 York City Community Air Survey was one. It's the
13 largest urban air monitoring program in the country,
14 and it remains that. Since it was launched, it's
15 provided critical data to really improve local
16 pollution control measures and track improvements as
17 they've been happening. We collaborate with City
18 University, Queens College to collect and analyze air
19 samples that involve light pole mounted monitors near
20 street level across the five boroughs. We're
21 measuring the most common urban air pollutants, the
22 criteria pollutants that are important for public
23 health including fine particles, black carbon, oxides
24 of nitrogen and sulfur dioxide and ozone.

2 We study how emissions from local sources
3 affect air quality in different neighborhood, create
4 air quality maps, and inform strategies. This
5 successful program has used proven scientific methods
6 that are not fixed by law or regulation. This allows
7 the department to adapt the program methods and
8 systematically assign monitor locations to support
9 our objectives based on the results of past
10 monitoring, the state of the science and our
11 available resources. Since our first report in 2009,
12 we've disseminated results in seven public reports,
13 annual online data summaries and neighborhood
14 pollution estimates through our more active
15 Environmental Health Data Portal. Our air pollution
16 team has also contributed to 11 scientific
17 publications that report on NYCCAS methods, results
18 and other studies of air pollution exposure and
19 health impacts. Our most recent public report from
20 April of this year had a number of important
21 findings, fine particles, nitrogen dioxide and sulfur
22 dioxide levels declined by 5%, 16% and--I'm sorry.
23 By 16%, 19% and 69% respectively over a five-year
24 period. The larger sulfur dioxide reduction is due
25 to city and state actions to reduce sulfur content in

2 heating oil and the partial phase out of residual
3 heating oil use. But we continue to see how air
4 pollutant levels in the most densely developed and
5 heavily trafficked communities because of emissions
6 from buildings and vehicles.

7 We appreciate the Council's interest in
8 as we call the NYCCAS, as we call the New York City
9 Community Air Survey. And we also appreciate the
10 chance to work with our partners at DEP, the Office
11 of Sustainability and with Chair Richards from the
12 Council's Committee on Environmental Protection,
13 which whom we've met. We've explained our methods,
14 our results and--and collaborated on translating
15 findings to pollution control actions. We are
16 concerned, however, that the proposed legislation has
17 written would prescribed methods and limit NYCCAS
18 from being able to adapt to evolving monitoring
19 technology, change in the air pollution levels,
20 funding availability and what we learn over time. By
21 adjusting the number of locations we've been able to
22 study other toxic air pollutants like Benzene and
23 Formaldehyde. We've measured noise levels and
24 published those results. We've conducted studies of
25 traffic pollution, and we've performed health impact

2 studies, which are not part of the core NYCCAS
3 program. In the context of an overall reduced NYCCAS
4 budget since we were launched, the law would remove
5 flexibility we think we need by requiring continuing
6 monitoring in 150 locations, which our current
7 funding level does not support. In addition, the
8 design and flexibility of our monitoring would be
9 compromised by the requirement of 20% of locations be
10 at or near arterial streets. In New York City these
11 are often not as busy as interstate highway links
12 like the Cross Bronx Expressway. We've assigned
13 NYCCAS locations to reflect the range of traffic and
14 building emissions density in different locations,
15 and to over sample areas with high emissions. This
16 approach has allowed us to study the relationship of
17 traffic density to pollution levels and to predict
18 pollution hot spots, as we could call them, or higher
19 levels that are associated with traffic and building
20 sources. We believe that more can be done to use the
21 data that we already have on hand to inform actions
22 to reduce traffic pollution without placing more
23 monitors near arterial roadways.

24 The bill also calls for us to identify
25 regional pollution sources using our data. NYCCAS is

2 not really designed for this purpose, and I'd be
3 happy to elaborate on that point during the question
4 and answer period. We are using other data and
5 methods the Department of Environmental Conservation
6 at the state level does study regional sources, which
7 we recognize are important especially for ozone.
8 We're also concerned about the requirement to issue a
9 report on March 1st of each year with the results of
10 the survey for the preceding calendar year. We agree
11 the annual reports are appropriate, but the way our
12 program works we have air samples that are sent to
13 the lab. They get processed by the lab as data
14 quality control, and then there's a lot of data
15 analysis that goes into producing the maps that you
16 see in your reports. So this process can take close
17 to a year, and it will be challenging for us. We
18 wouldn't really have the information we need by March
19 1st.

20 And finally, the law charges us with
21 making recommendations for actions to improve air
22 quality. We appreciate this intention, but we don't
23 really feel its the role of the department to issue
24 public recommendations to our partners in government
25 on specific control measures. We do identify the

2 important sources that we believe need to be
3 addressed and share that information, and that's
4 really been a successful approach to driving the air
5 quality initiatives that I mentioned.

6 Now, I want to discuss Intro 703 in
7 relation to Cooling Centers. As you've noted,
8 extreme heat events are on average the most dangerous
9 type of extreme weather that we face. The City
10 coordinated by our colleagues at Emergency Management
11 activates the plan, the Heat Emergency Plan when the
12 National Weather Service issues a heat advisory based
13 on the forecasted heat index. The advisories
14 recommend that vulnerable people use their home air
15 conditioner, if they have one, or go to an air
16 conditioned place such as a cooling center, mall, or
17 the home of a friend or neighbor. These advisories
18 also urge the public and service providers to check
19 on people who are vulnerable especially those without
20 residential air conditioning who have chronic health
21 problems or are elderly. Most cooling centers are
22 public--public community centers, senior centers and
23 public libraries. Our colleagues at Emergency
24 Management have identified 503 potential locations
25 for the 2015 warm season.

2 There are several reasons for opening
3 Cooling Centers that make sense for extreme heat that
4 don't necessarily apply to air quality advisory days.
5 And also for recommending that vulnerable people seek
6 refuge from the heat at home or in other air
7 conditioned places. First, the health risks from
8 extreme heat can be quite high. Even seasons hot
9 weather can contribute to heat stress, as I'm sure
10 all of you experienced. But, when the heat index
11 reaches about 95 degrees and stays that way for a
12 couple of days, or it exceeds 100 degrees for a
13 single day, the risk of serious illness or death
14 increases rapidly. So there are all these events
15 that are heat waves that pose a singular risk to the
16 population. Second, heat stress is cumulative. So
17 when we have consecutive days or many hours of heat
18 exposure, the risk is compounded as people who are
19 exposed their body temperature starts to rise,
20 dehydration conversing. So, getting a respite from
21 that process even temporarily during a hot day can be
22 very helpful. Third, there is strong evidence from
23 our own data that lack of air conditioning during
24 extreme heat is the strongest risk factor for heat
25 stroke death.

2 For all these reasons Cooling Centers
3 make sense as part of an extreme heat public health
4 protection strategy. I say part of our heat
5 protection strategy because it's important to note
6 that there are limitations to the Cooling Center
7 approach. Only a small proportion of the at-risk
8 population, perhaps 10%, goes to a community center,
9 library or public place according to a survey we
10 conducted after the 2011 heat season, which was a
11 severe one. Many of the most vulnerable New Yorkers
12 stay at a--stay at home by choice or necessity or go
13 to other cool places. For those who are vulnerable
14 because of physical frailty, serious mental health
15 problems, developmental disability or dementia,
16 getting to and staying at a facility they do not
17 regularly attend may be difficult. For vulnerable
18 people who are more mobile and socially connected, it
19 may be possible to increase use of Cooling Centers,
20 and other public cool places during heat waves by
21 providing additional funds for things like food,
22 other refreshments, entertainment and free
23 transportation. But ultimately, increasing access to
24 residential air conditioning for vulnerable people is

2 the most reliable way to protect them from extreme
3 heat and seasonal hot weather.

4 The Health Department has several
5 concerns about Intro 703. We do appreciate the
6 intent of the bill, and we take heat waves and
7 extreme heat very seriously. We've been working hard
8 with colleagues in city government on this issues.
9 But we do not at the Department of Health have the
10 capacity, experience or role in the City's Incident
11 Management System to coordinate the Cooling Center
12 function. In addition, this legislation, which
13 requires opening Cooling Centers on days with air
14 quality health advisories, could result in Cooling
15 Centers opening twice as often or perhaps more per
16 year as they currently do. This intervention will be
17 costly. It might not decrease pollution exposure for
18 individuals, and it could even increase it for some
19 people. When there is extreme heat, Cooling Centers
20 definitely lower heat exposure and allow recovery
21 from heat stress. In contract, when the air quality
22 is poor, a person's short-term exposure, which can
23 trigger the health--some of the health effects we're
24 concerned about, could be increased if the travel to
25 a Cooling Centers along a busy roadway. Or, if the

2 center they visit happens to be in a more polluted
3 location in their home or workplace because fine
4 particles can filter into a building with regular air
5 conditioning.

6 There is also a concern that by
7 increasing the number of days that Cooling Centers
8 are open, not every center will be able to continue
9 to operate at a cooling center to the staff
10 availability, budget or the terms of their leases.
11 The majority of centers are facilities that are
12 independently run by non-profits who have agreed to
13 operate as Cooling Centers when the city activates
14 its Heat Plan. The hours for each center vary as the
15 non-profits determine the staffing capability and
16 decide individually if they can operate over extended
17 periods of time such weekends and evenings. This
18 legislation would also require publicizing a list of
19 Cooling Centers when there is not a heat emergency.
20 And our concern about this is based on close
21 consultation with our colleagues at Emergency
22 Management here today. Publishing a fixed standing
23 list of facilities that might serve as Cooling
24 Centers could cause confusion with New Yorkers
25 traveling outside during extreme temperatures to a

2 site that may not be open. The locations of
3 available Cooling Centers change day to day for
4 several reasons, and some centers that were
5 previously open may need to close if their air
6 conditioner stops working, for example. This is why
7 the City directs New Yorkers to the Cooling Centers
8 finder only during heat emergencies. This
9 information is available at NYC.gov, the New York
10 City Emergency Management website and 311, which is
11 always the most reliable way to determine which sites
12 are open on a particular day. Emergency Management
13 will also send identification to the city's elected
14 officials when the Heat Plan is activated and Cooling
15 Centers will be open. And send a notification to
16 notify NYC subscribers. This notification contains a
17 link to American Sign Language Video with subtitles
18 for those who need that--the information in that way.

19 A final concern about this bill is that
20 the much greater level of health risks during extreme
21 heat events around which the Cooling Centers program
22 was designed here and in cities across the country
23 does not apply to air quality health advisory days as
24 we experience them today. Because our air is much
25 cleaner than it used to be, New York City pollution

2 levels on air quality days are much lower than in
3 years past. Also, in contrast to the rapid rise in
4 health risks associated with extreme heat, air
5 quality pollution affects increase more gradually
6 even across the typical range of air pollution levels
7 we have in New York City. So for these reasons, air
8 pollution health advisory days in New York City are
9 currently much less dangerous to public health and
10 extreme heat episodes. And this fact is reflected in
11 the EPA recommended public advisory language on poor
12 air quality days for New York City. It does not
13 include warnings to stay in an air conditioned place.
14 Instead, vulnerable people are encouraged to reduce--
15 reduce or avoid prolonged or heavy outdoor exertion--
16 exertion being more vigorous physical activity.

17 At the Department we believe the best way
18 to protect vulnerable New Yorkers for air pollution
19 would be to continue to implement programs to reduce
20 levels. Also, to provide people guidance on how on
21 an ordinary day, people can avoid busy roadways when
22 they're physically active outdoors. And we need to
23 reduce the chronic exposures that have the greatest
24 impact on public health. And as I mentioned earlier,
25 providing air conditioning--residential air

2 conditioning--air condition in buildings where people
3 live to the most vulnerable New Yorkers we believe is
4 the best and more reliable way to protect people
5 during extreme heat. So thank you very much for your
6 interest in this problem, and for the chance to
7 testify. I look forward to exploring the case
8 solutions that will continue improving air quality
9 and protecting New Yorkers from heat. And we'd be
10 happy to answer questions that you have.

11 CHAIRPERSON JOHNSON: Thank you, doctor,
12 for your testimony. Thank you for the entire team
13 being here to answer our questions. I will ask a few
14 questions about the bill that I introduced, and then
15 I want to turn it over to my colleague, Council
16 Member Constantinides, to ask some questions about
17 his bill and your testimony. I acknowledge we have
18 been joined by Council Member Peter Koo, and also we
19 were joined by Council Member Mathieu Eugene. So the
20 Current New York City Community Air Survey is a
21 partnership between the department and Queens
22 College. Could you explain the nature of this
23 relationship?

24 DR. TOM MATTE: Yes, we when we were
25 first charged with launching this program we reached

2 out to colleagues at Queens College, CUNY, because
3 we--we know that they had been involved in air
4 pollution monitoring and had some expertise in this
5 area. They have some unique engineering expertise.
6 And based on that, we concluded that working with
7 them to implement the actual design of the monitoring
8 package, the deployment of monitors through Trevo
9 [sp?] the management of laboratory work would be a
10 good partnership. They had expertise that we didn't
11 have, and capacity that we didn't have. So through
12 what's called an intercity MOU, a financial MOU, we
13 have an arrangement with CUNY Queens College to
14 perform this monitoring. In the early years we
15 started out by charging them with designing the air
16 monitoring package, which uses proven methods, but
17 it's really a unique package of monitoring equipment
18 and supplies that has worked extremely well for us.
19 So that's really the nature of the arrangement. They
20 have the staff, the vehicles, the lab to process the-
21 -the sampling units to handle the interactions with
22 the laboratories. We work closely with them. Iyad
23 Khierbek in the early phase of the program and
24 sometimes even today our staff goes out in the field

2 with them to scope monitor locations. So that's
3 their role.

4 On the Health Department side what we do
5 is we receive the data. We analyze it. We quality
6 control and quality assure it. We have assembled
7 since the beginning of NYCCAS extensive data, GIS
8 data as we would call it, geographic information
9 system data on traffic, on permits for boilers, other
10 pollution sources. And then we have a team that
11 analyzes the data, and we use a method that's been
12 proven in air pollution research studies around the
13 world, a regression model basically that allows us to
14 measure at 150 sites initially. Now we're at 75.
15 That's a lot of sites. It's more than any other
16 city, but if you imagine New York City as site--if
17 you divide the city into 300 by 300 meter squares,
18 there will be more than like 7,500 of them. So even
19 150 sites is not enough to know what the air quality
20 is in every part of the city. So we do this
21 analysis. We use this method to basically allow us
22 to project estimate air pollution across the city in
23 every--in every part of the city, and we validate
24 this method scientifically. So Queens is our partner
25 for conducting the monitoring, field campaigns

2 managing that, and we analyze the data. We interpret
3 it and we use it to work with other city agencies.

4 CHAIRPERSON JOHNSON: Is Queens College
5 compensated by the city?

6 DR. TOM MATTE: Yes, we have--we use a--a
7 mechanism called an Intercity Financial MOU at Queens
8 College. CUNY is considered a city agency for that
9 purpose.

10 CHAIRPERSON JOHNSON: How--how much.

11 DR. TOM MATTE: The current contact is
12 for \$650,000 per year with Queens Colleges.

13 CHAIRPERSON JOHNSON: So you I think
14 raised some important and substantive concerns about
15 my piece of legislation, but I don't really feel like
16 the baseline question was really answered, which is
17 whether or not you think this program should be
18 codified within the Administrative Code of the City
19 of New York. And if there is concerns about funding
20 fluctuations depending on the budget year, depending
21 on how much money the department is getting.

22 Shouldn't that be the exact reason why we protect the
23 integrity of the program by codifying it into law so
24 that it can't be cut in case there are bad budget
25 years?

2 DR. TOM MATTE: I--I appreciate the
3 question, and I realize that the testimony--the
4 response may have sounded like we didn't appreciate
5 what you're trying to do. And I do think it would--
6 it would be helpful, the bill written the right way
7 to--to codify in a way that hasn't been done the
8 agency's responsibility for air pollution
9 surveillance. I think, you know, we'd be happy to
10 discuss with you and your staff how that might be
11 done in a way that affords the right amount of
12 flexibility so that we're not setting in stone, in
13 law just, you know, how many sites and what methods
14 exactly. Because this is a rapidly evolving field.
15 We believe, you know, that we've been prudent in how
16 we've used the resources as we've learned more to
17 expand what we're learned about the city's air
18 quality even as the budget has been reduced. So we'd
19 like to retain that flexibility.

20 CHAIRPERSON JOHNSON: Has the budget been
21 reduced?

22 DR. TOM MATTE: We--we saw a budget
23 reduction during a peg. I believe it was 2009 where
24 there was overall city--

2 CHAIRPERSON JOHNSON: What was the loss?
3 How much was it?

4 DR. TOM MATTE: It was--I'd have to go
5 get you the exact number. I believe it was like
6 \$250,000.

7 CHAIRPERSON JOHNSON: Has that impacted
8 the program in a significant way?

9 DR. TOM MATTE: We reduced the number of
10 monitor locations?

11 CHAIRPERSON JOHNSON: Is that why you
12 went from 150 to 75?

13 DR. TOM MATTE: There were two reasons
14 for doing that. One was that we--we did have to
15 accommodate a budget reduction. The other was the
16 nature of air pollution in the city and what we've
17 learned. So, what we're doing is really
18 complementing the monitoring that's been happening
19 for many years as required by the Clean Air Act,
20 which tracks day-to-day air pollution trends over
21 time compliance with the Clean Air Standard. We're
22 looking at spatial patterns place to place, which
23 neighborhoods are higher, which are lower. And as
24 we've learned, because the emission sources like
25 traffic and buildings their location in the city

2 where they're concentrated doesn't change
3 dramatically year to year. The spatial patterns of
4 air pollution don't change dramatically year to year--
5 -

6 CHAIRPERSON JOHNSON: [interposing]
7 There's been--

8 DR. TOM MATTE: --and that's in the
9 reports. [sic]

10 CHAIRPERSON JOHNSON: --certain areas of
11 the city that have seen massive development. Have
12 those areas been target where we've seen a
13 significant increase in building and in traffic?

14 DR. TOM MATTE: We--we are using data on
15 traffic and buildings that we update regularly to
16 monitor air pollution. We have--we have air
17 pollution monitors in all parts of the city, parts of
18 the city that are developing rapidly, and parts that
19 don't have so many large buildings.

20 CHAIRPERSON JOHNSON: So do you feel like
21 that your analysis, your surveys the quality
22 assurance and the analysis that's been involved is
23 still just as accurate and helpful with half of the
24 survey locations going from 150 to 75? If money was
25 not an object, though I know it is, but if it was

2 not, would you rather be in 150 locations? Or, do
3 you feel like you can do just as good a job being at
4 75 locations?

5 DR. TOM MATTE: I would say we would--we
6 would not return to 150 locations.

7 CHAIRPERSON JOHNSON: Why?

8 DR. TOM MATTE: Because we--the return on
9 the--the value invested in those measurements would
10 be--if we had additional money, enough money to do
11 150 locations, we would use the money in other ways.

12 CHAIRPERSON JOHNSON: Such as?

13 DR. TOM MATTE: So, for example, we
14 proposed--it's in part of the OneNYC Plan that was
15 released. We proposed a citizen science program,
16 which would take advantage of new portable sensors
17 that people can use, lay people can use to work with
18 community groups to help them use our data, and also
19 some of the new technology to explore more closely
20 patterns within the neighborhood. So that's one
21 example, and within the next year or two there could
22 be additional methods that become available that are
23 not yet proven that we might want to choose. So I
24 would say we would--we would welcome more resources.
25 We would--we might increase the number of our core

2 sites somewhat. We might conduct additional special
3 studies, as we call them, in relation to questions or
4 traffic changes and so forth. But, honestly, we feel
5 like we have a lot of data now that we're still
6 collecting that we have collected isn't been fully
7 explored.

8 CHAIRPERSON JOHNSON: How large is your
9 staff?

10 DR. TOM MATTE: We have four staff who
11 primarily work on the Air Pollution Program, and I
12 think it's worth saying there are things that we do
13 that staff do that go beyond just the air pollution
14 monitoring work that I think have been very helpful
15 in moving the city's pollution control agenda
16 forward. So for example, we've conducted now two
17 studies of the air pollution health impacts in New
18 York City. Iyad Khierbek next to me was the leader
19 of that work, and by being able to answer questions
20 about that--what the data that you've cited on how
21 many people die, or have serious illness because of
22 air pollution in New York City. It was very helpful
23 under the last administration, and I expect the same
24 will be true in making the case for air pollution
25 control measures. So that sort of work is not part

2 of our--just our air monitoring. It's additional
3 analyses that the staff do.

4 CHAIRPERSON JOHNSON: Within the
5 Department of Health and Mental Hygiene your bureau,
6 the Bureau of Environmental Surveillance and Policy
7 has your budget remained stable? Have you seen any
8 increases in the last couple of fiscal years, or has
9 it been decreased in any way?

10 DR. TOM MATTE: Well, for the whole
11 bureau, I would have to get back to you with our--our
12 overall budget for this, but I'll you what our bureau
13 consists of are a few different programs. One of
14 them is the Air Pollution Program. We also have a
15 Climate Health Grant Program. So a lot of the data
16 that we've used to look at the risks of extreme heat
17 come from a grant program from CDC. That's been
18 reduced. We have public health--

19 CHAIRPERSON JOHNSON: [interposing] That
20 wasn't city tax levy that was federal money.

21 DR. TOM MATTE: That was federal money,
22 right. Our bureau is actually heavily dependent on--

23 CHAIRPERSON JOHNSON: [interposing] On
24 federal and state grants?

2 DR. TOM MATTE: On federal grants and
3 some other grants, and we also within our bureau have
4 a team of analysts who work on other--analysis of
5 other Health Department data like the restaurant
6 inspection data, childcare inspection data. So
7 we're--I would call us like business intelligence for
8 the department's environmental program. `

9 CHAIRPERSON JOHNSON: And you mean this
10 in the best possible way. It's like the geek squad,
11 you know, you analyze the numbers and you make sure
12 we know what's really going on.

13 DR. TOM MATTE: I--I, you know, I take
14 that--

15 CHAIRPERSON JOHNSON: [interposing]
16 That's a compliment

17 DR. TOM MATTE: I take that as a huge
18 compliment.

19 CHAIRPERSON JOHNSON: It is a compliment.

20 DR. TOM MATTE: Actually, yeah. I guess
21 we're geeks. I don't know.

22 CHAIRPERSON JOHNSON: That's a good
23 thing.

24 DR. TOM MATTE: [laughs] My daughter
25 would agree with you. Yeah--

2 CHAIRPERSON JOHNSON: [interposing] Well-
3 -

4 DR. TOM MATTE: I'm sorry, go ahead.

5 CHAIRPERSON JOHNSON: --the reason why
6 I'm asking these questions--and I want to get to--to
7 my colleague Council Member Constantinides. He'll
8 talk about his bill as well-- Is you know this
9 Council and the Administration I think have been able
10 to work collaboratively and constructively together
11 on a host of priorities or issue areas that there is
12 agreement on or sometimes where there is not complete
13 agreement we've been able to work together and find
14 some common ground and make progress. The one thing
15 that I think is different about my role as compared
16 to the department's role in some ways is that--and
17 this is normal because of the way the charter set
18 things up--you are not always best at maybe fighting
19 for or asking for exactly what you need. Because
20 sometimes you feel grateful that you have what you
21 have, and sometimes it's difficult to rock the boat
22 and ask for more money. We are here in an oversight
23 capacity, and we're the ones that as it looks like
24 we're going to do this week vote on the City's
25 budget. And so, if there are programs that need

2 additional funding, if there are areas of the city
3 that are not getting the surveillance and survey in
4 the way that should be done, it would be great to
5 know that. Because it is our role as a separate
6 branch of the government to really advocate on behalf
7 of our constituents who may not be getting everything
8 that is optimal or desirable because of budget
9 constraints. And I take my role as chair of the
10 Health Committee very seriously in advocating for
11 DOHMH funding wherever it's needed no matter what the
12 issue is. So I think that we can continue to--I
13 haven't met you before. I deal with a lot of folks
14 at DOHMH. It's good to meet you. I'm glad you're
15 here. I look forward-- I'm sure you, as you said
16 you work very closely with Chair Richards, who's done
17 a fantastic job in his community. And I look forward
18 to working together to ensure that as necessary funds
19 are needed so you're not just totally reliant on
20 federal grants that the city is putting that money
21 wherever it's needed for your programs.

22 DR. TOM MATTE: Thank you, Council
23 Member, Chair. We--we use for this program we're
24 reliant largely on city tax levy funds. I would say
25 that we've benefitted from federal funds as for some

2 of the research we do, some of the health studies we
3 do. So we're excited. We've look at birth outcomes
4 in relation to air pollution. That was funded by a
5 federal research grant. So, I--I would say in
6 response to your comments, which I really do
7 appreciate that we're a big believer in data
8 collection and monitoring. And we are really proud
9 of what we've done with this program. It's one of
10 the most rewarding things I've worked on as a public
11 health professional in a pretty long career. I would
12 say that where that--if I could think of things that
13 are sort of on the wish list of where we could do
14 more, how we could learn more, it would not be--the
15 top of the list would not monitoring at more
16 locations. So I--I think having better data on the
17 sources or pollution, having a better traffic data
18 for example. That sort of thing would be--in other
19 words, I really feel, and I'm saying this in all
20 honesty, we're at a place where it, you know, starts
21 to become more frustrating for us to feel like we're
22 collecting data. When we started this program what
23 we heard from community groups that we spoke to is
24 don't study the problem. We know we've got a
25 problem. We want you to do something about it, and

2 the thing that was--that's been very gratifying is
3 that this program has been tied to initiatives to
4 actually reduce sources of pollution. I think on
5 traffic--the traffic pollution front we, you know,
6 we're still sort of looking for that big initiative.
7 It's not our place at the Health Department to say
8 what it would be. But that's really I think, you
9 know, a place where we could use resources or the
10 city could use resources. More monitoring we can do.
11 We'd like to do more. As I mentioned the citizen
12 science as we proposed in OneNYC. But we'd like to
13 see more action to improve air quality.

14 CHAIRPERSON JOHNSON: I look forward to
15 working together on that. Before I turn it over, I
16 just want to say we don't have to have the
17 conversation now, but in looking at the air--the
18 Community Air Survey monitoring locations on the map
19 as part of your very well designed helpful report
20 that was put out, I would love understand a bit more
21 how those locations were chosen. I could be wrong,
22 but I don't see on this map the Holland Tunnel or the
23 Lincoln Tunnel where there is massive backup every
24 single day with every type of vehicle idling most
25 hours of the day. I don't see that mapped on here,

2 and those are places that I think where you would see
3 a significant amount of pollution related to the
4 vehicular traffic that is stagnant and is not just
5 seasonal. It's near year round.

6 DR. TOM MATTE: Right. Would you like me
7 to respond, or do you want to move to the next--

8 CHAIRPERSON JOHNSON: [interposing] I'm
9 going to--I'm going to turn it over to my--to my
10 colleague and then we can come back. I want to
11 announce that we've been joined by Council Member
12 Arroyo, Council Member Mendez, and we were joined
13 earlier by Council Member Van Bramer. I'm going to
14 turn it over to my colleague Council Member
15 Constantindides.

16 COUNCIL MEMBER CONSTANTINIDES: Thank
17 you, Chair Johnson, and again I definitely appreciate
18 your testimony, and I definitely believe there's a
19 way we can get where we want to go here for all
20 parties. A few questions. Very simply, what sort of
21 records are kept, and how many people use City
22 Cooling Centers in total? Is there a borough
23 breakdown, a community breakdown? What percentage of
24 those that actually use them are sort of being the
25 vulnerable population?

2 DR. TOM MATTE: I'm going to respond
3 briefly. We don't--we--at the department we don't
4 track that, but we--from surveys we've done we know
5 that about 10% of New Yorkers say--who are
6 vulnerable--say they go to a place that's like a
7 Cooling Center. It's not necessarily a Cooling
8 Center. It's a public cool place, and other people
9 go to places like friends, neighbors, stores and so
10 forth. SO that's what we get if we take a high level
11 look at the city through our survey. And many people
12 stay home when it's hot.

13 COUNCIL MEMBER CONSTANTINIDES: Do you
14 have any idea about sort of by borough or by
15 community, or how--how does that break down or--?

16 DR. TOM MATTE: The survey that we did
17 wasn't really designed--wasn't large enough to get
18 community level breakdowns. So I don't have that
19 data, and I--I can also--yeah, in terms of
20 facilities, as I mentioned, there are 503--

21 COUNCIL MEMBER CONSTANTINIDES:
22 [interposing] Uh-huh.

23 DR. TOM MATTE: --Cooling Center
24 facilities, and they're located in all boroughs and
25 in all neighborhoods.

2 COUNCIL MEMBER CONSTANTINIDES: But
3 currently, what sort of public outreach is conducted
4 to make people aware of Cooling Centers? Is the
5 media taken into account, social media? How do we
6 make sure that those who potentially could use a
7 Cooling Centers can find out about it?

8 DR. TOM MATTE: So, we've been working
9 really since we got involved in dealing with extreme
10 heat in a serious way on improving people's awareness
11 of heat as a health problem and what to do about it.
12 So the approach that we've used at the department is
13 first when there's a heat emergency issue, we
14 collaborate with our partners Emergency Management on
15 issuing a public advisory. So that's one way the
16 word gets out. We also have worked with the National
17 Weather Service to have them include in their
18 [coughs] advisory and warning language, which goes
19 out to anybody who has a Smart Phone with a weather
20 app. It goes out to all the meteorologists language
21 that's specific to New York City that says who's
22 vulnerable and in New York City Cooling Centers
23 available through 311 or NYC.gov. We also use our
24 agency Twitter feed. We've started doing that in
25 recent years, and Emergency Management I think does

2 the tame. We have encouraged the weather service to
3 share on our behalf a sort of communication fact
4 sheet with the meteorologist community that they
5 interact with to tell them what we would like them to
6 say about the risks of extreme heat and who is
7 vulnerable and what people should do. So, we've been
8 working to improve awareness and certainly we're not
9 where we want to be. But, we also know that for some
10 people leaving home, going to another place to get
11 cool will not be the best option for them.

12 COUNCIL MEMBER CONSTANTINIDES: I
13 definitely understand that. I also as we, you know,
14 we're a city--I know in Queens 160 plus languages are
15 spoken and I think in my district every single one of
16 them is--you could probably hear as you walk down the
17 street. I just want to figure out how do we bridge
18 that gap sort of through that--sort of getting it to
19 the right people at the right times. But what sort
20 of campaigns we can do in the future to sort of
21 better make, you know, language sensitive materials
22 to give out earlier.

23 DR. TOM MATTE: So--

24

25

2 COUNCIL MEMBER CONSTANTINIDES:

3 [interposing] I'm happy to be a partner in that.

4 That's--

5 DR. TOM MATTE: Yes. Well, one of the
6 things that we're, you know, we in addition to
7 getting messages out about extreme heat when there's
8 a heat wave and the fact that Cooling Centers are
9 open, we also have materials that we've developed and
10 had translated into many languages. I don't know off
11 hand how many languages, but many languages for the
12 average New Yorker to tell them what to do. But also
13 very important is to tell them how they can help
14 vulnerable people that they may know. Family
15 members, friends and neighbors. Like be a be a buddy
16 is basically the concept, and we would very much
17 appreciate it. You know, your office and others in
18 the Council help in getting that word out. Because
19 we think that's a very important message, too.

20 COUNCIL MEMBER CONSTANTINIDES: And New
21 York City has this really great sort of Google Map
22 style app called, you know, built by DOITT that
23 includes dozens of New York City locations, but not
24 Cooling Centers. Have you discussed the feasibility
25

2 of working with DOITT to sort of have that happening?
3 San Francisco does it already.

4 DR. TOM MATTE: Yes, so--so on the
5 question of how we let people know where Cooling
6 Centers are and how to find them, I do want to defer
7 to my colleagues at New York City Emergency
8 Management who can provide more information about
9 that.

10 JOHANNA CONROY: Good afternoon. Thank
11 you. When we activate the Cooling Center operation,
12 we immediately notify 311, and we also have an
13 application calling--called the Cooling Center
14 Finder. That's updated specific to that event with
15 which Cooling Centers are open, what hours they're
16 open a phone number to call, and the also whether or
17 not they're accessible to people with disabilities.
18 We also do put out information in 13 different
19 languages. We have a system called the Advanced
20 Warning System, which is actually our way to get
21 information out to the providers of clients who might
22 have special needs. So dialysis centers. We work
23 with DFTA very closely, its private providers, adult
24 daycares. All those kind of organizations, and we
25 message them and then ask them to message their

2 clients in the way that's most appropriate to them to
3 get this information out to them. So we do try to
4 reach very deep into the communities in a way that
5 makes the most sense to those vulnerable communities.

6 COUNCIL MEMBER CONSTANTINIDES: I mean,
7 you know, my--my big concern--and we're talking in
8 terms of the bills. I don't want to take up the
9 whole hearing, but I've heard the--I've heard your
10 concerns about why we're not putting this up on the
11 website. Isn't there a way we could do something
12 like maybe having a primary list? We know certain
13 buildings are going to be open at certain times like
14 our New York City libraries that participate in the
15 Cooling Centers programs, and we could list those
16 primary sites that we know are going to be a partner
17 day in and day out. And then maybe have a secondary
18 list of some way to let people know that hey the
19 library is going to be closed on Sunday. We know
20 it's going to be closed on Sunday. Therefore, you
21 shouldn't go there on Sunday. So is there a way we
22 can sort of incorporate that, and give people the
23 opportunity to plan? So if 40% of New Yorkers, you
24 know, many people don't have--especially people in
25 NYCHA don't have access to the Internet. If they

2 have access and they on Monday online if they're able
3 to find a Cooling Center online on Monday, they're
4 not sort of struggling to then-- First find a
5 location and a way to get there. You know, find out
6 if the Cooling Centers are open and then find a way
7 to get there. So again, I'm trying to figure out how
8 we can sort of streamline that.

9 JOHANNA CONROY: And I--and I appreciate
10 that because we do want people to be able to plan
11 ahead. We want them to know they can count on
12 certain locations, count on certain programs. And
13 obviously the--the more we can let people know that
14 this is a resource, what's available to them is
15 wonderful. The--the Cooling Center Program is a
16 voluntary program, and we partner with a lot of city
17 and non-profit entities, libraries, DFTA, NYCHA,
18 DYCD, Salvation Army. But a lot of them contract out
19 with non-profits, especially the City agencies to run
20 those Cooling Centers. And the centers themselves
21 have different hours. Those hours might change.
22 They might run--their air conditioning might break
23 especially in some of the older buildings. And the
24 libraries sometimes go up and down depending on, you
25 know, their funding and what's going on. So--

2 COUNCIL MEMBER CONSTANTINIDES: We're
3 working on that. [laughs]

4 JOHANNA CONROY: Thank you. As a book
5 lover, thank you. But--we saw in 2013, for example,
6 that we had a stable of about 513 Cooling Centers
7 possibly over the--over the summer. And usually when
8 we activated the Cooling Center Plan about 400 of
9 them said they could act as a Cooling Center. That
10 could fluctuate. Some says we got 200 that said they
11 could act as a Cooling Center for various reasons.
12 Holidays, weekends based on staffing the hours.
13 Because it's a voluntary program and we can't mandate
14 that those organizations are open when we, you know,
15 dictate. We can't count on being able to say the
16 center will always be open Monday through Friday. So
17 it has worked better for us in the past to be able to
18 call them to be partners, and have them give us a
19 list back of which centers will be open and a
20 committed response to be open for those hours and
21 then publicize that.

22 COUNCIL MEMBER CONSTANTINIDES: And
23 that's done on a daily basis whenever there's a heat
24 emergency.

2 JOHANNA CONROY: Yes, it is. Whenever we
3 have--whenever we activate the Cooling Center Plan,
4 we do call out to the partners, and they give us
5 that. And then we ask them if they can extend the
6 hours, and that could be a yes or a no. Are you
7 going to be open on Sunday, yes or no. Fourth of
8 July, yes or no. And we do update it as they say yes
9 or no.

10 COUNCIL MEMBER CONSTANTINIDES: That
11 seems really staff intensive.

12 JOHANNA CONROY: It's set--it's a big
13 undertaking, but it's good because it means that we--
14 and we do--we do put a caveat on the Cooling Center
15 find and it says please call ahead to make sure that
16 they will be open. That these are the hours that we
17 anticipate them being open. It is but it makes sure
18 that we have the most up-to-date data as we go into
19 the event.

20 COUNCIL MEMBER CONSTANTINIDES: And that
21 seems--three seems to be a way we can streamline all
22 that staff. That seems like an extraordinary amount
23 of staff work when we're-- I'm sure there are some
24 places that we'll know they're not open on Saturday.

2 JOHANNA CONROY: Oh, we know and we push
3 that.

4 COUNCIL MEMBER CONSTANTINIDES: And we'll
5 also know that--we'll know that in April. We won't
6 know that at any other--that particular libraries are
7 closed on Sunday, that particular non-profits are
8 closed on Sunday. We'll know they're closed well
9 into the future.

10 JOHANNA CONROY: [interposing] So--

11 COUNCIL MEMBER CONSTANTINIDES: So this
12 way we can maybe streamline like a little bit better.

13 JOHANNA CONROY: You're right. Some of
14 them do, but then some of them like I said it's a
15 volunteer program, and what we've really enjoyed
16 about this program is it's really nice to work with
17 these agencies and organizations that are very
18 committed to their communities. And so sometimes
19 when we say we're going into three days of 100
20 degrees, will you open on Sunday? So that we can say
21 people can go there. Some of them will say yes even
22 though traditionally they would not be open.

23 COUNCIL MEMBER CONSTANTINIDES: Which is
24 great and that's when we can streamline--that's when
25 we can sort of pivot. [laughs]

2 JOHANNA CONROY: That's right.

3 COUNCIL MEMBER CONSTANTINIDES: That's
4 what we do great. You know, we should be able to
5 pivot. Just quickly on the ozone piece of it, you
6 know, have you conducted any surveys? You has DOH,
7 OEM conducted any surveys that there might be some
8 ozone triggered impairments that could benefit from
9 having a Cooling Center as an option? And, you know,
10 reading from your website some of the things that
11 additionally ozone could have--reading from the
12 website ozone could have a lymphatic [sic] effect on
13 people with asthma, chronic obstructive pulmonary
14 disease or those sensitive to ozone symptoms of chest
15 pains, coughing wheezing. And just speaking through
16 a prism of understanding that we're dealing with a
17 lot of communities where maybe an air conditioner at
18 home is not an option with rents rising. Sort of
19 with people feeling a little bit sort of in the
20 squeeze. Not being able to own a home air
21 conditioner it's a real possibility, and then
22 exerting themselves in their home. Maybe their home
23 isn't the best place for them because of that. Where
24 can they go? So just sort of looking at how can--is

25

2 ozone a--is a Cooling Center even a possibility or is
3 it helpful at all?

4 DR. TOM MATTE: Well, as I described in
5 my testimony, I think the problem with using a
6 Cooling Centers strategy for these air pollution
7 events is that people could by leaving their home and
8 going to another place actually have more exposure to
9 pollutants that are harmful. So for example on days
10 when ozone levels are high, particle pollution also
11 tends to be high. Traveling outside along busy
12 roadways people could be getting more exposure to
13 particle pollution. So the Cooling Center strategy
14 for--for air pollution, I mean if--if we were talking
15 about air pollution of the sort that exists in like
16 Beijing or New York City decades ago, it might be
17 something to consider. Not a Cooling Center
18 strategy, really an air pollution shelter strategy.
19 Because you need to protect against particle
20 pollution. You need particular types of air
21 conditioning. Fortunately, we're not at those levels
22 now. So it is true that people's health is affected
23 by these pollutants. That's why we--we're concerned
24 about them, and that's true even on days when we
25 don't issue air quality health advisories. As much

2 as I'd like to say when there's not an advisory, the
3 air is safe to breathe. Everything is fine. The
4 data of the science tells us that it's the case. So
5 when it gets a little more worse in terms of ozone, I
6 mean an air quality health advisory is issued. We
7 think the guidance that EPA gives that's used around
8 the country try to reduce your activity--your
9 vigorous outdoor activity is the right kind of
10 guidance. And telling people to go--leave their home
11 or workplace to go to an air-conditioned cooling
12 shelter on days when there's poor air quality we
13 don't think is the right approach.

14 COUNCIL MEMBER CONSTANTINIDES: This is
15 the last question I have and--and I'll turn it over
16 to my--my colleagues who have been very patient. You
17 know as climate change continues to warm our city, we
18 know that it's had an affect and it will continue to
19 have an affect. How will we determine the Cooling
20 Center program will adapt to this new reality of, you
21 know, there being hotter days in the summer. More
22 hot--an increase in hotter days? Do you have any
23 insights on how we can be a partner in the Council?

24 DR. TOM MATTE: Well, I--I'd like to
25 respond to that by saying what we as an agency, and

2 this was input that we provided for the City's OneNYC
3 Plan. What we feel the city needs to do to adapt to
4 the climate, which is going to become more like
5 cities to the south of us is to have more sort of
6 durable, reliable changes in the environment of two
7 sorts. One is there needs to be more of what we call
8 urban heat island mitigation. That includes more
9 vegetation, more light colored roofs and materials to
10 reduce that--those hot spots that occur in the city.
11 And the other is more people who are vulnerable need
12 air conditioning. When it gets hot in the summertime
13 there's actually less mortality. Heat waves are less
14 dangerous in the south where it's hotter. Heat waves
15 in New York City have become less dangerous since the
16 1970s, and we believe based on lots of evidence that
17 one reason is there's more air conditioning. 70--
18 well, close to 90% of New Yorkers live in a home with
19 residential air conditioning, and about three-
20 quarters use it regularly. So, we believe the city
21 needs to identify where, like you said, there are
22 problems with some people getting access to air
23 conditioning. Though it's not an easy thing to fix,
24 there is a low-income home energy assistance program
25 administered by the state. Historically, the ratio

2 of heating assistance to cooling assistance through
3 our program has been more than 60 to one. We think
4 with the climate changing and the population
5 vulnerability that may be looked at. But we need to
6 find ways of getting more people access to a cool
7 place if not right in their unit, at least in their
8 building. So they don't have to venture outside on
9 the hottest day of the year. So that's--we think
10 that's the most important adaptive measure. And, you
11 know, we're at the Health Department and I'm sure
12 Emergency Management we're interested always in ways
13 that things can improve about the Heat Emergency
14 Plan, better awareness, more resources to make
15 Cooling Centers places that people, you know, might
16 say hey, free food, free refreshments, you know, I'd
17 like to go. But right now, there aren't resources
18 for that. Transportation is another barrier for
19 people. So I think those are places to look for
20 opportunities for improvement. I mean that's--that's
21 my opinion as representative of the Health Department
22 rather than focusing on opening them more often.
23 Which could further, you know, strain the ability of
24 Emergency Management to ramp it up when we have a bad
25 heat wave. Or, just focusing on the number and how

2 many there are. I think we, you know, we can look at
3 ways to make it a more appealing place for people to
4 go when it's--when it's dangerously hot out.

5 COUNCIL MEMBER CONSTANTINIDES: I
6 appreciate your testimony. I think that's definitely
7 can work together to make it that better experience
8 you're talking about, and also increase the amount of
9 outreach that we do and how we do it. And I look
10 forward to working with you guys on that and, of
11 course, our chair. Thank you.

12 DR. TOM MATTE: Thank you.

13 CHAIRPERSON JOHNSON: Thank you. Council
14 Member Arroyo.

15 COUNCIL MEMBER ARROYO: These things get
16 heavier. [laughter] Good afternoon, Commissioner.
17 Nice to see you all. Thank you for being here, and
18 my apologies for being late, but we got called into
19 delegations and it interfered with this hearing.

20 CHAIRPERSON JOHNSON: [off mic] You mic
21 is not on. [sic]

22 COUNCIL MEMBER ARROYO: It is on. You
23 just need to hear my soft voice. [laughter] Right,
24 you got it? Okay. Okay, so I did not catch all of
25 your testimony, but I read through it very quickly.

2 So the overarching sentiment is that you're not in
3 support of either one of these pieces of legislation?

4 DR. TOM MATTE: I would say we have
5 concerns about both of them. 703 in particular I
6 would say we have more concerns about 703.

7 COUNCIL MEMBER ARROYO: The Cooling
8 Center one.

9 DR. TOM MATTE: The Cooling Center one.
10 I would say we're appreciative of the interest and we
11 believe the Community Air Survey is a good program
12 that should continue. And we believe there's an
13 opportunity to do more to get more people to Cooling
14 Centers potentially, but the specifics are what's the
15 concern rather the intents or the--you know, the--the
16 topic.

17 COUNCIL MEMBER ARROYO: Has the
18 department made any recommendations to any of the
19 sponsors on how they can address the concerns that
20 this is raising?

21 DR. TOM MATTE: Well, for Cooling
22 Centers, I know going back some years, it's not a
23 recommendation from us. It's discussions that we've
24 had with colleagues at DFTA. The fact that, you
25 know, when you talk about a Cooling Center so people

2 who go to say senior centers they are familiar often
3 with the centers or the place. They kind of know
4 what to expect. Someone who hasn't been to a place,
5 they're not quite sure what it's about, describing it
6 as a Cooling Center without say, you know, what might
7 be offered to them there like food, refreshments,
8 entertainment, which costs money. For some people
9 they might feel what's involved? What is this? Am I
10 just sitting, you know, around a room on a block of
11 ice or something, you know. So--and the other issue
12 that has come up is transportation. So, you know,
13 the ability to--even if a place is in the
14 neighborhood, if someone, you know, if it's hot out,
15 maybe one of the neighborhood doesn't have so many
16 trees, as we know some of our neighborhoods don't
17 have enough, the trip to the Cooling Center might be
18 challenging. So, I would say we haven't made a
19 recommendation. It's more that we've just discussed
20 the fact that, you know, we've--as we've discussed
21 with Council Member Constantinides the fact that
22 there are things about Cooling Centers that maybe
23 could be done to make them more appealing, more
24 accessible. But they are things that cost money.

2 COUNCIL MEMBER ARROYO: So is there an
3 overall recommendation that individuals who might be
4 at risk should say in if they have access to
5 something close to home? I don't--I'm--

6 DR. TOM MATTE: [interposing] Yes, so--

7 COUNCIL MEMBER ARROYO: --because I--I
8 think the goal of this conversation is to certainly
9 help us massage the language and the legislation that
10 it makes it more reasonable or doable. And then,
11 what is the cost of operating a center close to every
12 pocket of vulnerable populations that we have in the
13 city?

14 DR. TOM MATTE: I don't know whether my
15 colleagues are prepared to talk about cost, but--

16 ASSISTANT COMMISSIONER TAYLOR: Well--

17 COUNCIL MEMBER ARROYO: [interposing] I
18 know she is.

19 ASSISTANT COMMISSIONER TAYLOR: No, we'll
20 see.

21 CHAIRPERSON JOHNSON: If you could just
22 give your name.

23 ASSISTANT COMMISSIONER TAYLOR: Sure.
24 I'm Karen Taylor. I'm with the Department for the
25 Aging. Our 250 senior centers throughout the city

2 are like under--in their contract they are required
3 if they have air conditioning to sever as a Cooling
4 Center during heat emergencies, during the hours of
5 their regular operation. Meaning that they are
6 obligated to allow anyone from the community to come
7 into the center and to relax and sit down and get
8 cool. You know, whatever they can provide they will
9 usually do that. Our senior centers are usually
10 fairly friendly places to be. And as my colleague
11 from Emergency Management also said, when the heat
12 emergency is very severe, and after hours are needed
13 or weekend hours are needed, some of our senior
14 center providers will volunteer to keep their
15 programs open for that. So, and a lot of that they
16 can certainly during their regular operating hours
17 they usually do that within their own budgets. And
18 our senior centers are in every community district
19 throughout the city. That does not necessarily mean
20 that they are within a safe and comfortable distance
21 from every senior who does not have air conditioning.
22 But they are located throughout the city.

23 COUNCIL MEMBER ARROYO: Because in the
24 testimony the--the--I underlined somewhere this
25 intervention will be costly, and it might not

2 decrease the population exposure. So if you are
3 claiming that it is going to be costly, my sense is
4 that you have an idea of how much it's going to cost
5 because--

6 ASSISTANT COMMISSIONER TAYLOR: Yeah, we-
7 -during I guess one of the last several--last year
8 was an exceptional--exceptionally cool summer
9 actually. But prior to that, what our--our costs ran
10 into about \$150,000 for the season, and that was
11 primarily to keep programs open after hours or on
12 weekends. And then in addition some additional
13 services during the regular operating hours. So it's
14 about 150,000 seat. [sic]

15 COUNCIL MEMBER ARROYO: But that's only
16 your senior center network? Are there any other
17 types of centers that fall into the Cooling Center
18 definition that are not under contract with DFTA?
19 What other contractual agencies are funding programs
20 that could serve as a Cooling Center, or are our
21 senior centers the only source for this service?

22 JOHANNA CONROY: No. I'm Johanna Conroy
23 from New York City Emergency Management. I apologize
24 that I didn't introduce myself earlier. There are
25 several others. We have Salvation Army that provides

2 some Cooling Centers. Public libraries are Cooling
3 Centers. DYCD operates some Cooling Centers on NYCHA
4 properties. NYCHA also operates Cooling Centers, and
5 I think that that is--oh, and the Department of Parks
6 and Recreation as well operates Cooling Centers.

7 ASSISTANT COMMISSIONER TAYLOR: So you
8 can't dictate that an organization or center remain
9 open off hours on the weekends and holidays?

10 JOHANNA CONROY: No.

11 COUNCIL MEMBER ARROYO: We can--why not?
12 Don't you tell us what to do all the time?

13 JOHANNA CONROY: New York City Emergency
14 Management coordinates. We don't--we don't command.

15 ASSISTANT COMMISSIONER TAYLOR: I love
16 the term coordinate because at the end of the day
17 when the stuff hits the fan, you tell us what to do.

18 JOHANNA CONROY: We recommend and we plan
19 ahead of time with our partners, but we cannot
20 mandate to any agency.

21 COUNCIL MEMBER ARROYO: Okay. So, I--I
22 think for my colleagues that are sponsoring the
23 legislation that I think is part of the conversation,
24 and without understanding the financial impact that
25 our laws would have and that all of them come with

2 some financial assessment. So that during this
3 particular process that we're engaging in, in
4 adopting the budget that we plan ahead with an
5 appropriate discussion with the Administration about
6 compensating those locations where individuals can
7 get to safely, and provide them the safe space
8 whether it's heat or some air quality problem that we
9 may be experiencing. And from the testimony I see
10 that we're having probably less of the air quality
11 concerns than we are the heat concerns.

12 DR. TOM MATTE: If I could, Council
13 Member, the issue really with--there's two kinds of
14 cost that might be incurred, and I acknowledge we,
15 you know, that have precise estimates for either of
16 them to share with you today. One is requiring
17 centers to open more often. At least twice as
18 often. If the program works, then it's air quality
19 health advisory days. But I would say the main
20 reason that the department does not agree with that
21 provision is that we're not convinced--I feel
22 confident to tell people if they're able to get to a
23 Cooling Center, they will get a respite from the
24 heat. Their exposure to heat stress will go down
25 while they're there. It will be helpful to them. I

2 don't feel confident that just telling people to go
3 to a Cooling Center from their home or workplace or
4 wherever they were when there's an air quality health
5 advisory day will actually reduce their exposure to
6 air pollution. So that's the main objection to the
7 problem.

8 COUNCIL MEMBER ARROYO: Understood.

9 DR. TOM MATTE: And then in terms of cost
10 where I think there could be, you know, there would
11 be significant cost I assume, there is a program now
12 that is for providing some of these amenities that
13 could make it easier for people to get to Cooling
14 Centers like transportation, refreshments and
15 entertainment that could then be advertised as such.
16 And you know, make sure the centers are prepared to
17 receive the greater numbers of people that would go.
18 So, I, you know, think that that would be a better
19 place to look for, if you have it. You know, if
20 there are additional resources rather than opening
21 the centers more days, on days when we're not
22 convinced it would actually be a helpful public
23 health benefit.

24 COUNCIL MEMBER ARROYO: Understood, and I
25 think that given DFTA's experience and the work that

2 it manages for our city and the services that our
3 seniors receive it is certainly an agency that can
4 provide some guidance to creating a center that's
5 going to be inviting and comfortable for those who
6 might not normally frequent the location. But I
7 think it's important for us to understand that if the
8 legislation is something that we're seriously
9 considering, and the concern is cost, that we should
10 understand what that is as we move on in this
11 conversation. Because these two are not going to
12 give up. They're going to move this conversation
13 forward. But I think the better informed we are, the
14 more productive our outcome can be generally
15 implementing services in the community. So I value
16 your input and for, you know, full disclosure. This
17 guy was my professor about a year and a half ago, and
18 I value tremendously the input that the Assistant
19 Commissioner is providing us on this quality--air
20 quality concern. So it is someone we want to listen
21 to. Thank you.

22 CHAIRPERSON JOHNSON: Thank you. Thank
23 you Council Member. I would just [coughs] there were
24 some questions that we didn't have a chance to get to
25 today that we're happy to provide those to you all,

2 and if you could back to us with some answers, it
3 would be helpful. And I think on both--I don't want
4 to speak for my colleague, Council Member
5 Constantinides, but I think there seem to be some, as
6 you described, bigger concerns on his bill. And on
7 my bill there is some things that we need to work
8 through. And I think it would be helpful given that
9 the conversation that we've had today has been
10 educational for me and illuminating in many ways.
11 But if we could continue the conversation and try to
12 come up with reworked legislation that works at least
13 on my bill. No, I don't want to speak for him. He
14 might want to--he may want to stick with his bill the
15 way it is. That's up to him. That's his bill. So I
16 think we should continue the conversation together
17 and try to find a way forward that works for the
18 department, and for the goals and objectives put
19 forward in this proposed legislation.

20 DR. TOM MATTE: I mean I appreciate that,
21 and I think we would be happy to engage in that type
22 of dialogue. I realize a lot of what was in the
23 testimony and a lot of this is technically, you know,
24 it's not as simple as it might be. And so having the
25

2 ability to interact further and work together on what
3 makes sense would be I think very productive.

4 CHAIRPERSON JOHNSON: Great. Well, thank
5 you all for being here today. Thank you.

6 DR. TOM MATTE: Thank you.

7 CHAIRPERSON JOHNSON: So we're going to
8 call up a panel, two members of the public who have
9 signed up to testify. If anyone else wishes to
10 testify, you may sign up with the sergeant at the
11 desk over by the entrance. We have Michael Seilback
12 from the American Lung Association and we have
13 Michael O'Laughlin from Cab Riders United.

14 [background comments, pause]

15 CHAIRPERSON JOHNSON: So you may begin in
16 whatever order you'd like. Thank you for being here
17 today. If you could please identify yourself for the
18 record. Thank you.

19 MICHAEL SEILBACK: Good afternoon, my
20 name is Michael Seilback. I'm the Vice President of
21 Public Policy and Communications for the American
22 Lung Association of the Northeast. I want to thank
23 you for the opportunity to testify today. I am going
24 to submit some written testimony, but I wanted to
25 just discuss some of the things we've heard today,

2 talk a little bit about air quality--current air
3 quality issues. So on current air quality issues, as
4 you've heard, air quality has dramatically improved
5 over recent decades. But there are still very real
6 air quality concerns in New York City. In fact, in
7 the Lung Association's most recent State of the Air
8 Report we saw failing air grades literally across New
9 York City. You've heard the very real health effects
10 of air quality, and we're glad to see that the Health
11 Committee is discussing this issue, which is often
12 thought of as strictly an environmental one.

13 With that being said, the Lung
14 Association strongly believes that the codification
15 of NYCCAS is very, very important. We think that
16 this important--this important program should be
17 mandatory regardless of who is the Mayor. We're
18 happy, obviously very happy that the program has
19 continued, but there were times that we weren't even
20 positive that was going to happen or in what form.
21 We strongly support the goals of the bill, and while
22 we think it's important to not only codify the
23 program, we think it should be expanded. We think it
24 should--the program should ensure that communities
25 are being monitored and analyzed in a way that leads

2 to healthier air for all of the five boroughs
3 including Environmental Justice Communities. We need
4 to ensure that public health, EJ and environmental
5 groups have their voices heard with regard to how
6 this program is run. We know this program has been
7 very successful, but it has often lacked the open
8 participation that communities deserve to provide.

9 As for Councilman Constantinides' bill,
10 you know, we believe providing access to Cooling
11 Centers on high ozone days could be an additional
12 tool for reducing exposure to unhealthy air. Ozone
13 gas is created is created on hot sunny summer days.
14 How often there are--usually, there are few instances
15 per summer where ozone levels are high, but the
16 temperature doesn't reach 90 degrees. So what we're
17 saying is that this bill for several days per summer
18 may let these Cooling Centers be open and provide a
19 respite from high air quality days. We strongly--
20 Sorry. I'm not exactly sure that we really would see
21 a doubling of attendees at these centers. We don't
22 believe that there would be that many ozone days
23 where you're not at the 90-degree threshold. So I
24 don't--I'd be interested in seeing data that suggest
25 that we would see a doubling, unless if that doubling

2 also involves with promoting the program more, which
3 we do think is important.

4 We certainly agree with the idea that we
5 don't want to expose vulnerable populations to
6 increased air pollution, but some residents in New
7 York City this might be a benefit. We're not forcing
8 anyone to go to these centers, but if you know if
9 there's a center that's open that's nearby, and
10 you're not putting yourself--You know, for us, you
11 know, for people that we deal with, if you're a child
12 with asthma, no parent is going to force their--their
13 child out into the hot summer sun on a high ozone day
14 to a Cooling Center if it's not going to be
15 beneficial for that child. So, you know, I think
16 it's important that if we were to educate the
17 community in the right way, again this may be a
18 benefit for some members of the community. It's not
19 going to solve the problem of poor air quality, but
20 if it could provide some residents a respite from
21 those days with high levels of air pollution, it does
22 make sense.

23 In conclusion, you know, we think the
24 NYCCAS Program may end up being one of the most
25 important legacies of the PlaNYC or One NYC Program.

2 The data collected is a vital tool to help decision
3 makers target solutions to cleaning up our air, and
4 we look forward to seeing this program codified into
5 law so that future generations could continue to reap
6 its benefits. We hope that the Council will work
7 with the Administration to figure out a way that
8 everyone is happy with that we see it codified. And
9 again, we hope that both sides would consider
10 bringing--making it a little more open to the public
11 so that communities that are affected have a voice at
12 the table, and are not just seeing the report when it
13 comes out. Lastly, you know, we want to make sure
14 these programs are funded. We heard a bunch about
15 budget cuts. So since I'm here with the microphone,
16 I'm asking the Administration and the Council to make
17 sure that this program is funded in a way that we're
18 getting results across the city. So we urge the
19 Council to pass if not these bills as written, agreed
20 upon bills in the future so that our air quality will
21 continue to be monitored and we continue to make the
22 progress necessary so that New York City can have the
23 cleanest air of all major cities in the world. Thank
24 you.

2 MICHAEL O'LAUGHLIN: Hi. Good afternoon.
3 My name is Michael O'Laughlin. I am the Campaigns
4 Director for Cab Riders United, which is an
5 organization that speaks for the 1.2 million daily
6 passengers in New York City's taxis and for-hire
7 vehicles. Our three-part agenda is basically to
8 improve the safety, the quality of service and
9 environmental impact of the taxis and for-hire
10 vehicle industry in New York. You know, I think that
11 the--the agency representatives and certainly my good
12 friend from the Lung Association are better poised
13 that I am to speak about the obvious importance of
14 the health effects or air pollution. The--but I do
15 think it's important to note that the--the data that
16 comes from NYCCAS has already been used to really
17 pinpoint and develop evidence-based strategies for
18 reducing dangerous air pollution in the case of
19 vehicles and certainly in the case of heating oil
20 fuel. Really, I mean that was one of the big, big
21 achievements from I think many of our points of view
22 in the last five years in terms of public health in
23 New York, and it's under--under-appreciated.

24 Cab Riders United believes that believes
25 that the data gleaned from expanded and ongoing

2 survey programs can and should help inform the city's
3 policy to improve the emissions generated by the
4 City's tens of thousands and they continue to grow--
5 Tens of thousands of taxis and for-hire vehicles, for
6 example, on the basis of the data collected. Leaders
7 in City Hall and the Taxi and Limousine Commission
8 might want to double down on the pace of electrifying
9 the fleets of for-hire vehicles. Or, at least to
10 double down on the pace of reducing emissions for
11 vehicles that are serving--serving hot spots in the
12 city. Areas where we know the air quality and
13 emissions are a big problem, and that those vehicles
14 represent a large--a significant emission source.
15 Likewise, leaders at City Hall or the TLC might work
16 with stakeholders to develop a more efficient ride
17 sharing system. Or, might propose adjustments to the
18 shift change schedule for fleets in order to minimize
19 the amount of idling that happens all at the same
20 time when rows of taxis are returning to their fleets
21 usually in Queens. The key point is that the
22 formulation of these policies should be informed by
23 real data, that we have to ask the right questions,
24 look at the data and follow it where it goes. We are
25 still evaluating the proposals that were released

2 yesterday to cap the number of for-hire vehicles and
3 then conduct a study. But potentially, there a
4 contrast there because in that case there's a
5 significant intervention that's being proposed in the
6 marketplace to be followed by a study that may or may
7 not be the right study to conduct. And at the risk
8 of touching on an awkward subject, Mr. Chair, there
9 is another piece of legislation that is important to
10 you and to our organization that I think also
11 illustrates some of the--the real importance of
12 looking at the data comprehensively. So Intro 749 to
13 champion would require 100% wheelchair-accessible
14 taxis and 100% side entry taxis. Our organization
15 strong supports the goal of 100--

16 CHAIRPERSON JOHNSON: [interposing] I
17 didn't set this up.

18 MICHAEL O'LAUGHLIN: No, no, no.

19 CHAIRPERSON JOHNSON: I'm just telling
20 the public. You can speak as long as you want, sir,
21 it's like a two-fer today. Both my bills. Keep
22 going.

23 MICHAEL O'LAUGHLIN: Let's see where it
24 goes. So, sorry. [laughs] So we strongly support
25 the goal 100% accessible--wheelchair-accessible taxis

2 and, in fact, we think that the taxis should include
3 other important accommodations for people with other
4 disabilities such as the hearing link that's standard
5 in the Taxi of Tomorrow. Such as the high visibility
6 seat belts that are standard in the Taxi of Tomorrow.
7 I don't see why those shouldn't be required for other
8 taxis and for for-hire vehicles in the city. That's
9 an aside. The MV-1, however, which many people point
10 to as the likely outcome of that intro might be--if--
11 if both of these bills were to advance and become
12 law, there might be sort of an awkward conflict that
13 develops. Because, for example, the MV-1 not only
14 lacks some important Vision Zero related safety
15 features that I think we talked about in the previous
16 hearing, things like airbags for passengers. Things
17 like an exterior design that maximizes the
18 protections for pedestrians and for bicyclists in the
19 city. The MV-1 is also just exceptionally hard on
20 the environment. Its fuel efficiency is
21 approximately 13 miles per gallon. It has a V8
22 engine. It's hard to find a V8 engine these days.
23 It has a ranking in the bottom three percent of
24 emissions performance and city greenhouse gas
25 emissions that are, in fact, worse than a Hummer or a

2 Suburban to say nothing of the Toyota Sienna or an
3 MV200 or many of the other vehicles that are licensed
4 for use as taxis. New Yorkers have a right to expect
5 that city regulations that are applied to taxis and
6 for-hire vehicles are going to protect the health and
7 safety of the passengers when they're inside the
8 vehicle or when they're outside. Or when they're
9 just sharing the same air, and we believe that Intro
10 712 can help our city develop policies that actually
11 will advance that important goal. Especially given
12 the fact that we have tens of thousands of for-hire
13 vehicles on our streets 24 hours a day. And the
14 number is only likely to grow in the years ahead. So
15 thank you fro the opportunity to speak to this.

16 CHAIRPERSON JOHNSON: Thank you for your
17 testimony. Do you have any questions.

18 COUNCIL MEMBER CONSTANTINIDES: Just very
19 quickly. It's great to see both of you again, and
20 Mike, we've worked together on a lot of different
21 issues over the years, and just wanted just to--to
22 recap your testimony. You're saying that there are
23 particular instances where if that person is not--if
24 someone is not traveling a long distance that the

2 ozone, getting out of the ozone and going into to
3 Cooling Centers could have some benefit?

4 MICHAEL SEILBACK: I'm--I'm not a
5 physician but yes. I mean I think the Lung
6 Association does believe that there could be a
7 benefit to giving an air quality respite center on
8 those 85-degree days that are high ozone. Sure.

9 COUNCIL MEMBER CONSTANTINIDES: Well,
10 thank you so much.

11 CHAIRPERSON JOHNSON: Thank you both for
12 your testimony. I want to thank the committee staff
13 for getting us ready in this very busy time for
14 today's hearing. The counsel for the Health
15 Committee David Seitzer. The Policy Analyst Crystal
16 Pond. My Legislative Director Louis Cholden-Brown,
17 and I know that Council Member Constantinides' staff
18 worked very hard as well on getting ready for today's
19 hearing. With that, this hearing is adjourned.

20 [gavel.]

21 MICHAEL O'LAUGHLIN:
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1 COMMITTEE ON HEALTH

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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 July 3, 2015