

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH, JOINTLY WITH
COMMITTEE ON PARKS AND RECREATION

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October 13, 2015
Start: 1:13 p.m.
Recess: 3:05 p.m.

HELD AT: Committee Room - City Hall

B E F O R E:

COREY D. JOHNSON
Chairperson
MARK LEVINE
Co-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.
Rafael L. Espinal, Jr.
Darlene Mealy
Fernando Cabrera
Andrew Cohen
Alan N. Maisel
Mark Treyger

COUNCIL MEMBERS:

Steven Matteo

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

John Luisi
Assistant Commissioner
Compliance
NYC Parks and Recreation Department

Matt Drury
Director
Government Relations
NYC Parks and Recreation Department

Dr. Glenn Asaeda
Chief Medical Director
FDNY

Tina Charles
Founder
Hopey's Heart Foundation

Mark Mazzone
Assistant Principal & Softball Coach
Institute for Collaborative Education

Christopher McCloud
Math Teacher & Softball Coach
School of the Future

Elijah Newman
Student & Softball Player
Institute for Collaborative Education

Slava Dudin
Parent

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

Robin Vitale
American Heart Association

2 [gavel]

3 CHAIRPERSON JOHNSON: Sergeant, are we
4 ready?

5 [background comment] [gavel]

6 CHAIRPERSON JOHNSON: Good afternoon
7 everyone. I am Council Member Corey Johnson, Chair
8 of the Council's Committee on Health. I wanna thank
9 Council Member Levine, Chair of the Committee on
10 Parks and Recreation, for joining us today as we hear
11 Int. 902, a bill that would require the presence of
12 defibrillators at certain baseball fields where youth
13 play in New York City. I also wanna thank Council
14 Member and Minority Leader Matteo for being a real
15 leader in addressing this important issue and
16 sponsoring this legislation and I'm happy to join him
17 in co-sponsoring this bill.

18 The leading cause of death in young
19 athletes is a genetic condition called hypertrophic
20 cardiomyopathy, commonly known as an enlarged heart,
21 which can lead to cardiac arrest. Commotio cordis is
22 the second highest cause of death in young athletes
23 and typically involves young, predominantly male
24 athletes who experience a sudden blunt trauma to the
25 anterior chest, resulting in cardiac arrest and

2 sudden death. Baseball is the most common sport in
3 which this condition occurs. An AED, or an automated
4 external defibrillator, is the only effective
5 treatment for restoring irregular heart rhythm during
6 sudden cardiac arrest and is an easy to operate tool
7 for someone with no medical background. More than
8 95% of patients who receive defibrillation shock in
9 the first minute of cardiac arrest survive. AEDs are
10 simple, easy to use and simply save lives. The
11 benefit of having these lifesaving devices widely
12 accessible is indisputable and Int. 902 is a
13 significant first step in ensuring they are readily
14 available when a disaster strikes.

15 The Committee on Health will also be
16 voting today on proposed Int. No. 712-A. This bill,
17 which I sponsored, will codify community air quality
18 survey performed by the Department of Health and
19 Mental Hygiene. Studies suggest that poor air
20 quality in New York City contributes to 6% of all
21 deaths here. Short of death, poor air quality has
22 been linked to reduced birth weight and of course
23 asthma. The city's air has been improving in recent
24 years, but we must do more and mandating this air
25 quality measuring program will ensure that it

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2 continues to be a data source for public health
3 officials, advocates and others to identify and
4 address major concerns of pollution. So before I
5 turn it over to Chair Levine for an opening
6 statement, I wanna ask the committee clerk to call
7 the roll in voting on proposed Int. 712-A, which is
8 the Community Air Quality Survey bill which I co-
9 sponsored.

10 COMMITTEE CLERK: Committee Clerk Matthew
11 Distefano, Committee on Health, roll call on
12 Int. 712-A. Council Member Johnson.

13 CHAIRPERSON JOHNSON: Aye.

14 COMMITTEE CLERK: Council Member Arroyo.

15 COUNCIL MEMBER ARROYO: Aye.

16 COMMITTEE CLERK: Council Member Mendez.

17 COUNCIL MEMBER MENDEZ: Aye.

18 COMMITTEE CLERK: Council Member Koo.

19 COUNCIL MEMBER KOO: Aye.

20 COMMITTEE CLERK: Council Member Espinal.

21 COUNCIL MEMBER ESPINAL: Aye.

22 COMMITTEE CLERK: By a vote of 5 in the
23 affirmative, 0 in the negative and no abstentions,
24 Int. No. 712-A has passed.

25

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2 CHAIRPERSON JOHNSON: Oh and Council
3 Member Eugene is here as well.

4 COMMITTEE CLERK: Council Member Eugene.

5 COUNCIL MEMBER EUGENE: I vote aye and I
6 want to commend... [crosstalk]

7 COMMITTEE CLERK: The vote now... The vote
8 now stands at 6... [interpose]

9 COUNCIL MEMBER EUGENE: uh and I just
10 want to commend my colleagues also, because those are
11 two very important legislation that will make a
12 difference, because that will save life, especially
13 in the air quality we know that asthma is a very,
14 very dangerous disease because you know, oxygen is
15 life; if we can improve the quality of the air we
16 will save many lives and also the defibrillators, you
17 know they are very important at the same time of
18 [sic] sport; sports, you know are very valued [sic]
19 activities; I think this is a good step in trying to
20 save the lives of our young men and women who are
21 practicing sports and I commend you all on that and
22 Mr. Chair, thank you for your leadership on those
23 very important issues and I vote aye.

24 CHAIRPERSON JOHNSON: Thank you.
25

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2 COMMITTEE CLERK: The vote now stands 6
3 in the affirmative, 0 in the negative; no
4 abstentions.

5 CHAIRPERSON JOHNSON: And when more
6 members arrive who are on the Health Committee, there
7 are an additional three members; we are going to
8 allow them to vote as well. With that I wanna turn
9 it over to Chair Levine.

10 CO-CHAIRPERSON LEVINE: 'Kay. Thank you
11 Chair Johnson; it's great to be partnered up with you
12 in this hearing today; great that our committees have
13 come together. Thank you so much, Minority Leader
14 Matteo for your leadership in bringing this issue to
15 the fore on this legislation to our committees. I am
16 indeed the Chair of the Parks and Recreation
17 Committee and as the chairman mentioned, today we're
18 gonna be hearing Int. 902, sponsored by Minority
19 Leader Matteo and Council Member Johnson, a bill that
20 would require automatic external defibrillators,
21 a.k.a. AEDs, to be present at baseball fields that
22 are used at least 30 days per year by non-public
23 school sponsored youth baseball leagues.

24 The Council has taken a longstanding view
25 that AEDs play a crucial role in saving lives and

2 that we as a city must ensure they are readily
3 available at public places where it's reasonable to
4 do so, and the legislation we're introducing today is
5 hardly a radical move; it really represents an
6 extension of a sensible policy which has been in
7 place for a decade; in fact, in 2005 the Council
8 passed Local Law 20, which was the city's first
9 comprehensive law on mandating the availability of
10 AEDs. The law required that AEDs be located in
11 public buildings maintained by the city and at least
12 six parks in each borough under the Parks
13 Department's jurisdiction, in ferry terminals that
14 had a passenger capacity of 1,000 or more persons,
15 nursing homes, senior centers, golf courses, sports
16 arenas and health clubs with memberships of at least
17 250 people. Int. 902 would expand the places covered
18 under Local Law 20 to include baseball fields within
19 New York City. The vast majority of these fields are
20 under the jurisdiction of the Parks Department, which
21 operates over 800 athletic fields for both permitted
22 and non-permitted uses. At these important places
23 where intense physical activity can occur, the city
24 must ensure that lifesaving equipment is readily
25 available when someone overexerts themselves.

2 In our discussion with the Parks
3 Department I look forward to exploring a number of
4 key questions about the implementation of Local Law
5 20, including which Parks properties currently have
6 AEDs and how many instances these devices have been
7 used, what's been the success rate in saving lives
8 and how the Parks Department has made efforts to
9 expand AED use to other properties under its
10 jurisdiction, such as beaches, pools and special
11 event venues.

12 I'm proud to be a co-sponsor of Int. 902
13 and look forward to working with Minority Leader
14 Matteo, Chair Johnson and the administration to
15 broadening the availability of AEDs across the city.

16 I'd like to welcome the administration
17 and all the advocates who have come here today to
18 testify and I'm gonna turn it back to you, Chairman
19 Johnson.

20 CHAIRPERSON JOHNSON: Thank you. Thank
21 you Chair Levine; I wanna turn it over to Minority
22 Leader Matteo, who is the prime sponsor of this bill.

23 COUNCIL MEMBER MATTEO: Thank you Chair
24 Johnson. I wanna thank Parks Chair Mark Levine and
25 Chair of the Health Committee, my good friend Corey

2 Johnson for not only having the hearing on such an
3 important issue, but for your leadership and I'm
4 grateful to have your support, as well as Chair
5 Levine.

6 On April 18th of this year, during the
7 opening day ceremonies of the South Shore Little
8 League on Staten Island, Claudio Buono, a longtime
9 little league official, collapsed in the dugout; Paul
10 Barbara, an emergency physician from Staten Island
11 University Hospital, who's also a T-ball coach, was
12 standing behind second base at the time and rushed to
13 Buono to perform CPR. When he realized Buono was in
14 cardiac arrest, he looked for an AED; there was none
15 to be found. Luckily Steven Moskovic, an alert
16 police officer from the 123rd Precinct responded to
17 the 911 call and brought a defibrillator with him.
18 Though Buono died more than a month later of
19 complications, the AED saved his life and gave his
20 family a precious few weeks more with him.

21 There are many more stories like this in
22 New York City, close calls or needless tragedies that
23 could've been avoided. You will hear a few of those
24 stories today at this hearing and the lesson I hope
25 they will drive home is this; the availability of an

2 AED can mean the difference life and death. It was
3 because of Buono and other incidents like that that
4 my predecessor, former Minority Leader Ignizio and I
5 pursued this legislation to fill in the gap in our
6 current law requiring AEDs in most public places. As
7 everyone may know, my colleagues and I included the
8 new Beating Hearts Initiative in the FY2016 budget,
9 which provides \$350,000 to purchase four AEDs for
10 sites in each council district, sites like the little
11 league baseball field where Buono suffered a heart
12 attack and senior centers, many of which are not
13 covered by existing law. Currently there are AEDs
14 available in places such as schools, municipal
15 buildings, transportation hubs, airports, shopping
16 malls and museums in large part because another
17 person who once held this office, Staten Island
18 Borough President James Otto, doggedly pursued
19 legislation 10 years ago to require them in many
20 public spaces in the five boroughs. That was no
21 small feat; that legislation, Local Law 20 of 2005,
22 has made hundreds of AEDs available, however, as part
23 of a compromise with the previous administration, the
24 New York City Department of Parks was required to
25 choose six parks in each borough to place AEDs.

2 Needless to say, many ball fields were left outside
3 that mandate, including those owned by Parks and the
4 New York City Department of Citywide Administrative
5 Services and other not-for-profits.

6 AEDs are portable devices that help
7 reestablish normal hearth contractions after a
8 cardiac arrest or dangerous cardiac arrhythmia by
9 sending an electric shock through the chest to the
10 heart; they are relatively inexpensive and easy to
11 use. But treatment with an AED must be immediate for
12 a heart attack victim to survive. Several studies
13 notably by the Mayo Clinic and the American Heart
14 Association have determined that a person's best
15 chance of surviving cardiac arrest is to be
16 defibrillated within six minutes; each minute a
17 normal heartbeat is not restored a person's chances
18 of surviving drops up to 10%. To add some
19 perspective, the average response time in New York
20 City to a medical emergency via the 911 system is
21 more than 12 minutes. While seniors are most
22 vulnerable to cardiac arrest or cardiac arrhythmia,
23 data shows that 1 in every 200,000 high school
24 students will go into sudden cardiac arrest each
25 year; in fact, the second cause of deaths among

2 athletes under 14 is commotio cordis, which is a
3 sudden blunt trauma to the interior chest resulting
4 in cardiac arrest. Data shows that 26% of those who
5 experience commotio cordis are younger than 10 years
6 and 75% are younger than 18 years. Baseball is the
7 most common sport in which this condition occurs and
8 nearly all commotio events are caused by direct
9 baseball strikes to the left chest wall.

10 This legislation would expand the mandate
11 for AED placement to any baseball field used by non-
12 public school whose participants are under the age of
13 18; fields that are no more than 50 feet apart could
14 be covered by a single device.

15 I look forward to hearing testimony on
16 this legislation, which I am sure will include more
17 ways we should expand and improve access to AEDs in
18 the city, along with statistics to support it. But
19 we must remember the real people behind those
20 statistics, people whose lives were cut way too
21 short; the grieving families they left behind, in so
22 many of these cases they could've been saved by a
23 device that costs about as much as dispatching the
24 ambulance that my not have made it in time. There is
25 no reason we can't do better; it is my hope that we

2 expand on current law that AEDs will eventually
3 become as ubiquitous as fire extinguishers in New
4 York City, easily assessable everywhere people
5 congregate. I look forward to testimony today and I
6 send it back to Chair Johnson.

7 CHAIRPERSON JOHNSON: Thank you Minority
8 Leader Matteo. Before we turn it over to the Parks
9 Department for testimony, Majority Leader Van Bramer
10 is here and I want to allow him to vote on Int. 712-A
11 from the clerk.

12 COMMITTEE CLERK: Continuation of the
13 roll call on 712-A, Council Member Van Bramer.

14 COUNCIL MEMBER VAN BRAMER: I vote aye.
15 Thank you.

16 CHAIRPERSON JOHNSON: Thank you. I wanna
17 turn it over to the Parks Department to provide
18 testimony here today. If you wanna introduce
19 yourself and start your testimony; just make sure
20 your mic is on. Oh I have to swear you in. So if
21 you could please raise your right hand, whoever's
22 testifying or potentially answering questions. Do
23 you affirm to tell the truth, the whole truth and
24 nothing but the truth in your testimony before this
25

2 committee and to respond honestly to council member
3 questions?

4 JOHN LUISI: I do.

5 MATT DRURY: I do.

6 CHAIRPERSON JOHNSON: Thank you very
7 much; you may testify.

8 JOHN LUISI: Thank you. Good afternoon
9 Chair Levine, Chair Johnson, Minority Leader Matteo
10 and Majority Leader Van Bramer and the other members
11 of the Parks and Recreation Committee and the Health
12 Committee.

13 I'm John Luisi, Assistant Commissioner
14 for Compliance at the New York City Department of
15 Parks and Recreation. Joining me on this panel is
16 Matt Drury, Director of Government Relations for
17 Parks and Dr. Glenn Asaeda from the New York City
18 Fire Department.

19 Thank you for inviting me to testify
20 today regarding Int. 902, which would require
21 defibrillators at baseball fields where youth leagues
22 play.

23 At New York City Parks, the safety of our
24 park patrons is always first and foremost on our
25 minds and we agree with the Council that ensuring

2 that trained individuals have the necessary equipment
3 to intervene in emergency situations can help save
4 lives. In accordance with New York City Local Law
5 20, New York City Parks currently has a total of 82
6 AEDs, automatic external defibrillators, located in
7 69 facilities across our Parks system, as well as an
8 additional 25 seasonal AEDs at lifeguard stations
9 during the beach season. Thirty-six of our golf
10 course and athletic facility concessions keep AEDs
11 on-site as well. Generally speaking, the units are
12 stored in mounted cabinets located in buildings that
13 are supervised by staff. We have at least one staff
14 person trained in the use of AEDs present at each of
15 these facilities at all times during operating hours.
16 Parks has over 850 employees that are currently
17 trained as AED responders, including members of our
18 Parks Enforcement Patrol Officer Corps, recreation
19 center staff and administrative staff.

20 To maintain their training credentials
21 they are required to attend training every two years
22 at the Parks Academy, the training arm of our Budget
23 and Human Resources Division. The training
24 curriculum consists of American Red Cross adult and
25 pediatric first aid, CPR and AED classes. We also

2 accept proof of Red Cross or American Heart
3 Association training for an employee who has received
4 recent training outside the agency as equivalent
5 programs which meet state and local requirements.

6 A defibrillator can only save lives if
7 it's accessible and ready to be used and Parks takes
8 this responsibility very seriously. To ensure that
9 the AED units at Parks managed facilities are in good
10 working order, trained staff performs daily and
11 monthly inspections of each unit and our staff
12 conducts additional unannounced inspections of AEDs
13 at our recreation centers and administrative
14 buildings. Twice a year New York City Parks also
15 conducts an agency-wide internal assessment of all
16 AEDs at Parks managed facilities to ensure that we
17 adhere to state and local law, the manufacturer's
18 recommended guidelines and other standard operating
19 procedures.

20 AED placement and conditions are also
21 part of the criteria for our Recreation Evaluation
22 and Center Assessment Program (RECAP), conducted by
23 our Operations and Management Planning Division,
24 which inspects each recreation center on an
25 unannounced basis at least twice a year. In

2 conducting the inspections the units are confirmed to
3 be in working order, accompanied by a list of the AED
4 qualified personnel at that site and properly stocked
5 with appropriate accessories -- pads, charged spare
6 battery, gloves, razor, white cloth, pocket mask,
7 scissors, and a three-step instruction card.

8 Expiration dates for the equipment are also checked
9 and recorded. Lastly, our Revenue Division conducts
10 on-site inspections of our golf course and athletic
11 facility concessions twice a year, which includes an
12 inspection of the AED and required supporting
13 accessories.

14 As currently drafted, Int. 902 would
15 compel that an AED is present at any individual
16 baseball field or cluster of fields that are utilized
17 by a non-public school sponsored youth baseball
18 league, presumably including both public and
19 privately owned ball fields. To provide some context
20 about sporting activities at fields under Parks'
21 jurisdiction, we oversee more than 1,000 athletic
22 fields and over 4,000 courts; we issue thousands of
23 sports permits every year to leagues and individuals,
24 representing over 700,000 hours of playing time over
25 a given year. As we all know, baseball is a very

2 popular sport in New York City -- you gotta love that
3 Mets win last night -- and uh... [crosstalk]

4 CHAIRPERSON JOHNSON: And not Chase
5 Utley.

6 JOHN LUISI: and uh the sports played at
7 fields throughout New York City Parks system under
8 the parameters of the current legislation, 458
9 dedicated fields or cluster of fields under Parks
10 jurisdiction are home to nearly 200 youth baseball
11 leagues. The fields are located throughout the five
12 boroughs and currently serve youth baseball leagues
13 that receive permits for our fields. In 2014, 727
14 youth baseball permits were issued, which represented
15 over 220,000 hours of playing time.

16 New York City Parks commends the Council
17 for its focus on ensuring the health and safety of
18 city youth involved in all sports including baseball.
19 Promoting a safe, active and healthy lifestyle for
20 children is a primary goal of our agency, addressing
21 the serious concern of potential youth injuries in
22 baseball is vitally important and we believe public
23 conversation about this topic and more awareness of
24 the benefits of AEDs can help secure the safety of
25 New York City's children. However, New York City

2 Parks must express some concern regarding portions of
3 the legislation as it's currently drafted.

4 We do not believe that installing AEDs in
5 outdoor cabinets at over 450 Parks ball fields would
6 be the most effective way of accomplishing our shared
7 goal of ensuring that such devices are easily
8 accessible and in the hands of trained individuals at
9 the time of an emergency. Fixed post staff is not
10 necessarily present at a New York City Parks ball
11 field during instances of league play, so we wouldn't
12 be able to guarantee the presence of AED-certified
13 Parks personnel during games.

14 Since the devices need to be readily
15 available in an unlocked case, securing the devices
16 would also be a significant concern and they would be
17 exposed to potential theft or misuse. Further,
18 providing daily inspections as mandated by State Law
19 for an additional 450 AEDs dispersed throughout the
20 city, would be a tremendously difficult burden.

21 Lastly, AED manufacturers recommend that
22 the device be store between 32⁰ and 110⁰F, so we
23 would be concerned about exposure to extreme heat or
24 cold in an outdoor cabinet.

2 Despite these operational concerns, New
3 York City Parks appreciates and fully supports the
4 objective behind this legislation and we welcome the
5 opportunity to explore alternative options to make
6 sure that youth league sport participants have access
7 to lifesaving training and equipment in case of an
8 emergency.

9 One option may be the approach taken by
10 the New York City Public School Athletic League,
11 which mandates first aid, CPR and AED training for
12 all league coaches and per State Law, ensures that an
13 AED device is present at all games and practices.

14 Such a requirement could potentially be
15 made part of the permitting process for youth leagues
16 utilizing New York City Parks ball fields. In an
17 emergency situation where every second counts, this
18 approach could serve as the best way to guarantee
19 that a child undergoing a cardiac arrest can get help
20 as quickly as possible from a trained responder who
21 is present at every league event.

22 We thank you for your leadership on this
23 issue and look forward to working with you all as we
24 help to build a healthier and safer future of New
25 York City's youth. Thank you for allowing me to

2 testify before you today and I'll be happy to answer
3 any questions that you may have.

4 CHAIRPERSON JOHNSON: Thank you
5 Commissioner; I wanna turn it over to Minority Leader
6 Matteo, the prime sponsor of this bill for some
7 questions.

8 COUNCIL MEMBER MATTEO: Thank you Chair
9 Johnson.

10 Thank you, Commissioner Luisi, it's good
11 to see you, as always. I just wanna start off to the
12 point where, in my opinion, you know I understand
13 operational concerns, but for me, any type of
14 operational concerns cannot outweigh a potentially
15 lifesaving piece of legislation that this is and what
16 we should be doing as a council in making sure that
17 this legislation passes. You know, we discuss a lot
18 of operational issues and cost issues and a lot of
19 pieces of legislation; I'm not so sure that any could
20 be as important as saving one's life as it is here.
21 But with that I'm just gonna go over some of the
22 things that you mentioned in your testimony and go
23 over some questions.

24 You know, in your testimony you mentioned
25 458 dedicated fields; is that what you believe that

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2 this legislation will cover and the 200 baseball
3 fields?

4 JOHN LUISI: It's... 458 is either
5 individual isolated fields or clusters of fields...
6 [crosstalk]

7 COUNCIL MEMBER MATTEO: But that's what
8 you think this bill covers...? (CROSS-TALK)

9 JOHN LUISI: Correct.

10 COUNCIL MEMBER MATTEO: The max would be
11 max 458 and the minimum... [crosstalk]

12 JOHN LUISI: That's... That's our
13 understanding, yes. [sic]

14 COUNCIL MEMBER MATTEO: and the minimum
15 200?

16 JOHN LUISI: Yes. Yeah.

17 COUNCIL MEMBER MATTEO: And those are all
18 fields that are within 50 feet of each other too or
19 does that take into consideration... [crosstalk]

20 JOHN LUISI: No, an...

21 COUNCIL MEMBER MATTEO: we cut that in-
22 half or not?

23 JOHN LUISI: Any group that might be
24 within 50 feet of each other is included as a single...
25 [crosstalk]

2 COUNCIL MEMBER MATTEO: Right, but I'm
3 saying; is that included in this number?

4 JOHN LUISI: Yes.

5 COUNCIL MEMBER MATTEO: Okay.

6 JOHN LUISI: Yes, sir.

7 COUNCIL MEMBER MATTEO: So I believe, and
8 I think Chair Johnson agrees with me, in that the
9 best way we can help someone who is undergoing
10 cardiac arrest is to have the AEDs on-site; to me
11 there's no question, and you know through our
12 research and you talk about that you don't believe or
13 the Parks Department I should say doesn't believe
14 about the cases. I tend to disagree and I think
15 there are ways of going about providing these type of
16 cases or boxes or whatever you might wanna call them,
17 to protect the AEDs. I mean there are outdoor cases;
18 there are those with sirens, alarms that could be
19 operational during Parks hours and then we could look
20 to lock them at night and there are Parks personnel
21 we think could be able to do that. You know they are
22 temperature controlled and I understand Parks' point,
23 but I just... you know, I think it's very important to
24 understand that I think that we are in disagreement
25 that we don't think that these boxes can't be placed

2 or that they can be placed in a backstop, a fence,
3 somewhere where they're playing. Not only are we
4 protecting the leagues, but we're protecting those
5 who've just come to play a pickup game; they have to
6 be protected as well and you know, we quite frankly
7 think this bill doesn't go far enough and we wanna
8 pursue other fields and other parks and football and
9 soccer and basketball courts, so we don't even think
10 this bill goes far enough; we are looking at this
11 point in a phased-in approach and understanding the
12 operational concerns, you know, we just have a
13 difference of opinion and if you could just explain
14 to me why you don't... what you... your testimony here is
15 saying you don't think that Parks can handle having
16 them on-site or what are your specific concerns, and
17 I know you talked about it a little bit, but I'd like
18 to have a discussion on that.

19 JOHN LUISI: Thank you. The primary
20 concern really is about the staff, although there are
21 certainly equipment issues, you know as I delineated
22 in the testimony; a large part of the concern is
23 having staff that's trained be able to utilize this,
24 as well as making sure that... again, that the

2 equipment is there, that it's current and it's been
3 inspected and all the pieces are present.

4 COUNCIL MEMBER MATTEO: I appreciate
5 that; I think... you know, I think you're underselling
6 staff, that they can't handle it; I think they could
7 handle it; in the parks in my district, Park staff is
8 there daily maintaining, cleaning; we should have
9 someone who's trained and be able to check on the
10 boxes and in my opinion, my opinion only, I don't
11 know how the rest feel, but I'd rather have an AED
12 on-site even if there isn't someone trained; they're
13 much easier to use nowadays; I'd be a lot more
14 comfortable with having the AED there than
15 operational concerns prohibiting them from being
16 there. I think that these are concerns that we can
17 easily work out together with the Parks Department
18 and I'm sure that the Chair and this committee and
19 the rest of the Council will work with you on that,
20 but to me, these are concerns that we could easily,
21 easily overcome.

22 I want to talk quickly about the current
23 legislation. In your testimony you mention 69
24 facilities, 36 golf courses and that's great and you
25 know that's much appreciated, but the 2005 bill says

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2 that you had to have six in each borough; right, so
3 my question is; is this an expansion of that; did
4 Parks just do this on their own, because I believe
5 the language of that bill said six parks, but here
6 you're talking about 69 facilities as well as golf
7 courses and others?

8 MATT DRURY: The bill also includes
9 health clubs...

10 COUNCIL MEMBER MATTEO: Yeah.

11 MATT DRURY: so many of our recreation...

12 [interpose]

13 COUNCIL MEMBER MATTEO: So...

14 MATT DRURY: COUNCIL MEMBER MATTEO:
15 that's what you're including, but the six... with the
16 parks, is it just six in each borough that you have?

17 MATT DRURY: Hold on one second.

18 COUNCIL MEMBER MATTEO: 'Cause I have... on
19 the website it shows six in the Bronx, six in Queens,
20 six in Staten Island, seven in Brooklyn and six in
21 Manhattan; are they... [crosstalk]

22 MATT DRURY: That's correct, but many of
23 our...

24 COUNCIL MEMBER MATTEO: the only ones?

25

2 MATT DRURY: many of the other locations
3 are either in or adjoining a park as well, so...

4 [interpose]

5 COUNCIL MEMBER MATTEO: 'Kay.

6 MATT DRURY: for example, St. Mary's
7 Recreation Center in the Bronx is directly adjacent
8 to St. Mary's Park as well, so that's, you know...

9 COUNCIL MEMBER MATTEO: So what was the
10 criteria used in picking these specific parks?

11 MATT DRURY: In terms of the six...

12 COUNCIL MEMBER MATTEO: Yeah.

13 MATT DRURY: actually, I can't speak to
14 that; I can get you some of the background in terms
15 of how the six... you know... [crosstalk]

16 COUNCIL MEMBER MATTEO: Okay.

17 MATT DRURY: in the immediate follow-up
18 to the 2005 law, how those six were determined and...

19 [interpose]

20 COUNCIL MEMBER MATTEO: So I'm just gonna
21 concentrate on two Staten Island sites and quite
22 frankly, ask about the six there. Let's talk about
23 Clove Lakes; it's in Stonehenge; where is it; is it
24 in the building? Now are there signs that point and...

25 [interpose]

2 MATT DRURY: That's correct, there's
3 signage; it's in the... [interpose]

4 COUNCIL MEMBER MATTEO: Where are the
5 signs; are they...

6 MATT DRURY: It's in the administrative
7 office and it's in... [crosstalk]

8 COUNCIL MEMBER MATTEO: But uh...

9 MATT DRURY: on the entrance and on I
10 believe each floor of the administrative office.

11 COUNCIL MEMBER MATTEO: Now the
12 administration office I would assume is locked during
13 off hours or?

14 MATT DRURY: During... outside of operating
15 hours?

16 COUNCIL MEMBER MATTEO: Yeah.

17 MATT DRURY: That's correct.

18 COUNCIL MEMBER MATTEO: Is it always open
19 when there's a game?

20 MATT DRURY: When there's a game at the
21 ball fields?

22 COUNCIL MEMBER MATTEO: Yeah.

23 MATT DRURY: Not necessarily; I suppose
24 it would depend on... [crosstalk]

25

2 COUNCIL MEMBER MATTEO: Well that...
3 obviously that to me is a huge problem; we have an
4 AED there that's not always accessible. You know
5 that's just unacceptable; we can't have that; that's
6 the point of having the AEDs at the fields, at the
7 backstops, a standalone stand, you know we... I
8 appreciate that it's there, but in this issue we
9 can't take a chance; can't be locked. I'm in Clove
10 Lakes all the time; I don't see AED signs pointing to
11 where it is, quite frankly; if you're on the baseball
12 field and you're lookin' for the AED, I don't know
13 many Staten Islanders who are gonna know to go to the
14 Stonehenge, quite frankly. One is Cromwell Center;
15 obviously Cromwell Center's not there anymore; has
16 the AED been replaced to another park?

17 [pause]

18 COUNCIL MEMBER MATTEO: Has the Cromwell
19 Center one been switched to another location;
20 Cromwell Center's not there anymore?

21 MATT DRURY: Yes, I believe the other...
22 now I believe the Conference House location has...

23 [interpose]

24 COUNCIL MEMBER MATTEO: So they have two
25 of 'em?

2 [background comments]

3 MATT DRURY: Oh and I'm sorry, Lyons Pool
4 Rec Center. Immediately adjacent?

5 JOHN LUISI: Yeah, that's where...

6 COUNCIL MEMBER MATTEO: Do you know... I'm
7 sorry; I didn't...

8 MATT DRURY: There's actually two at
9 Lyons.

10 JOHN LUISI: Right, there are two at
11 Lyons because a lot of the, to the extent possible,
12 the activities from Cromwell have been relocated to
13 Lyons, so Lyons has the pool and the slightly
14 extended rec center (sic)... [crosstalk]

15 COUNCIL MEMBER MATTEO: That's fine; I
16 just wanted to know where it was. So it's at Lyons
17 Pool?

18 JOHN LUISI: Yes.

19 COUNCIL MEMBER MATTEO: Okay. Now
20 listen, we want all these locations to have AEDs and
21 no question, but you know, that's why we're putting
22 this bill... you know, looking for parks and other
23 locations where our kids are playing and we just
24 can't take a chance of not having them or having them
25 locked and that was my point before where, you know

2 if we have Parks staff in all these parks we should
3 put up an alarm box that could be connected to the
4 local precinct and the FDNY and EMS and if someone
5 opens it alarm is blaring and our parks are crowded
6 people would be there. When the park closes at dusk
7 we could lock it and so you know we have to do our
8 part; they're certainly gonna add to Parks
9 maintenance, but to me it's certainly well worth it.

10 Can you just go over the regimen for the
11 maintenance of the defibrillators again, I think you
12 mentioned it, but if you could just... you said it's
13 daily and..

14 [background comment]

15 JOHN LUISI: Yeah, there's a checklist
16 that has a number of compliance factors; I can go
17 through them; there are 15... [background comments] the
18 first daily step one; go to the AED, open the
19 cabinet, remove the unit from the storage cabinet,
20 open the zippered AED case and check to see if the
21 indicator is... that the light is on to indicate that
22 it's in working order. The indicator light is
23 displayed on the front of the machine and depending
24 on the model, it will either be a green light or a
25 black hourglass. The next step is to ensure that the

2 spare battery and two sets of adult pads and child
3 pads are present. Some models use a child cater
4 reduced voltage instead of a separate pad. If the
5 pads are being held within a pouch you have to make
6 sure that the pouch is sealed. Third step is to
7 return the AED to the cabinet, close the door and if
8 necessary, turn the alarm back on. [background
9 comments] Right, and then the final step is that we
10 have an entry in that reporting system where every
11 single AED is accounted for on a daily basis, where
12 the person affirms that they have indeed performed
13 all of these required steps and that can be viewed,
14 you know on our internet so we know who is and who is
15 not doing that... [crosstalk]

16 COUNCIL MEMBER MATTEO: So... and that's
17 great and if we're doing this on a daily basis, what
18 would be the issue of having it attached to a
19 backstop, a fence and having them lock and check it
20 every night when Parks closes at dusk and then having
21 it accessible during the day? You're doing all this
22 already; all we're saying is to put the AED outside
23 at the field, you know you could attach it, like I
24 said, to the backstop, to a fence; we can get the
25 standalones... I mean I have a whole list of available

2 cases with the alarms and.. you know, we don't want it
3 locked during the day, of course not, 'cause we can't
4 provide the key to everybody, but we can lock it at
5 night because there aren't supposed to be pickup
6 games at night when it's closed; if the park is
7 "closed for the night," you could lock the case and
8 once it reopens Parks and just as, you know on their
9 daily routine, just come up and unlock it and then
10 it'll be in use and our fields will be covered. To
11 me it's an easy fix and.. yeah, it's an easy fix and
12 like I said, you're doing it already, so we
13 appreciate that you're doing it already and to me,
14 just adding them, an attachment to the fence.. and
15 listen, you're gonna have many people out there,
16 families, who don't think we're going far enough; I
17 don't either; the Chair of the Health Committee
18 doesn't believe so either and we intend to provide
19 AED access in other parks, facilities and football
20 fields and soccer fields, but what this bill does do
21 in terms of expansion, especially in my district,
22 there are plenty of baseball fields that are right
23 next to the football fields, that are right next to
24 the soccer fields, so you're getting an AED access
25 not just for the baseball field, but you're getting

2 it for those who are playing football, lacrosse,
3 soccer and we're protecting our kids, and don't
4 forget, we have to protect the pickup games or just
5 the family that's using Clove Lakes or Willowbrook
6 Park in my district just to go play; they're just as
7 susceptible to this as well and they should be able
8 to have access even though it's not a league game.
9 So you know providing training to the leagues is
10 important; do you provide... ask for training when
11 someone is looking for a permit now, a little league?
12 No... yes or no?

13 JOHN LUISI: It's not required; they are
14 supposed to be getting training from another source,
15 but we don't necessarily require the... we don't train
16 them, for starters. [background comments] The
17 Department of Education leagues are indeed required
18 and the other leagues it's strongly recommended.

19 COUNCIL MEMBER MATTEO: Okay, 'cause I
20 mean that's something we might wanna look into; I
21 mean [crosstalk]

22 JOHN LUISI: Absolutely.

23 COUNCIL MEMBER MATTEO: you know there is
24 talk about you know having the leagues bring the AEDs
25 to the fields and that's fine and having an extra

2 one, besides the AED that we want to be on-site is
3 great, and having them trained, a trained person
4 there, even better, but we can't lose sight of the
5 fact that many New York City residents are using our
6 Parks facilities not in league games and this also
7 helps them. They're easier to use; we should provide
8 that easy access; I think this is a no-brainer; these
9 are operational concerns that we can overcome; we
10 will overcome. At this point I'm gonna send it back
11 to Chair Johnson.

12 CHAIRPERSON JOHNSON: Thank you Minority
13 Leader Matteo. Before I ask some questions I wanna
14 call upon Council Member Barron and Council Member
15 Cornegy, who are both members of the Health
16 Committee, to vote on proposed Int. No. 712-A, if the
17 committee clerk could call.

18 COMMITTEE CLERK: Council Member Barron.

19 COUNCIL MEMBER BARRON: I vote aye.

20 COMMITTEE CLERK: Council Member Cornegy.

21 COUNCIL MEMBER CORNEGY: I vote aye.

22 COMMITTEE CLERK: The vote now stands at
23 9 in the affirmative, 0 in the negative; no
24 abstentions.

2 CHAIRPERSON JOHNSON: Thank you. And I
3 wanna say that we've been joined by Council Member
4 Treyger, who is a member of the Parks and Recreation
5 Committee.

6 So Commissioner, thank you for I think
7 your thoughtful testimony and for all of the work
8 that Parks has done over the last 10 years to make
9 AEDs more accessible; I just wanna... I agree with my
10 colleague here on the firm belief that we have in
11 wanting to ensure there is wider access to AEDs when
12 there are potential young people who could be victims
13 of the heart condition we described in our opening
14 testimony and wanting to ensure that they have easy
15 access. We're gonna hear from some folks after you
16 testify who this happened to and AEDs actually saved
17 their lives because they were present on the fields.
18 Sometimes it's easy to think of it as sort of an
19 abstract thing, but then when you hear the real life
20 stories I think it's a lot more resonant.

21 I just wanna follow up on the Minority
22 Leader's point; he talked about some locations in
23 Staten Island which he's very familiar with; I would
24 say that Central Park, I know that it's listed that
25 there's an AED in Central Park, it's located in the

2 Arsenal -- Central Park's massive -- the Arsenal on
3 weekdays I think closes -- sometime between 5 and
4 6:00 is when most employees I think probably start to
5 leave and go home and security at the front desk is
6 no longer there, but there are youth baseball leagues
7 during the year that start their games at 6:00, 6:30;
8 whatever time, and so if there is a baseball field on
9 the western side, the Central Park west side of
10 Central Park and an incident like this occurs where
11 someone gets struck in the chest with a baseball,
12 that AED in the Arsenal is not gonna do much good,
13 because we have to ensure that it gets to the field
14 or the person who is struck by the baseball in a
15 timely manner, and so for all intents, it doesn't
16 really matter if it's in the Arsenal if you have
17 games in the park; right?

18 JOHN LUISI: Excellent point, Mr. Chair
19 and there is an additional one in the North Meadow,
20 but again, your point remains and it's a valid point
21 for sure.

22 CHAIRPERSON JOHNSON: So if we were able
23 to come up with a way to ensure security and to
24 ensure operational control by Parks employees,
25 whether they be the specific Parks administrator,

2 depending on what the park is and the borough, would
3 you all still have concerns if we were able to come
4 up with a way to similarly have it dropped off in the
5 morning, picked up at night and secured in a proper
6 way; would the concerns in your testimony still
7 exist?

8 JOHN LUISI: We absolutely would be
9 willing to explore that topic to cover all of... you
10 know the issues that need to be addressed, certainly.

11 CHAIRPERSON JOHNSON: So it's our
12 understanding that on average the cost per AED is
13 somewhere in the range of around \$1000 per AED; now I
14 assume... between \$1000 and \$1200 is the range that
15 we've been told; I assume that if the City was going
16 to mandate wider access across the city that we could
17 actually get the price cheaper if we were gonna buy
18 them in bulk, you could probably get it significantly
19 cheaper if you were gonna do competitive bidding
20 through our procurement process that the City has.
21 So the cost actually I think to get out to the number
22 of baseball fields that exist would not be enormous;
23 it would probably be less than half a million
24 dollars, I think, looking at the way our bill is
25 structured. So for us that's not a significant cost

2 concern; in your testimony you didn't talk about any
3 financial concerns related to the bill; do you have
4 any related to this piece of legislation?

5 JOHN LUISI: I think our position is that
6 you simply cannot put a price on a child's life and
7 you know, as we continue our dialogue with the
8 Council, that's certainly an issue that will be
9 covered.

10 CHAIRPERSON JOHNSON: Yes, Council Member
11 Matteo.

12 COUNCIL MEMBER MATTEO: So I... you know,
13 when we passed our Beating Hearts Initiative, which
14 as I mentioned in my opening statements, the cost did
15 significantly reduce once we ordered or will order a
16 lot, so just... you know we have been talking to not-
17 for-profits; we have a few that will certainly work
18 with all of us, and as I said, all 51 council members
19 now have availability to hand out four in their own
20 districts and Chair Johnson and I will look to expand
21 the initiative next year.

22 JOHN LUISI: And certainly one of the
23 added benefits of this would be the additional
24 training that would result because you simply cannot
25

2 have too many people trained in first aid and the use
3 of AEDs.

4 COUNCIL MEMBER MATTEO: And fair enough,
5 and the initiative includes training, just...

6 CHAIRPERSON JOHNSON: And do you agree
7 that the cost of the AEDs at youth baseball games
8 permitted by the City should be borne... that cost
9 should be borne by the City rather than the leagues
10 themselves?

11 JOHN LUISI: I don't... frankly, I don't
12 think that that's for me to determine one way or the
13 other, I think it's uh...

14 CHAIRPERSON JOHNSON: I mean we don't
15 wanna put an undue burden on these leagues, which you
16 know potentially don't have a lot of money, depending
17 on where in the city they're located and we believe,
18 as Minority Leader Matteo said in his opening, that
19 just like the City pays for fire extinguishers to be
20 in certain places for public safety purposes, the
21 City should bear the cost of paying for AEDs as well
22 and so it's our aim and goal to not burden these
23 leagues, but to have the City pick up the cost.

24 JOHN LUISI: And that certainly would be
25 consistent with our general philosophy of wanting to

2 increase physical activity, especially among the
3 young people of New York City. We wouldn't wanna
4 have a financial constraint be one of the reasons why
5 people can't play baseball or soccer or any other
6 sport.

7 CHAIRPERSON JOHNSON: Do you believe as
8 Minority Leader Matteo said; I mean, we think this is
9 just sort of the first steps, so we look forward to
10 an ongoing conversation with you that starts in this
11 hearing, but I think will likely take place over the
12 next year and maybe coming years on even greater
13 access; do you believe that AEDs should be required
14 at other sports fields under DPR control, like
15 football fields, soccer fields; basketball
16 gymnasiums?

17 JOHN LUISI: Well it certainly doesn't
18 make sense to limit them to baseball fields because a
19 number of tragedies occur regardless of the sport.

20 CHAIRPERSON JOHNSON: Okay. Yes, so I'm
21 gonna turn it back over to Minority Leader Matteo.

22 COUNCIL MEMBER MATTEO: So with that
23 said, do you know how many in that number would cover
24 football, soccer fields that are basically right near
25 the baseball fields or no?

2 JOHN LUISI: We... we'd have to...

3 [crosstalk]

4 COUNCIL MEMBER MATTEO: Could you
5 possible look into that... [crosstalk]

6 JOHN LUISI: We can get that for you,
7 absolutely... [crosstalk]

8 COUNCIL MEMBER MATTEO: before we have
9 these discussions, because... [crosstalk]

10 JOHN LUISI: we'd be happy to supply you
11 with...

12 COUNCIL MEMBER MATTEO: my guess is there
13 are a lot that would probably come within, you know,
14 that they're adjacent right to the baseball fields.

15 The last point I wanna make, and Chair
16 Johnson, you know, also talked about Central Park and
17 the Arsenal; I think an official request for us could
18 be to make sure that all the locations that were
19 covered under Local Law 20 of 2005, if we can ensure
20 that there's proper signage; not just if they're in a
21 building, from the fields and look at ways we can get
22 'em out of locked buildings to coincide with this
23 piece of legislation as we move through this process,
24 if you guys could take a look at that, I'd appreciate
25 that.

2 JOHN LUISI: We'd be delighted to take a
3 look at that also.

4 COUNCIL MEMBER MATTEO: Thank you. Chair
5 Johnson... [crosstalk]

6 CHAIRPERSON JOHNSON: Yeah, I just wanna...
7 I really appreciate you being here; I'll sort of end
8 with this. I mean I'm happy and I learned something
9 today that I believe the Minority Leader and I didn't
10 know before your testimony, which is the fact that 82
11 AEDs, 69 facilities in the Parks system, 36 golf
12 courses and athletic facility concessions; I'm glad
13 that they exist in some of those places; I would just
14 say that we should probably be strategic; I mean if
15 the Parks Department on their own, which is great,
16 decided to spend some budgetary dollars and expanding
17 access, that's great, but it's probably, since these
18 incidents take place a higher level at baseball
19 fields or places where youth sports are playing, it's
20 probably better to place them where youth sports
21 leagues are than golf courses; I mean I'm glad
22 they're at golf courses because you know anyone could
23 suffer a cardiac incident at any time, but I just
24 think that if we have a limited amount of dollars and
25 a limited amount of AEDs we should probably; maybe

2 you've done this, carefully think through
3 strategically where is the best place they should be
4 placed.

5 MATT DRURY: Just to be clear, the
6 current locations, including the golf courses, are
7 per Local Law 20, so that's actually in compliance
8 with that law, so in terms of expanding, going
9 further in terms of strategizing and thinking that
10 through, of course we'd be happy to work with you on
11 that.

12 CHAIRPERSON JOHNSON: Great. So I wanna
13 thank you for being here today; we are... oh, sorry; I
14 didn't see Council Member Treyger. Council Member
15 Treyger.

16 COUNCIL MEMBER TREYGER: Thank you.
17 Thank you, Chair Johnson and Chair Levine and
18 Minority Leader Matteo. Just a quick question about
19 -- in these existing places where you have this
20 equipment, I'm just curious to know, are there
21 instructions that are on display or available with
22 them and are those instructions available in
23 different languages in the event... we have a very
24 diverse, you know, city that many people speak
25 different... like in my part of town we have people

2 that speak Russian, Chinese, Spanish; I'm just
3 curious to know if those instructions are also
4 available in different languages?

5 MATT DRURY: Right, excellent question.
6 In compliance with Local Law 20, the current devices
7 that are on Parks-run facilities are generally
8 intended for use by employees and the training they
9 receive, so the three-step instruction card that
10 Assistant Commissioner Luisi made reference to is I
11 believe only available in English, because the
12 training and those other... the other mechanisms
13 towards that and within the Parks Department are... you
14 know, those instructions are given in English. In
15 terms of access to you know, the general public in
16 instances where that might be the case, that's
17 generally now how the devices that are set up on
18 Parks facilities are, but others that are used
19 elsewhere, I'm not sure what instructions are made
20 available for those.

21 COUNCIL MEMBER TREYGER: So these
22 machines could only be in use if a Parks employee is
23 present?

24 MATT DRURY: That's the intention; of
25 course, in the case of an emergency, if someone

2 trained were to you know utilize them and you know,
3 so much the better, so but it's... [crosstalk]

4 COUNCIL MEMBER TREYGER: And are Parks
5 employees present at every game?

6 MATT DRURY: Well these are not
7 necessarily at... currently the AEDs we have on our
8 facilities are generally at our rec centers and less
9 so in terms of outdoor; they're all generally in
10 indoor facilities and generally supervised by a staff
11 in the immediate vicinity.

12 COUNCIL MEMBER TREYGER: The only thing I
13 would just add, Chairs and Minority Leader, in making
14 sure that... I think this a critical... I mean certainly
15 this is absolutely important and I appreciate the
16 committees' time and focus on this issue, just that
17 make sure we have the capacity to reach all diverse
18 communities because in some cases we have people that
19 might speak different languages that use our fields
20 and making sure that they have access to critical
21 information to save someone's life. Thank you.
22 Thank you... [crosstalk]

23 CHAIRPERSON JOHNSON: It's a great point.
24 Thank you. Council Member Barron made a point, which
25 was that it would be great if you could give us a

2 list; I know it's on your website, of all the parks.

3 Council Member Barron.

4 COUNCIL MEMBER BARRON: Yes, thank you
5 Mr. Chair...

6 CHAIRPERSON JOHNSON: Yeah.

7 COUNCIL MEMBER BARRON: thank you to the
8 Co-Chairs. What are the locations in Brooklyn that
9 have these devices and how were they selected?

10 MATT DRURY: There are 16 facilities
11 within Brooklyn and they were selected in accordance
12 with Local Law 20, so they include, generally
13 speaking, recreation centers which are described in
14 the current legislation as, you know, health clubs,
15 if you will and then I believe we also have in
16 Brooklyn a few other nature centers and other
17 administrative buildings as well.

18 COUNCIL MEMBER BARRON: Okay. And can
19 you tell me what those facilities are; you said there
20 are six... [crosstalk]

21 MATT DRURY: Sure.

22 COUNCIL MEMBER BARRON: in each borough;
23 what are the six in Brooklyn?

24 MATT DRURY: Well sorry; there's more
25 than... so there's six general parks...

2 COUNCIL MEMBER BARRON: Right.

3 MATT DRURY: in accordance, but then
4 further than that they are also, you know, required
5 to be in recreation centers and other similar
6 facilities.. [crosstalk]

7 COUNCIL MEMBER BARRON: Right. So the
8 ball fields, the six ball fields in Brooklyn..

9 MATT DRURY: So.. Sorry, so for example,
10 at Prospect Park the Audubon Center is where there is
11 an AED kept..

12 COUNCIL MEMBER BARRON: Yes.

13 MATT DRURY: at Marine Park there is the
14 Carmine Carro building, another one at Prospect I
15 believe is also at Litchfield Villa at our
16 administrative offices there..

17 COUNCIL MEMBER BARRON: So there are two
18 at Prospect Park...? [crosstalk]

19 MATT DRURY: Green [sic] Park. That's
20 correct.

21 COUNCIL MEMBER BARRON: Uhm-hm.

22 MATT DRURY: Uh... sorry.. McCarren Park at
23 the recreation center, Fort Green Visitor Center..

24 COUNCIL MEMBER BARRON: Uhm-hm.
25

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2 MATT DRURY: We can get you the list, if
3 that's helpful... [crosstalk]

4 COUNCIL MEMBER BARRON: Okay. And do you
5 know if there's one at the BRC, the Brownsville
6 Recreation Center, uh they have a pool... [crosstalk]

7 MATT DRURY: Yes, there is one at the
8 Brownsville Recreation Center; that's correct.

9 COUNCIL MEMBER BARRON: Okay, great.
10 Thank you.

11 CHAIRPERSON JOHNSON: Thank you. I
12 appreciate your testimony; we have a witness that has
13 to leave, but I just wanna say this is the start of a
14 conversation; we look forward to wider access; we
15 don't want operational and security issues to get in
16 the way of us getting these lifesaving devices out
17 there, so we look forward to continuing that
18 conversation with you. Thank you.

19 JOHN LUISI: Thank you very much; we look
20 forward to it also.

21 CHAIRPERSON JOHNSON: Thank you. I wanna
22 just call up Tina Charles from Hopey's Heart
23 Foundation, who is... she has a flight to China in a
24 couple of hours to play in basketball... yeah, just sit
25 on down... WNBA player, Olympic gold medalist and

2 someone who's done a lot on this issue. Tina, I know
3 you can't stay long, but I wanna give you the
4 opportunity to testify here today, so thank you for
5 being here. Turn your mic on, just hit the button.

6 TINA CHARLES: I just wanna say thank you
7 everyone for just having me. My name's Tina Charles;
8 I started Hopey's Heart Foundation in April 2013 to
9 raise awareness to sudden cardiac arrest and
10 placement of automated external defibrillators.

11 Prior to starting Hopey's Heart
12 Foundation I read an article on Wes Leonard, who was
13 a high school basketball player that passed away from
14 sudden cardiac arrest; it really touched me because
15 I'm an athlete, I didn't know what sudden cardiac
16 arrest was at that point; this was in 2012. So since
17 starting my foundation we've been able to put out 200
18 AEDs throughout the world, and 18 of them are located
19 international. As he said, then I'm heading to
20 China; usually I play two years in Russia, two years
21 in Turkey and one year in Poland and while I was
22 overseas during the time when I started by
23 foundation, I was in Poland and the fact that there
24 wasn't an AED in an American school, I knew there
25 wasn't any AEDs in any European gymnasiums, so I

2 wanted to do something about that and I wanted to
3 change policy with FIBA yearly, like how we have the
4 NBA and the WNBA in the states, you have FIBA in
5 Europe. So to this point, for every participating
6 2015 team and for FIBA yearly women and men, they
7 have to have an AED, they have to travel with the AED
8 and my foundation was able to provide them with the
9 AED and they're gonna be able to save lives when
10 sudden cardiac arrest does happen. And you know,
11 just growing up in Queens, New York, I played
12 basketball all my life; I've played in every street
13 tournament there is, even right here at Tilly [sic]
14 Park I played in a tournament there and I was raised
15 to always take care of home, so my next mission was
16 to see how I could change policy to get AEDs in city
17 parks because it's really important, it's the leading
18 cause of death in the United States; it's
19 indiscriminate towards race, age or gender and you
20 don't have to be active to be struck by sudden
21 cardiac arrest. So to me, I think even further along
22 it's more so to cut out the logistics of having teams
23 or leagues to have to have an AED, they should always
24 have an AED with them, they should be registered to
25 have an AED. They should be on the fences, they

2 should be everywhere that you could have one. I
3 think sitting here I've just been listening to
4 excuses as to why... you know you should just never
5 make an excuse to save a life is just what I feel.
6 When you have an opportunity save a life, you should
7 never make an excuse for it and that's what I've been
8 hearing, it's 2015, we have much further technology
9 and resources to make something happen, it shouldn't
10 be cut down to weather conditions, it shouldn't be
11 cut down to theft, it should be how can we make this
12 happen. You know if I am... I'm only 26 and I started
13 a foundation, I'm able to put out 200 AEDs; if I was
14 able to make a way to do that, I don't know why
15 people who have more resources, who have a higher
16 authority than me can't find a way to put these AEDs
17 in City Parks and Recreation. So I just wanna say
18 thank you for your time.

19 COUNCIL MEMBER MATTEO: Tina, no thank
20 you, we... on behalf of the Council, we wanna thank you
21 for everything that you have been doing and you just
22 hit the nail on the head when you said we can't have
23 excuses for lifesaving devices and that's why we're
24 here today and that's why we're gonna move this
25 legislation to make sure that that doesn't happen.

2 If you could speak a little bit on your not-for-
3 profit a little bit and what you have done, and I
4 think you said 200 or so... [crosstalk]

5 TINA CHARLES: Yes, so...

6 COUNCIL MEMBER MATTEO: across you know
7 the country. If you could just expand on that a
8 little bit, we'd appreciate it... [crosstalk]

9 TINA CHARLES: Yeah. So Hopey's Heart
10 Foundation, it serves as an AED grant program; if you
11 go to our website, hopeysheart.org, you could just
12 click on AED grants and you fill out the application
13 and any nonprofit organization can go there and just
14 explain in 300 words why they feel an AED is
15 important. My mother is here today and her and I
16 single-handedly go through all these applications and
17 read these essays and all of them deserve an AED and
18 because it comes down to funding and budgeting and of
19 state laws, they're not able to have one. So what do
20 I do? I take matters in my own hand and I donate
21 half of WNBA salary to my foundation because I just
22 believe saving lives is more important than anything.
23 All these applications are saying that you know, we
24 have an AED in the elementary and middle school, but
25 we need one in the high school; we need an AED to

2 travel to a game; we need one on the field hockey;
3 police patrol cars, because they're the first one on
4 the site, they need an AED, these fire departments
5 need an AED, homeless shelters, food banks; we
6 receive applications for just anything and we're just
7 happy that we're a foundation that's able to provide
8 and just give a second chance at life.

9 COUNCIL MEMBER MATTEO: Tina, thank you
10 and you know we commend you again for the great work.
11 One other question that I have; do you provide... as
12 you heard from the testimony from the Parks
13 Department, the casing and outdoor seems to be, you
14 know an operational issue; does your not-for-profit
15 provide the casing that I mentioned in terms of
16 alarms... [crosstalk]

17 TINA CHARLES: Yes.

18 COUNCIL MEMBER MATTEO: and standalones
19 or... [crosstalk]

20 TINA CHARLES: Yes.

21 COUNCIL MEMBER MATTEO: attach it to the
22 fence?

23 TINA CHARLES: Yes, our AED distributor,
24 we provide anything that our recipient needs or wants
25 and you know it goes further to pediatric pads, you

2 know the actual pediatric pads, because some of our
3 recipients are schools that are only from pre-K to
4 5th grade, you know uhm we have wall cabinets if they
5 need it with an alarm, with a lock; whatever it is we
6 provide for our recipients.

7 CHAIRPERSON JOHNSON: What year did you
8 found your foundation?

9 TINA CHARLES: I found my foundation
10 April 2013.

11 CHAIRPERSON JOHNSON: So it's been a
12 little over two years.

13 TINA CHARLES: It's been two years and
14 our goal every year is to put out 100 AEDs and we've
15 been able to put out more than that, change policy
16 and do things... [crosstalk]

17 CHAIRPERSON JOHNSON: Born and raised in
18 Queens.

19 TINA CHARLES: Yes, born and raised in
20 Queens, New York.

21 CHAIRPERSON JOHNSON: So you know New
22 York won, like any good New Yorker knows, there's a
23 New Yorker of the week and you should be a New Yorker
24 of not just the week; someone like you at 24 years
25 old, as a professional athlete who was touched by

2 tragedy related to this issue, who.. you're far too
3 modest and what you didn't say and what I will share;
4 hopefully it's not gonna make you uncomfortable, is
5 all of these AEDs that you've distributed, over 200,
6 you pay for yourself.. [crosstalk]

7 TINA CHARLES: Yeah, I pay for single-
8 handedly..

9 CHAIRPERSON JOHNSON: out of your own
10 salary.. out of your own salary, you don't do any
11 fundraising, it's you and your mom, you go through
12 all the applications yourself, you don't have an
13 office, you don't have a development department; it
14 is a two-woman show based on your salary on the
15 amazing work that you and your mom have done and you
16 know, the great thing about being in the City Council
17 is that we get to interact with amazing New Yorkers
18 day in and day out that see something that's wrong in
19 New York City and decide to step forward and to make
20 a difference and you I'm sure have saved countless
21 lives because of the 200 AEDs that you've distributed
22 in New York, in the United States and internationally
23 and we look forward to partnering with you and your
24 foundation to get even wider AED access in New York
25 City. I know you have to go, you have a flight. The

2 other thing she didn't mention is; she was supposed
3 to leave the country days ago, but she delayed her
4 flight to China and almost got in trouble with her
5 team to stay because she wanted to testify here today
6 on this issue. I know Council Member Barron has a
7 comment to make... [interpose]

8 COUNCIL MEMBER BARRON: Just briefly.
9 Thank you Mr. Chair. I wanna commend you,
10 acknowledge your accomplishments in your life and in
11 your profession and wanna commend you for the civic
12 responsibility that you have taken on and given us an
13 example of what it is that we should do and to your
14 mom as well and have a safe flight... [crosstalk]

15 CHAIRPERSON JOHNSON: And to your mom,
16 yes... [crosstalk]

17 COUNCIL MEMBER MATTEO: Yes and thank
18 your mom.

19 CHAIRPERSON JOHNSON: Thank you.

20 COUNCIL MEMBER MATTEO: Thank you.

21 CHAIRPERSON JOHNSON: Thank you Miss
22 Charles.

23 COUNCIL MEMBER MATTEO: Good job, thank
24 you.

25 TINA CHARLES: Thank you.

2 CHAIRPERSON JOHNSON: Okay, thank you
3 very much for being here.

4 [applause]

5 COUNCIL MEMBER MATTEO: Looking forward
6 to working with you.

7 CHAIRPERSON JOHNSON: Thank you.

8 TINA CHARLES: Thank you.

9 CHAIRPERSON JOHNSON: Thank you, Tina.

10 Okay, we are gonna call up a few more
11 folks, Mark Mazzone, Christopher McCloud and Elijah
12 Newman, and I apologize if I don't pronounce your
13 name correctly, Slava Dudin [sp?]. Oh and... and we've
14 been joined by Council Member Alan Maisel, who's a
15 member of the Parks and Recreation Committee.

16 So thank you for the how and tell. You
17 may begin in whatever order you'd like, just make
18 sure the red light on the mic is on and just
19 introduce yourself for the record; whoever wants to
20 start can start.

21 MARK MAZZONE: First off, thank you guys
22 for letting us to testify here today. You know
23 almost as soon as this... right after this incident
24 happened, Chris and I made it pretty clear that we
25 wanted to do whatever we could to make sure that more

2 kids in New York City were safe and that AEDs are
3 more readily available and CPR training available as
4 well, so thank you guys for proposing this bill.

5 My name is Mark Mazzone; I'm the
6 Assistance Principal of the Institute for
7 Collaborative Education; it's a small public school
8 on the Lower East Side, a 6-12 school; I've been
9 coaching baseball there for eight years and we were
10 admitted into the PSAL, the Public School Athletic
11 League, two years ago.

12 CHRISTOPHER MCCLOUD: Again, I echo
13 Mark's sentiment; I really thank all of the people
14 who are behind this bill and in support of it.

15 My name is Chris McCloud and I'm a middle
16 school math teacher at School of the Future, a small
17 6-12 school in Manhattan; I also coach two varsity
18 sports for our high school, boys baseball and girls
19 soccer. I actually have a soccer game to coach later
20 today, so I will be leaving shortly.

21 I became a coach because I felt I owed a
22 debt to sports and many of the character traits and
23 beliefs I hold today have origins that can be traced
24 back to lessons learned as a young person playing
25 sports.

2 [background comment]

3 To become a coach in the Public School
4 Athletic League you do have to fulfill, as has
5 already been stated, a number of requirements.
6 Before I can lead my team onto the field as a coach I
7 need to have an updated certificate in first aid
8 training, I need to have an updated certificate in
9 CPR and AED use, I need to have an updated
10 certificate in concussion training and most
11 importantly, I cannot have a practice or a game
12 unless this device is at the field.

13 MARK MAZZONE: So the event that changed
14 the lives of many people and was part of the
15 inspiration for this bill occurred at a baseball game
16 between my school and Chris' school on April 22nd,
17 2015; it was the top of the 5th inning in a tied
18 ballgame, pitchers' duel, 0-0, when Elijah squared
19 around a bunt; the pitcher threw a fast ball inside
20 and hit Elijah in the chest before he could turn
21 away. After a few steps toward first base, Elijah
22 collapsed; I ran over to him from coaching third base
23 and he was struggling to breathe; I thought he had
24 the wind knocked out of him, so I told him to try to
25 take a couple deep breaths; it became harder and

2 harder for him to breathe and after 20 seconds his
3 eyes fluttered and he stopped breathing altogether.
4 I rolled him on his back and I checked for a pulse
5 and found none, so I began to perform CPR.

6 CHRISTOPHER MCCLLOUD: Mark and I had
7 started towards Elijah immediately after he went
8 down; about halfway I stopped and ran back to grab my
9 defibrillator; I had thought in my head, he just got
10 hit in the chest. I arrived to the scene to witness
11 Elijah's breathing stop and his eyes rolled back into
12 his head. As Mark started to perform CPR, I hurried
13 to set up the defibrillator, power on, find the pads,
14 plug them in, rip and cut the person's shirt off,
15 apply the pads as seen, step back and wait, analyzing
16 heartbeat, analyzing heartbeat, shock advised. After
17 delivering the shock to Elijah he did not immediately
18 come to consciousness; Mark recommenced CPR.

19 MARK MAZZONE: So after one more round of
20 CPR, Elijah began breathing more steadily and about
21 30 seconds after the shock his eyes were open and he
22 was awake; once his vision returned to him, the first
23 thing he said was, "So I was safe at first, right?"
24 [laughter] And the answer was yes, the answer was
25 yes; when we resumed the game he actually was..

2 [background comment] [laugh] anything to help the
3 team. So the ambulance arrived right around then,
4 about five minutes after the initial 911 call was
5 made and I rode with Elijah to the hospital -- I just
6 have to... I can't say enough about how brave Elijah
7 was during this whole thing, I mean just the fact
8 that he's up here able to talk about it and during
9 it, I mean he was giving... he was just giving people
10 involved the courage to keep it together, so just a
11 truly an amazing young man. So I rode with him to
12 the hospital and my Assistance Coach Mike Hills met
13 us at the hospital where we stayed with Elijah and
14 the doctors ran test after test to make sure there'd
15 be no lingering effects of the trauma. While we were
16 waiting, the doctors at the hospital told Mike and me
17 that unless an AED is present when this injury
18 occurs, it's almost always fatal; they said CPR is
19 usually not enough to revive him. I left the
20 hospital with so many thoughts, but one of the most
21 prevailing thoughts was that I was so thankful that
22 the PSAL mandated that Chris and I were trained in
23 CPR and they mandated to bring an AED to every game,
24 and actually, I was so thankful that I called the
25 baseball commissioner on the way back to my house

2 just to thank him so much just for that reason, just
3 for the fact that the league mandated that we had an
4 AED at the game.

5 CHRISTOPHER MCCLOUD: Noticeably missing
6 from our brief description of events is a description
7 of the emotions that Mark and I were experiencing
8 during the incident. It's difficult to explain the
9 rush of adrenalin I felt when I first realized that
10 Elijah was in fact dying before our eyes, it's also
11 difficult to explain the overwhelming sense of
12 responsibility I felt when I realized that the
13 persons responsible for bringing him back were both
14 Mark and myself and no one else. That is one intense
15 amalgam of feelings and I just have to interject from
16 what I wrote here, just based on hearing what I've
17 heard, is that any of the AEDs that have been
18 described in rooms, over there or places; some other
19 part of the park, that's not gonna work; like in the
20 middle of the moment when it's all pourin' down upon
21 you, it's whatever's around you and whatever your
22 head can come up with, 'cause it can get very
23 confusing; that is one intense amalgam of feelings,
24 so once during the encounter I had to look up and
25 take a deep breath to collect my thoughts; my

2 training allowed me to sharpen my focus as my
3 emotions were clouding and confusing my thinking. My
4 point is that I'm not so sure I would've acted
5 appropriated had I not been trained or to add on, if
6 this weren't so simple. I described what you do on
7 purpose so that people could get a sense of how easy
8 it is to use; it talks to you; it may not be in every
9 language, but it talks to you, it tells you what to
10 do and right away that helps calm you down and takes
11 that clouded doom feeling away from you; for that I
12 am forever grateful to the PSAL for mandating this.
13 Further, as Mark said, the doctors had told Mark that
14 he would not have lived without the device. So
15 again, I'm just forever grateful to the PSAL for
16 mandating that we use this.

17 Both coaches, Mark and myself, were the
18 certified coaches who were there to respond; however,
19 the PSAL mandates or laws such as the one you're
20 discussing today are the reason he survived, it's
21 because of the law.

22 Although these events are unlikely, their
23 occurrence does have a statistical probability; this
24 is not an isolated incident and if you read the
25 newspapers over the course of the years, this happens

2 more than a handful of times just in our area. It
3 seems silly that we would not mitigate this risk if
4 we have the means to do so and I echo the WNBA player
5 who just stated that so clearly. The consequences of
6 not acting seem difficult to even fathom, especially
7 considering the young man who you're about to hear
8 from to my right.

9 MARK MAZZONE: So why are we in favor of
10 this bill? Besides the obvious reason is that the
11 AED was present which saved an outstanding young man
12 who is someone's child, who's someone's brother,
13 besides that, just so many other people were affected
14 as well. My baseball team and Chris' baseball team
15 saw a friend clinically dead on the baseball field
16 and saw him get revived by CPR and a shock from AED.
17 There were some emotional conversations with me and
18 my players in the following days, but once they saw
19 Elijah suit up for the next game, everyone was
20 healed; imagine how long if ever those 13, 14, 15 and
21 16-year-olds would've taken to heal if we weren't
22 able to revive him.

23 I happened to see a college essay, two
24 college essays of my students and both wrote about
25 this event on their college essay and they wrote

2 about the courage, the importance of friendship,
3 teamwork, the necessity of being ready when your
4 number's called; they wrote they came out better
5 people from watching Elijah emerge so composed and as
6 the strong one who comforted others. And when
7 reading it I had the thought; what would these two
8 students have learned if we weren't able to revive
9 Elijah if the AED wasn't there.

10 I'm not gonna talk about what this effect
11 had on Elijah's parents and no one can possibly
12 imagine what it would be like to almost lose your
13 child at a sporting event unless it's happened; I
14 will say that this had a pretty personal feel to it
15 for me. My wife at the time was seven months
16 pregnant; she just gave birth 12 weeks ago to a
17 beautiful baby daughter named Brianna, and Brianna
18 will get to do whatever she wants; she's only 3
19 months old and already knows that she calls the
20 shots, so most likely she'll wanna take part in
21 athletics; there will always be a worry in the back
22 of my mind as she goes off to gymnastics, softball;
23 whatever she chooses, if there's not an AED readily
24 available; that's something parents shouldn't have to
25 worry about. When parents are sending their kids off

2 to go play sports with their friends, they shouldn't
3 have to worry about if their child's gonna come home
4 or not and having an AED readily available really
5 alleviates all the stress I possibly could have about
6 that when Brianna's goin' on her way.

7 I wanna end with one misconception that
8 many people have about this event, you know and in
9 the coming weeks... in the coming weeks after it
10 happened, when I'd be relaying the story or someone
11 would come talk to me about it, they'd end up saying
12 something like, wow, Elijah's so lucky that you were
13 trained or Elijah's so lucky that an AED was there; I
14 just wanna be clear, nothing about this was luck;
15 Chris and I were prepared to save Elijah's life
16 because the league mandated that we were; we have the
17 ability to take luck out of the equation when saving
18 the life of a child by mandating that an AED is
19 always accessible when kids are playing sports. Pass
20 this bill and all the other parents in New York City
21 and myself don't have to ever rely on luck. Thank
22 you so much.

23 CHAIRPERSON JOHNSON: Thank you very
24 much. I wanna turn it over to Elijah Newman.

2 ELIJAH NEWMAN: Hi. Good afternoon. My
3 name is Elijah Newman and I'm here today to urge you
4 to pass Int. 902. I may look like a typical 15-year-
5 old, but last spring I came very close to losing my
6 life. If not for the bravery, heroism and quick
7 thinking of the two men sitting here right with me,
8 Mark Mazzone, my baseball coach, and Chris McCloud,
9 baseball coach of the School of the Future team, I
10 would not be here today, they saved my life and they
11 did it with an AED.

12 On April 22nd I got up to the plate to
13 bat, having already lined out to first, I really
14 wanted to get on base. I received the bunt sign from
15 Mark and as the pitcher released the ball I was in
16 bunt position with my chest open to the mound. The
17 ball came out of his hand early, so it was going to
18 travel higher than usual. I instantly knew it would
19 be a ball and not a strike, so I tried to get out
20 bunting position as quick as I could to take the
21 pitch; it came in hard and hit me in the chest. I
22 looked at the umpire and he motioned for me to take
23 my base. I took three steps towards first and
24 everything went black. All of a sudden darkness
25 slithered away and light replaced it; my eyes were

2 wide open and all the baseball players surrounded me;
3 it felt as if I were swimming deep below the sea and
4 had just swam up to the surface gasping for air. I
5 tried to get up, but somebody kept me down; why am I
6 on the ground, I asked; I gulped in air, I felt
7 lightheaded and a buzzing sensation all over my body,
8 especially in my hands; "You're gonna be okay,
9 buddy," said Mark. I felt relieved; I gulped in
10 breath after breath, each one a fight to stay
11 conscious; the paramedics came, I still had no idea
12 what had happened, but breathing became easier;
13 before I knew it, they put me in an ambulance and I
14 was headed to the hospital; Mark, Chris and many of
15 my teammates came along. To make a long story short,
16 I spent a few days in the hospital and took a bunch
17 of tests; Chris visited me, along with the pitcher
18 and first baseman of the other team; everything was
19 okay. One thing that still lingers around in my mind
20 and pops up from time to time is the fact that the
21 coaches were well-trained and there was an AED
22 present at the game. My doctors from the hospital
23 told me that if there were no AED at the field I
24 would very likely have died. They told me I
25 experienced commotio cordis; I was hit with a ball in

2 the chest while my heart was recharging to make
3 another beat. The ball hit me in just the right
4 place at just the right time and at just the right
5 speed to disrupt its normal rhythm. They know this
6 because the AED does something really helpful in
7 addition to delivering a shock; it actually records
8 the heart's activity during the time it's hooked up
9 to you and I have copies of the AED recording of my
10 heart during the episode for the Committee to review.
11 It is clear from the recording that my heart was in
12 ventricular fibrillation, which is when the
13 ventricles in the heart quiver instead of beat, so my
14 heart wasn't pumping any blood and there wasn't any
15 oxygen going to my brain; I was in cardiac arrest
16 when my coaches shocked me. Some may say that what
17 happened to me was a freak accident; while it's rare,
18 commotio cordis occurs more often than one might
19 think. There are been over 224 cases of commotio
20 cordis reported to the Commotio Cordis Registry since
21 1995, so that's about 20 years; the Registry
22 estimates that there were many more cases that were
23 never reported. Furthermore, according to the
24 Registry, the survival rate is just 24%; also,
25 baseball has the highest incidents of commotio

2 cordis, 50% of commotio cordis incidents happen
3 during competitive sports and most episodes occur in
4 kids between the ages of 10-18 years old. I'm a very
5 lucky guy. My coaches knew exactly what to do when I
6 went down and they had the right tools. I don't know
7 how or if I can ever thank them for saving my life,
8 but I can honor it by helping to make sure kids like
9 me are safe on the baseball field. I believe that if
10 this bill is passed more lives will be saved just
11 like mine; I therefore urge you to pass this bill.
12 Thank you.

13 CHAIRPERSON JOHNSON: Thank you Elijah.
14 And you're an amazing young man; that was great
15 testimony; I don't want to embarrass you by saying
16 this, but folks should know that your dad is Rob
17 Newman, who was the Legislative Director here at the
18 Council for many years and is now Special Counsel to
19 the Speaker and I believe he likely worked on the
20 first AED bill that Minority Leader Matteo talked
21 about in 2005 which mandated it in certain places and
22 so it's amazing how things come full circle and we
23 look forward to working with you all as well as your
24 dad, who was a legislative wizard here at the City
25 Council in getting a really good bill adopted moving

2 forward. So I wanna turn it over to Minority Leader
3 Matteo; I don't know if he has anything he wanted to
4 say.

5 COUNCIL MEMBER MATTEO: Elijah, you know
6 it takes a lot of heart and guts to not only survive,
7 which you did with the help of your coaches, but to
8 come here and explain it, very emotional testimony
9 and it really hits home. I also want to recognize
10 your dad; I had the pleasure of working him for 11-12
11 years now, 10 as a staffer and now as an elected
12 official and as Chair Johnson said, he was
13 instrumental in the first law that we talked about in
14 2005 that Borough President Otto passed when he was
15 Minority Leader, so it comes full circle; your dad's
16 a great guy and I can't imagine the feelings he had,
17 you know during as a father and a parent; I can only
18 imagine the emotions and the... I'm sure your father's
19 heart stopped a bit too during that time. To the
20 coaches, just a wonderful, wonderful heroic job and
21 thank you and you talked about easy access, you
22 talked about everything that we were talking about
23 early in this hearing, and you said it best; when
24 you're in an emergency situation, signs and
25 everything and 150' away in a closed building doesn't

2 work, it's immediate and that's what this bill does,
3 it provides that immediate access and I know your
4 training was instrumental, but if you could just... and
5 I think you made it a point, and I made a point
6 before, saying I'd rather have an AED even in a
7 pickup game if no one's trained, because it's easier
8 to use. I'm not saying it's easy... everybody should
9 be trained, there's no question, but if we had kids
10 playing at a field and god forbid this happened, they
11 could be able to at least try and access and use it.
12 I mean can you just go through the experience of what
13 you think how... you know it is... [crosstalk]

14 CHRISTOPHER MCCLLOUD: I'll describe like
15 one pivotal moment in the encounter than happened at
16 our field, is that, you know Mark was engaged in CPR,
17 as we're trained and as a second person there, I was
18 able to set up the AED, but I have to be totally
19 honest; when I was doing it my thoughts kind of just...
20 I like blacked out and so for a second I had to like
21 look up and what's nice about the AED is I collected
22 myself; you know, couple seconds, but once I
23 collected myself, you open the AED, you turn it on;
24 it's like a comforting voice because it takes the
25 pressure of knowing what to do away from you and like

2 that was so helpful because I wasn't thinking clearly
3 and like Mark was probably thinking a little bit more
4 clearly than I; like he was doing his roll, and so
5 once you get this thing on it says now put the pads
6 here, now do this, plug in... and it like tells you
7 step by step in case you forgot and like I was able
8 to collect myself after a few seconds, but every
9 second matters, so I was able to also follow the
10 instructions of the AED, which I think any... well
11 unless it's... if it's in their language, if they're
12 English speaking, then anybody would be able to
13 listen to what it says and kinda pull it off, even if
14 you had like a card that went with it that kinda
15 walks you through, the more... you know, if you have
16 more people there, the better, but it is easy once
17 you get it on.

18 COUNCIL MEMBER MATTEO: Thanks. Elijah,
19 just uhm... Okay... [crosstalk]

20 MARK MAZZONE: Well la... let me respond to
21 that too. So if there is not an AED there, the
22 doctors at the hospital told us that there is a 100%
23 chance that the person's not gonna survive it. So if
24 an AED is there, even if it's just 25% if someone's
25 not trained, it's still worth it. You know we hope

2 that there's training, we hope that there's gonna be
3 training in every league, but just having it there,
4 even if it's only 25% chance, that's better than a 0%
5 chance of survival. And literally, you turn it on,
6 it says cut the clothing, fit the pads, analyzing
7 heartbeat, administer shock; that's the only thing it
8 says. So could a kid do it potentially? Yes, a kid
9 could; it won't let you administer a shock unless the
10 person needs it... [interpose]

11 CHRISTOPHER MCCLOUD: Needs the shock.

12 MARK MAZZONE: so you can't... you know,
13 there's a saying when you get trained, you can't kill
14 a dead person, right, so it won't even let you
15 administer a shock if the person has a heart rhythm.

16 CHAIRPERSON JOHNSON: Council Member
17 Barron; did you wanna say something?

18 COUNCIL MEMBER BARRON: Thank you Mr.
19 Chair, thank you Mr. Chair. I just wanted to commend
20 the two of you for your quick response for realizing
21 this could be a tragic situation and I need to
22 respond. And to Elijah, just want to commend you for
23 saying that you don't know how you could repay them,
24 but you're going to honor them by doing positive
25 things and I wanna commend you for making that

2 comment and encourage you in whatever it is that you
3 decide you want to do going forward.

4 CHAIRPERSON JOHNSON: Thank you. I want
5 to allow Mr. Dudin to testify. You all can stay or
6 if you have to leave to go to a game, go ahead.

7 CHRISTOPHER MCCLOUD: Yes, me and I'm
8 bringing my AED.

9 CHAIRPERSON JOHNSON: Okay.

10 SLAVA DUDIN: Thank you. Well I'd like
11 to thank Mark and Chris first of all for this story
12 and for saving a young life; it's pretty amazing.

13 Ladies and gentlemen and members of the
14 Council, I'm here today to express my great support
15 for this bill, to install AED in public places and
16 places where people play ball and not just the
17 baseball, but all kinds of games and as you know,
18 like basketball and soccer are also very popular
19 sports in New York City and people play these sports
20 in small fields; not necessarily large fields.

21 I'm here today to express my gratitude
22 for this bill and thank you for having me; thank you
23 to Mr. Matteo for actually inviting me here today.
24 I'm here because my son Arthur, he was only 24 years
25 old when he died on July 16th of 2014; he was playing

2 soccer in New York City at the cross of Grand Street
3 and Chrystie Street and he was just part of so-called
4 Urban League of Soccer in New York City, a very
5 popular league and he was part of it and he played
6 soccer multiple times, it was his favorite sport
7 activity; although he was a super athlete who
8 actually danced for 11 years, he was on the swim
9 team; he graduated from Stuyvesant High School, he
10 lived all his life in New York, his short life,
11 unfortunately. He was a great human being, he was a
12 beautiful man and a man with a radiant smile who
13 always had friends around him and had his whole life
14 ahead of him. Unfortunately at that time when he was
15 playing there, it's just a place where there's no AED
16 in place and CPR was performed, but as you're aware,
17 CPR is not necessarily the way that guarantees the
18 survival. Those who grieve actually, they know, they
19 always have this scenario; what if and could have you
20 know playing in the head multiple times, if not every
21 day and we actually know that it doesn't help and
22 Arthur was actually himself at trained lifeguard and
23 certified lifeguard and I'm sure if there was a
24 device, AED device around that day and he was the one

2 who was saving life, he would probably do that
3 successfully.

4 Like Arthur, there are many young men and
5 ladies, they play ballgames throughout the city and
6 they are exposed to this particular deadly, deadly
7 event and the sudden cardiac arrest does not give
8 much time to response, it's very dangerous and if
9 there is no help within the first minute or first few
10 seconds it's basically, unfortunately, will make
11 things drastically worse. CPR may help, but AED
12 devices increase the chances drastically, so.. And I'm
13 not here to talk about statistics, as I'm sure you
14 have got this information and you're probably aware
15 of the statistics. Behind these numbers are
16 tragedies that cannot be measured and kids who would
17 have many years ahead and young men, young women who
18 had many years ahead of them and families who live in
19 grief for the rest of their lives, parents, people
20 with broken hearts and in the end I just wanna make
21 sure that if there's anything that depends on meeting
22 this particular bill, I would greatly go forward and
23 do whatever it takes to support it and to help this
24 bill to go through. Thank you very much for your
25 attention and thank you for having me again.

2 CHAIRPERSON JOHNSON: Mr. Dudin, I wanna
3 say I'm so sorry for your loss and I know those are
4 hollow words in many way, because I know you suffer
5 from a broken heart now...

6 SLAVA DUDIN: Yeah.

7 CHAIRPERSON JOHNSON: losing your son,
8 but it's incredibly important for people that have
9 been touched by this type of tragedy like you as a
10 father to come and speak out about how important this
11 issue is and I know it's not easy to talk about and I
12 know it's very difficult to probably be here and talk
13 about it and relive it and so I just wanna thank you
14 for being here and I am deeply sorry; no words can
15 really in any ways recognize the loss and pain that I
16 know you and your family have felt because of this,
17 but I really appreciate the fact that you're here
18 today.

19 SLAVA DUDIN: Thank you very much. Thank
20 you.

21 COUNCIL MEMBER MATTEO: Mr. Dudin, I... you
22 know, I echo the sentiments of Chair Johnson and my
23 heart goes out to you and your family. When you
24 first reached out to me when you saw one of the
25 articles and you first told me the story and as you

2 tell it today, it breaks my heart as a parent and I
3 can't imagine what you are going through and what you
4 have gone through, so my condolences and my prayers
5 and my thoughts and all of our prayers and our
6 thoughts will always be with you and thank you for
7 your strength to be here, it's not easy, but you are
8 honoring him, I know, by being here and the same...
9 Elijah, you're doing the same thing, you know,
10 honoring your coaches and to make a difference in New
11 York City and that's what we're trying to do here.

12 And Mr. Dudin, your point that you know your son
13 played soccer and I have to admit, I wanna thank the
14 Parks Department for staying, I really do, for
15 staying and listening to the testimony, it really
16 shows that you wanna work with us, so I commend you
17 for staying and hearing the testimony of Elijah and
18 Mr. Dudin and the coaches, it means a lot and we've
19 noticed that, so thank you, it's appreciated and it
20 just goes to show you that this bill doesn't go far
21 enough and we want it to and we have to get to the
22 soccer fields and the football fields and the
23 lacrosse fields, the baseball fields; whatever kind
24 of field; if our kids or anyone, I mean your son was
25 24 years old, it doesn't matter, we have to get AEDs

2 in our parks and our fields, there's just no question
3 about it; they save lives, it saved Elijah's life; it
4 could've saved Mr. Dudin's son's life, so you know,
5 you have our word that we are going to work as hard
6 as we can to not only pass this bill, but to try and
7 expand it and to all fields, they have to be on-site
8 and we have to work through any operational issues
9 that there are to make this happen. So thank you for
10 your heartfelt, emotional testimony and your
11 strength. Elijah, thank you for your strength. And
12 on a little bit of a lighter note, your testimony
13 filled with going to first base and you knew that the
14 pitch was gonna be high, shows you're a baseball
15 player and it's... good luck in your career. And to
16 the coaches, thank you again for your heroism and for
17 being here and explaining such an heroic event. So
18 it's been a range of emotions on this panel; it's
19 hard to keep it together up here, but thank you all
20 and we will do everything we can to honor you all and
21 Mr. Dudin, your son and for everyone else in the city
22 who unfortunately has lost someone because we didn't
23 have an AED where they should be, but we'll get them
24 there.

2 CHAIRPERSON JOHNSON: Council Member
3 Barron.

4 COUNCIL MEMBER BARRON: Thank you to the
5 chairs. I also want to add my sentiments and say
6 that we're sorry for your loss of your son Arthur and
7 it always amazes me how people who... families who
8 suffer such tragic losses are able to either move
9 beyond your grief or take their grief with them or
10 function in whatever capacity for the issue that
11 resulted in their tragic loss; we know full well that
12 that situation has occurred and that your fight going
13 forward doesn't change what it was that happened, but
14 that you understand that other families should not be
15 subjected to that. And so whenever I see families
16 that step up and know that there's no benefit
17 personally to them that would change the results of
18 the situation that brought them there, they
19 nonetheless step forward and say this is an issue
20 that's important and I'm gonna lend my voice and my
21 experience and what I've gone through to help correct
22 the situation, so I commend you and your family for
23 that. Thank you.

24 CHAIRPERSON JOHNSON: Thank you all for
25 being here. Thank you. [background comments] We

2 have one more witness; I wanna call up Robin Vitale
3 from the American Heart Association; it's always good
4 to have you here, Robin at the Health Committee to
5 testify on issues that are important to the AHA and I
6 appreciate you coming today. [background comments]
7 Thank you very much. Thank you. Go ahead, Robin.

8 ROBIN VITALE: Good afternoon Chair.

9 Thank you so much for this opportunity to provide
10 support behind the intention of this legislation and
11 I wanna share my gratitude also with Council Member
12 Matteo, who has been prolific in this advocacy of
13 trying to get AEDs in as many locations as possible.

14 The American Heart Association shares
15 your thought process; in fact, as referenced in my
16 testimony, we would like to see AEDs as prolifically
17 located as fire extinguishers; they should be as
18 commonplace and as accessible and should be readily
19 available in the case of a cardiac emergency.

20 I want to take a moment and just clarify
21 a few pieces of testimony that has been previously
22 shared, more on the technical details. The American
23 Heart Association is blessed to have been working on
24 issues around the chain of survival for several
25 decades now and there is particularly some elements

2 that we wanna make sure are very clear, especially as
3 the Council has indicated intention of working on the
4 improvement of access to AEDs over the next several
5 years. Primarily we wanna make sure that while we
6 are prioritizing in this moment the issues
7 surrounding youth incidents of cardiac arrest;
8 commotio cordis being one of those that have been
9 more prolifically discussed. Those account for a
10 very significant but ultimately a modest percentage
11 of cardiac arrests across the board in our nation.
12 Every year in the U.S. EMS treats almost 383,000 out
13 of hospital sudden cardiac arrests and that's more
14 than a 1,000 per day. Other causes of cardiac arrest
15 include many other conditions related to cardiac
16 health, as well as genetic abnormalities and as well
17 as drowning, electrical shock, recreational drug use
18 and other risk factors. So the AHA encourages the
19 New York City Council to consider opportunities that
20 really work to improve the overall response plan for
21 all New Yorkers that allows bystanders to access the
22 available AEDs when needed. By mandating that AEDs
23 be placed in baseball fields, as well as the long
24 list of other venues currently under city, state or
25 federal law, New York City is really providing a

2 network of opportunity whereby we can potentially
3 save more lives if the law is implemented
4 appropriately.

5 I want to take a moment to just clarify
6 what that can mean. The state has improved the Good
7 Samaritan Law that was initially implemented back in
8 1998; approximately in 2010 the AHA worked to clarify
9 liability concerns which allows any individual,
10 regardless of CPR certification, allows any
11 individual to access the AED and to use it without
12 concern of liability. We wanna make sure that as
13 we're moving forward with the intention behind this
14 proposal and others that any individual is able to
15 access the AED and put it into effect.

16 However, in accordance with the state's
17 updated Good Samaritan Law we wanna make sure that
18 the devices are maintained as required. One of the
19 things that we do wanna make sure is also addressed
20 is that noncompliance with the maintenance
21 requirements could evoke concerns about liability in
22 the event of a device malfunction. Several years
23 ago, in 2011, the New York City Comptroller conducted
24 an audit of AEDs in city parks and unfortunately at
25 that time there was some concern about batteries that

2 were not functioning, pads that had expired and so
3 on. I was very pleased to hear from the Parks
4 Department earlier today that their oversight seems
5 to have been improved dramatically and I applaud them
6 for taking those measures. But however, we wanna
7 makes sure that as we move forward and the
8 opportunity to place the AEDs, especially on the
9 private sector that we are educating and informing
10 those venues what the compliance standards would mean
11 for good Samaritan protection.

12 In addition to my testimony I spend some
13 time talking about the disparities involved regarding
14 CPR initiation and overall cardiac arrest survival.
15 African Americans are almost twice as likely as
16 Caucasians to experience cardiac arrest at home, work
17 or in other public locations, yet their survival
18 rates are twice as poor for their white counterparts.
19 This is a special concern for the American Heart
20 Association and we have devoted significant resources
21 to overcome that disparity and awareness and CPR
22 initiation. Just last year we trained over 16
23 million Americans in CPR with a goal to equip as many
24 people as possible with the skills they need to
25 perform CPR in a cardiac emergency.

2 Additionally, as of just a few weeks ago
3 on October 7th, every high school student in New York
4 is now officially required to be trained in hands-
5 only CPR and the use of an AED prior to graduation.
6 While certification is still mandated by expected
7 rescuers, which I wanna clarify the distinction
8 between training and certification as well. Many of
9 the additional testifiers mentioned the opportunity
10 to be trained as part of existing laws; they're
11 really referring to the certification requirements.
12 What the CPR in schools policy will do is
13 exponentially increase training, basic awareness,
14 learning the simple process of the chain of survival
15 -- calling 911, initiating chest compressions,
16 knowing when an AED's available, how to use it and
17 doing so until EMS arrives.

18 So we want everyone to be trained and the
19 CPR in schools policy, which is now law in the State
20 of New York, will help to exponentially increase the
21 number of individuals all across New York that will
22 know to look for an AED and help to save a life.

23 I commend the Council on the effort to
24 make sure that AEDs are widely available 'cause it
25 goes hand in hand with our policy efforts to make

2 sure that more New Yorkers are aware of AEDs and are
3 ready and equipped with the awareness to use them.

4 So again, the increase in knowledge for
5 bi-center [sic] training, coupled with the broadening
6 availability of AEDs for layperson use promises to
7 dramatically improve response to victims in cardiac
8 arrest and the AHA is grateful for the leadership of
9 our New York City Council and appreciates the
10 opportunity to work with our champions in order to
11 improve access to AEDs for all victims of cardiac
12 arrest in our city. Thank you.

13 CHAIRPERSON JOHNSON: Thank you, Robin.
14 Minority Leader Matteo.

15 COUNCIL MEMBER MATTEO: Thank you.
16 Excellent testimony, thank you. I want to ask you
17 some specific questions about the testimony. You
18 talk about noncompliance with the requirements could
19 evoke concerns about liability in the even of a
20 device malfunction, so the device doesn't work;
21 [background comment] are you talking liability for
22 the... not for the person who's using it, because
23 obviously they're protected under the Good Samaritan
24 Law, so can you just explain and clarify a little bit
25 more on the.. [interpose]

2 ROBIN VITALE: Sure.

3 COUNCIL MEMBER MATTEO: on your concerns
4 about liability?

5 ROBIN VITALE: So the Good Samaritan Law,
6 which we updated in 2010, helps to really protect
7 both the individual who uses the AED as well as the
8 entity, the venue that is housing the AED, the public
9 access defibrillation site, PAD sites. So the
10 individual that uses the device, as long as they're
11 using it with the intention of saving a life, they
12 are protected. The venue itself, in this case, the
13 Parks Department or any other private leagues that
14 might be required to maintain the AED as part of the
15 measure, would have to make sure that the device is
16 maintained; the batteries have a shelf life, the pads
17 have a shelf life and they need to make sure that
18 those basic elements are addressed in order to remain
19 safe from any liability concerns.

20 COUNCIL MEMBER MATTEO: Okay. And as
21 they testified, the Parks Department, they, meaning
22 the Parks Department, that they check them daily and
23 so it would just be that routine; that that's what
24 you were talking about a liability, in terms of the
25 Parks Department would just have to keep doin'

2 basically what they are doing and we would just
3 expand that to the other locations... [crosstalk]

4 ROBIN VITALE: Absolutely, making sure
5 the device remains functional is key and it sounds
6 like the Parks Department is meeting that mark.

7 COUNCIL MEMBER MATTEO: Yeah. So I agree
8 with you on layperson training, you know, getting
9 parents to get trained and you know we're the ones
10 who are with our kids on that Saturday playing ball
11 or whatnot, so you know, I think we have to work
12 together to do a better job of getting, I guess the
13 layperson trained and figuring out a way to not just
14 get groups or you know, teams; I mean, you know
15 parents and guardians and whomever is there, so if
16 you have thoughts on how we can get that layperson
17 training, you know, I think you make a valid point.

18 ROBIN VITALE: Thank you. I think you
19 know, really looking at the numbers and I think
20 certainly zeroing in on the youth-based incidents and
21 making sure that those adults that surround our
22 athletic leagues is certainly important, but we wanna
23 make sure that all pockets of our society are aware
24 and ready and remembering that about 383,000 cardiac
25 arrests occur annually and youth unfortunately -- uh

2 well fortunately or unfortunately -- make a small
3 percentage of that number and so we wanna make sure
4 that we're looking at a very comprehensive overview
5 making sure that the emergency response plan is going
6 to be able to reach all New Yorkers across all
7 barriers.

8 COUNCIL MEMBER MATTEO: Do you know how
9 long one training lasts; is it a year; it should be
10 done manually; is that how it works?

11 ROBIN VITALE: So if you're talking about
12 certification, the certification is currently based
13 on a two-year process and the science is constantly
14 evolving, so much to the point that actually the 2015
15 CPR and AED guidelines will be released just next
16 week, so every five years or so we have new measures
17 and new metrics that help us to evolve the science
18 around CPR. That's what really helped us to get the
19 training into our school system, because just a few
20 years ago understanding what chest-compression-only
21 CPR, what that entailed and the benefit of it, didn't
22 exist and so we're able to make sure that the
23 training is appropriate and is on mark; the
24 certification helps certainly to make sure everyone
25 is up to speed on that level. The bi-center training

2 we were talking about, around hands-only CPR
3 training, really is so elemental and so basic; it can
4 be done in a high school or any timeline of your life
5 and really that knowledge can carry you through. We
6 encourage as many people as possible to be trained
7 and become generally aware of what the process
8 entails.

9 COUNCIL MEMBER MATTEO: So do you agree
10 or disagree with the assessment that's been said in
11 prior testimony that the AEDs now have become much
12 more simpler to use and you know, maybe someone who
13 isn't trained -- obviously we want everyone trained,
14 but if someone wasn't trained, would they still be
15 able to, you know, get through and use the AED to
16 help save a life? Uhm... [crosstalk]

17 ROBIN VITALE: Yeah, if...

18 COUNCIL MEMBER MATTEO: to me it's better
19 than... than not having an AED or... or the people
20 trained... [crosstalk]

21 ROBIN VITALE: Yeah, we could not agree
22 more. I think... you know, I wish we still had the
23 device here that we could help demonstrate what
24 exactly it is. And also another key element to this
25 plan as well is to make sure that we know where the

2 devices are stored so that they are as accessible as
3 possible. We want everyone to be able to get their
4 hands on a device and because it is so simple; I've
5 seen children as young as 6, 7 years old open up the
6 device, listen to the automated commands and
7 implement the protocols appropriately. The moment
8 you open the device a voice comes on and tells you in
9 a very calm fashion what to do; there's actually
10 graphics inside the device itself so you can follow
11 along and know exactly where to place the pads and
12 then you just listen for its prompts and it'll tell
13 you what to do, when to do it and how to do it. So
14 it is that simple; they are very affordable, everyone
15 should know where they are stored; in case you're
16 wondering, there's one at the front security podium
17 here in City Hall and on City Council offices it's
18 every other floor. We know this because we've been
19 doing some training for your staff over the last
20 several years and we ask, so it's good that everyone
21 should know that, but we wanna make sure that the
22 general public is also aware of where the AEDs are
23 located, so making sure the signs are available so
24 that we know where they are and making sure that

2 everyone knows what an AED does and how pivotal it is
3 in the role of saving a life.

4 COUNCIL MEMBER MATTEO: Couldn't agree
5 with you more. One final question; in the training,
6 so when you're using the AED, does it tell you about
7 chest compressions at this point or is it just... is
8 that separate and you wouldn't know chest
9 compressions unless you did the training or does the
10 AED just say get the pads on and it basically does
11 the rest for you? So is... is... [crosstalk]

12 ROBIN VITALE: Uhm...

13 COUNCIL MEMBER MATTEO: what's the
14 difference and I guess my question is; the training,
15 you wouldn't know how to do the training without... you
16 wouldn't know how to do the compressions without the
17 training, but we could still use the AED with...
18 [crosstalk]

19 ROBIN VITALE: Yeah, great... great
20 questions. Yeah and this is really the intention
21 behind our CPR in schools policy because it is so
22 basic and once you have the training it makes sense,
23 but without going through a little bit of that, that
24 knowledge-building, it can be a little intimidating
25 at first. Essentially you wanna call 911 as soon as

2 you realize you have a victim so you get EMS
3 traveling your direction as quickly as possible; from
4 there you want to start chest compressions almost
5 instantaneously and one of our previous testifiers
6 mentioned that for every minute that passes a
7 victim's chance of surviving decreases by 10%, so you
8 wanna make sure that chest compressions begin
9 immediately. While you're doing chest compressions
10 hopefully you have someone with you who can go grab
11 the AED and bring that to the victim's side. The
12 reason being chest compressions would be started
13 first is that you wanna make sure the oxygenated
14 blood in the victim is being moved around so that the
15 organs stay viable until EMS arrives. If you're not
16 doing the chest compressions, the organs
17 unfortunately, the tissue will start to die off
18 instantaneously and you wanna make sure that oxygen
19 is being moved around the body.

20 The AED, as mentioned before, is the
21 device that will restart the heart. Essentially what
22 you're doing is... with chest compressions is moving
23 that blood around, but it's not gonna necessarily
24 restart the heart, so you wanna make sure that the
25 AED is on hand; it's really the only chance that the

2 person has in order to regain consciousness and have
3 them start behaving normally again. So as soon as
4 the AED arrives, you open it up and it will start
5 telling you what to do; you can seize chest
6 compressions, put the pads onto the victim's chest;
7 the AED device will actually assess the victim and
8 tell you whether or not a shock is advised, at which
9 point some of the models might direct you to push a
10 button; others will do the shock automatically; it
11 will warn you before it does the shock so you can
12 stand clear, and then it'll reassess the victim after
13 the shock is delivered. At that point the device
14 will tell you to resume chest compressions and after
15 a few minutes the device will kick in again to
16 reassess the victim and determine if another shock is
17 advised again and it will go back into that rhythm of
18 things until the EMS arrives and they can take over.

19 So that's the process; it really is that
20 simple; I think I gave you a verbal education of what
21 we're doing for all high school students now in what,
22 two minutes and I think that kind of basic
23 understanding is key to our overall emergency
24 response plan here in New York City.

2 COUNCIL MEMBER MATTEO: Excellent;
3 couldn't agree with you more. Thank you for your
4 testimony.

5 ROBIN VITALE: Thanks.

6 CHAIRPERSON JOHNSON: Thank you Robin for
7 being here. I wanna again thank the Parks Department
8 for coming and testifying and staying, thank you
9 Commissioner; thank you Matt for being here today. I
10 wanna thank my good, good friend, Minority Leader
11 Matteo for his leadership on this issue and I'm glad
12 the Parks Department stayed because you've heard us
13 state many times that we are deeply committed to this
14 issue; I know you are as well, and this is just the
15 first step in us trying to gain wider access and
16 availability throughout the entire city for people
17 who may suffer from a cardiac incident. I also would
18 be remiss in not recognizing the staff that got us
19 here to this hearing today; I wanna thank my
20 Legislative Director, Louis Cholden-Brown, David
21 Seitzer, the Committee Counsel to the Health
22 Committee, Crystal Pond, the Policy Analyst; I wanna
23 thank Chris Satori [sp?] from the Parks Committee and
24 the other staff that's here as well and I wanna thank
25 Peter Spencer from the Minority Leader's Office for

2 his help in getting us here today. And we are gonna
3 keep having this conversation; we're gonna work with
4 AHA; this is the first bill of many that we look
5 forward to pushing through the Council. And that,
6 this hearing is adjourned.

7 [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 October 20, 2015