

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON FIRE AND CRIMINAL JUSTICE SERVICES

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February 23, 2016

Start: 1:13 p.m.

Recess: 3:24 p.m.

HELD AT: Committee Room - City Hall

B E F O R E: ELIZABETH S. CROWLEY  
Chairperson

COUNCIL MEMBERS: Mathieu Eugene  
Fernando Cabrera  
Rory I. Lancman  
Paul A. Vallone

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

James E. Leonard, Chief  
Fire Department of New York, FDNY

James Booth, Chief  
Emergency Medical Services, EMS  
Fire Department of New York, FDNY

Edward Dolan, Deputy Commissioner  
Strategic Initiatives  
Fire Department of New York, FDNY

Dr. Glenn Asaeda, Chief Medical Director  
Fire Department of New York, FDNY

Vincent Variale, President  
Local 3621, Uniformed EMS Officers Union  
Fire Department of New York, FDNY

Israel Miranda, President  
Uniformed EMTs and Paramedics and Fire Inspectors  
Fire Department of New York, FDNY

Bernard O'Brien, Senior Budget and Policy Analyst  
New York Independent Budget Office

Josefina Sanfilippo  
Latinos Against FDNY Cuts



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2 [sound check, pause]

3 [gavel]

4 SERGEANT-AT-ARMS: Quiet, please.

5 CHAIRPERSON CROWLEY: Good afternoon. My  
6 name is Elizabeth Crowley, and I am the Chair of the  
7 New York City Council's Fire and Criminal Justice  
8 Services Committee. Today, the committee will be  
9 conducting an oversight hearing examining the fire  
10 department's delivery of Emergency Medical Services.  
11 We will also hear Intro 135, which requires detailed  
12 reporting on EMS response times for each segment of  
13 medical emergencies as defined by the department.  
14 I'd like to acknowledge Council Member Cabrera, who  
15 sits on the committee. He's here today, and he's  
16 joined us. The city's delivery of emergency medical  
17 services directly affects the health and wellbeing of  
18 all New Yorkers. It is the city's obligation to  
19 deliver timely and efficient pre-hospital care. No  
20 matter where you are, no matter how much money you  
21 make, when a 911 call is placed, and emergency health  
22 is in need for you or a loved one, every single  
23 second counts. Year after year the demand on our EMS  
24 services increases, and sadly year after year  
25 response times for life threatening emergencies

2 continues to increase. The question that must be  
3 asked today is how long is too long to wait for help,  
4 and how many lives are we putting at risk before we  
5 take real meaningful action? As demand for those  
6 services continues to grow to unprecedented--  
7 unprecedented levels, our EMTs and paramedics are  
8 working harder than ever before. In 2015, EMS units  
9 responded to over 1.6 million calls, and there was a  
10 17% increase in the number of responses to life-  
11 threatening medical emergencies. Today, we need to  
12 hear how the department plans to address this  
13 increase in call volume while also working to  
14 decrease the high response times. Our city's EMTs,  
15 paramedics and officers are working harder than ever  
16 before to provide these vital services every day  
17 under strenuous conditions, and they serve with our  
18 utmost respect. Today, we will examine how we can  
19 improve services to benefit both emergency personnel  
20 and New Yorkers in need. How can we manage this area  
21 more efficiently? Can we shorten the ambulance  
22 turnaround time at hospitals? Why are EMTs and  
23 paramedics still using paper maps to navigate to  
24 emergencies? An though we always dispatch in the  
25 closest ambulance unit to an emergency. We will

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2 explore these and other related issues today at the  
3 hearing. I look forward to a productive discussion  
4 with the Administration, and with all stakeholders.

5 I also look forward to discussing Introductory Bill

6 135, which I have sponsored, which would require the

7 Department--require the Fire Department to classify

8 emergency calls in their eight categories or

9 segments, and to report on the response time for each

10 individual segment. This bill would require the

11 Department to report the response times for all of

12 those segments, which it currently does not. It

13 will--Intro 135 would provide more transparency in

14 emergency response times and identify what we need to

15 do to save lives of more New Yorkers. Again, I look

16 forward to the discussion with the Fire Department,

17 and before I invite those who are here today from the

18 Administration to testify, I'd like you to take the

19 oath that we give to the Administration before they

20 testify. So I would ask you all to raise your right

21 hand, and I am going to ask you if affirm to tell the

22 truth, the whole truth, and nothing but the truth in

23 your testimony before the committee, and as you

24 respond to the questions that are answered honestly?

25 Will you?

2 CHIEF LEONARD: Yes.

3 CHAIRPERSON CROWLEY: Okay, and now  
4 whoever is going to testify from the Department, if  
5 you could announce yourself and then begin your  
6 testimony.

7 CHIEF JAMES LEONARD: I'm the Chief of  
8 the Department, Jim Leonard. Good afternoon,  
9 Chairwoman Crowley, and all Council members present.  
10 Thank you for the opportunity to speak with you today  
11 about EMS response time. I am the Chief of the  
12 Department of FDNY, and I am joined this afternoon by  
13 the Chief of EMS, James Booth, Deputy Commissioner  
14 for Strategic Initiatives Edward Dolan, and Chief  
15 Medical Director Dr. Glenn Asaeda. 2015 was a  
16 strong year for FDNY. With increased funding from  
17 the Mayor, we were able to obtain the resources  
18 necessary to provide the best possible service to the  
19 people of New York. We are constantly striving to  
20 improve, and we continue to conceive of and implement  
21 innovative strategies in order to create a smarter,  
22 more effective EMS, and ultimately to save more lives  
23 in our communities? We experienced significant  
24 increases in call volumes neighborhood across the  
25 city, and we're tasked with maintaining an ever-

2 expanding workload. In particular we saw a dramatic  
3 increase in the number of segment one to three calls,  
4 our highest priority calls in the busiest year ever  
5 for FDNY, our members rose to meet the challenge. In  
6 Fiscal 2015, we received approximately 527,000 calls  
7 for living saving--life threatening incidents.

8 Compared to the previous year, this represents a  
9 14.2% increase in life threatening calls. The total  
10 call--number of calls received including life  
11 threatening and non-life threatening calls was  
12 1,395,000. Compared to the previous fiscal year,  
13 this represents a 5.5% increase in total incidents.

14 Each of these figures represents the highest number  
15 of calls that we've ever received in a year

16 continuing an upward trend over the last several  
17 years. To give you some historical context, in

18 Fiscal Year 2011, we received approximately 469,000  
19 life threatening calls, and 1.3 million total calls.

20 That represents a 12.4% increase in life threatening  
21 calls and a 10.5% increase in total calls since 2011.

22 We have learned that we must be prepared for another  
23 record breaking year every year. In calendar year

24 2015, we received approximately 566,000 calls for

25 life threatening incidents. Compared to the previous

2 year, this represents a 17.1% increase in life  
3 threatening incident calls. The total number of  
4 calls received include life threatening and non-life  
5 threatening calls was approximately 1,435,000.  
6 Compared to the previous year, this represents a 6.1%  
7 increase in total incidents. Each of these figures  
8 represents the highest number of calls that we have  
9 ever received in a year continuing an upward trend  
10 over the last several years. To give you some  
11 historical context, in the 2010 calendar year we  
12 received approximately 465,000 life threatening calls  
13 and 1.3 million total calls. That represents a 21.7%  
14 increase in life threatening calls, and a 13.7%  
15 increase in total calls in the last five years. We  
16 are appreciative that the Mayor's Budget has  
17 reflected this reality. The Mayor's Budget for  
18 Fiscal Year 2016 included unprecedented levels of  
19 funding for EMS. It represented the most support any  
20 mayor has given to the FDNY for medical response  
21 since the FDNY and New York City EMS merged in 1996.  
22 Of course, even after receiving funding it takes time  
23 to implement these initiatives. We used the  
24 increased funding to hire, to train and deploy  
25 additional resources, which leads to improved

2 execution at the street level. In addition, we  
3 request increased funding in stages because we are  
4 limited in the pace that we can add personnel by  
5 factors such as training, human resources and Bureau  
6 of Health Services capacity. With the additional  
7 funding received in 2015, we were able to add 45  
8 additional tours. Most of these tours were placed in  
9 the Bronx, which had experienced a 16.1% increase in  
10 life threatening calls, and a 6.4% increase in  
11 overall calls over the previous fiscal year. We also  
12 added a smaller number of these additional tours to  
13 each of the other four boroughs as well. Through the  
14 use of modeling to assess what the response times  
15 would have been without the additional units, we can  
16 calculate the tangible impact that these additional  
17 tours had on response times. Using the additional  
18 mayoral funding to place additional tours in  
19 strategic locations. We were able to save nine  
20 seconds on the average citywide in 2015. In the  
21 Bronx where the majority of the tours were placed,  
22 the savings on travel time was 14 seconds. Both  
23 scenarios were calculated based on the criteria of  
24 the difference made when comparing first unit  
25 assigned to on-scene on all saving one to three

2 calls. By putting additional tours on the street, we  
3 were able to better serve the community. In addition  
4 to replacing tours that were previously covered by  
5 voluntary hospitals, we used data--data analysis of  
6 such factors such as areas of need, availability and  
7 geographical travel time to place additional tours in  
8 strategic locations throughout the city in order to  
9 maximize our efficiencies and to improve response  
10 time. An example of this--of this is the  
11 department's plan to place three new basic life  
12 support tours, and three new advanced life support  
13 tours on Rikers Island. Previously, ambulances  
14 responding to Rikers Island often took long periods  
15 of time to the geographic isolation on the island.  
16 And this had a ripple effect as ambulances were  
17 unavailable for new calls. Under the new system,  
18 patients from Rikers Islands--Rikers Island will be  
19 transport to the most appropriate medical facility  
20 with a reduced impact on surrounding areas. By  
21 operating dedicated tours for Rikers Island, the  
22 department will reduce response time in Western  
23 Queens, which is an area the city is currently  
24 experiencing higher response times. In addition, the  
25 new tours will allow stable transports to travel from

2 Rikers Island to Bellevue Hospital directly easing  
3 the burden on Elmhurst Hospital, which recently has  
4 experienced overcrowding. In Fiscal Year 15, our  
5 end-to-end combined response time for life  
6 threatening medical emergencies by ambulance and fire  
7 units was eight minutes 52 seconds. Our end-to-end  
8 average response time to life threatening medical  
9 emergencies by ambulance units was 9 minute 16  
10 seconds. That represents a decrease of 15 seconds  
11 from 9 minutes 31 seconds from the previous year.  
12 Our end-to-end average response time to life  
13 threatening medical emergencies by fire units was 7  
14 minutes 43 seconds. This was an increase from the  
15 previous year, which was 7 minutes, 2 seconds. You  
16 can see from the--the numbers that despite a  
17 significant increase in call volume, our ambulance  
18 units respond--our ambulance response time decreased.  
19 Using increased funding from the Mayor, we were able  
20 to make changes to keep pace with the growing  
21 workload. As we purchased additional vehicles and  
22 assets and trained and graduated incoming EMTs and  
23 paramedics, we saw the direct impact over this  
24 increased funding. As we--we reached the state where  
25 we could begin to deploy those additional resources

2 out on the streets, response times decreased. The  
3 increase in response times for fire units comes as  
4 the workload on fire units has increased. Last year,  
5 fire units made a greater number of all re--greater  
6 number of overall incidents, experienced a 9%  
7 increase from Fiscal Year 14 to Fiscal Year 15. Fire  
8 units also responded to a greater number of medical  
9 emergency, experienced a 12% increase from Fiscal  
10 Year 14 to 15. That's an additional 27,000 medical  
11 emergency responded by fire units. In addition to  
12 the resources that we have devoted to our regular EMS  
13 operations, we are excited about innovations that we  
14 have undertaken to improve our operations, and to  
15 continue streamlining and maximizing efficiency in  
16 response times. In particular, I would like to  
17 highlight three developments. The first being that  
18 ALS Fly Car Pilot Program in the Bronx. Later this  
19 spring, FDNY will be rolling out a pilot--in a pilot  
20 area in the Bronx a new development model to reduce  
21 advanced life support response time by operating non-  
22 transport ALS Fly Cars. We will re-deploy Paramedics  
23 from A-M--ALS ambulances to EMS non-transport and  
24 conditioned cars. This arrangement includes the--the  
25 efficiency of having one transport capable vehicle, a

2 BLS ambulance and one non-transport capable vehicle,  
3 a fly car to provide the same level of care that  
4 under the current system would require two  
5 ambulances. The Fly Car Pilot Program will increase  
6 ALS ambulance availability and, therefore, expected  
7 to reduce response times to life threatening calls in  
8 the pilot area. We expect this change to decrease  
9 response time for all segment 1 to 3 priority calls  
10 in the pilot area by as much as 23 seconds. The  
11 reduction in ALS ambulance tours will be offset by  
12 corresponded increase in BLS ambulance tours. This  
13 pilot program is funded for six months. At the  
14 conclusion of this program, we will study the results  
15 of it, and if it is demonstrably positive, impact on  
16 response time as we expect, we will considering  
17 extending and expanding the program.

18 The second area of increase is in the EMS  
19 Tactical Response Pilot Program in the Bronx. FDNY  
20 has received funding for and will adding 10  
21 additional basic life support tours in the Bronx. We  
22 will organize and deploy these 10 BLS tours, which  
23 are eight hour tours as tactical response groups.  
24 Theses ambulances will be deployed in neighborhoods  
25 that are experiencing the heaviest call volume. We

2 expect this initiative to increase response time for-  
3 -that you did--to respect this initiative to decrease  
4 response time to Segment 1 to 3 priority calls in the  
5 pilot area by as much as 11 seconds. At the  
6 conclusion of this part of the program, we will study  
7 the results, and if it has a demonstrably positive  
8 impact on response time as we expect, we will  
9 consider extending and expanding the program. The  
10 third area we're excited about is the study of the  
11 infrastructure at Fort Totten. The EMS Training  
12 Academy at Fort Totten is an important resource of  
13 training new recruits and for maintaining the highest  
14 level of training and certifications about EMS  
15 workforce through continuing medical education  
16 programs. The city is currently conducting a study  
17 of the infrastructure at Fort Totten including the  
18 Training Academy. The results of this study will aid  
19 our efforts to plan expansion of our graduating  
20 classes and improve infrastructure at the training  
21 academy. With new resources, we hope to make  
22 improvements in the future. Funding for the EMS  
23 Tactical Response Pilot Program, and the Fly Car  
24 Tactical Program comes by additional funding in the  
25 Mayor's Preliminary Budget of \$1.9 million Fiscal

2 Year 16 and \$1.4 million Fiscal Year 17. Through  
3 such innovations, we are expecting faster and smarter  
4 ways to conduct Emergency Medical Services.

5 I'd like to briefly address the  
6 legislation proposed in Intro 135, which would  
7 require the Department to submit reports to the Mayor  
8 and the Council of average response times to medical  
9 emergencies disaggregated by segments 1 through 9.  
10 We currently report on response times for the  
11 segments 1 through 3, which are life threatening  
12 incidents. We do not currently report on response  
13 times for segments 4 through 9, which are not life  
14 threatening incidents. We do not believe that it is  
15 the best use of our resources to prioritize response  
16 times to non-life threatening injuries. Segments 1  
17 through 3 are high risk medical complaints that are  
18 life threatening, and potentially life threatening  
19 that are time sensitive for achieving the best  
20 outcomes. The category--this category would include  
21 cardiac arrest, choking, difficulty breathing,  
22 cardiac chest pains to name a few--to name a few.  
23 Segment 4 to 9 are lower risk medical complaints.  
24 They are not as time sensitive as segments 1 through  
25 3. This category would include such examples as

2 patients with minor sicknesses, minor injuries, minor  
3 burns, abdominal pain, motor vehicle accidents with  
4 non-life threatening injuries instead (sic) hospital-  
5 to-hospital transfers. It is essential for us to  
6 accurately identify which calls should be classified  
7 as segment 1 through 3, and which--which should not.  
8 To enhance this process, we recently--we received  
9 funding last year to add 149 new dispatchers to  
10 ensure that calls are processed properly. We are  
11 also readying a new computerized triage system that  
12 will help dispatchers better classify calls. As with  
13 other areas of medical response with dispatchers  
14 based, we continue to improve through innovation.  
15 Segments 4 through 9 can be safely dispatched in a  
16 less timely manner without affecting the outcome of  
17 the response. To give you an idea of how response  
18 times differ on this category of calls for segments 7  
19 to 9 responses our ambulances do not utilize lights  
20 and sirens while responding to the call, nor while  
21 they are transporting the patient to the hospital.  
22 In order to respond to life threatening emergencies  
23 in a timely manner, it is imperative that we  
24 prioritize our responses and ensure that appropriate  
25 resources are available. In the New York City 911

2 system, the busiest in the country, the capacity of  
3 the managed change in demand for services frequently  
4 fluctuates on an hourly basis. We would not want to  
5 compromise our mission of public safety by placing  
6 the same kind of emphasis on responding to stable  
7 patients that we do when responding to patients with  
8 life threatening injuries. Instead, we are working  
9 on new and innovative approaches to improve the way  
10 we provide treatment for non-life threatening  
11 incidents. We are still in the exploratory phase,  
12 but we believe that there many benefits to  
13 alternative transport, and alternative destination  
14 procedures that would improve the way we serve all  
15 types of patients. We are with our partners in the  
16 unions, and with Council Crowley that EMS needs  
17 continued additional funding, and that the response  
18 times should improve. With Council Member Crowley's  
19 support, we are focused on these challenges. For the  
20 first time 20 years New York City has a Mayor  
21 supporting us with an historic investment of  
22 resources, and that investment continues to make a  
23 difference. In 2016, and going forward, the men and  
24 women of FDNY look forward to continuing our  
25 tradition of providing exceptional service to all New

2 Yorkers in every neighborhood. We thank this  
3 committee and the entire City Council for their  
4 ongoing support, and this time I would be happy to  
5 take any of--any of your questions.

6 CHAIRPERSON CROWLEY: Thank you Chief. I  
7 want to acknowledge that we've been joined by my  
8 colleague Council Member Vallone, and soon you'll  
9 have questions from my colleagues. First, I'll ask a  
10 few questions, and--and then we'll ask questions  
11 until all the questions have been answered. But  
12 first, thank you for your testimony. In your  
13 testimony you say that the Fire Department continues  
14 to give the best possible service. You say that a  
15 few times, best, best. Now, there were a lot of  
16 numbers thrown around in your testimony, but I'm  
17 going to go by the calendar year numbers because the  
18 mayor has been in office for two full calendar years.  
19 And I have to tell you in every category where we  
20 measure emergency response, not only in EMS services,  
21 but also in fire fighting services, there has been an  
22 increase in response times. Every single category.  
23 So you may think we're giving the best hospital--  
24 possible service, but if the numbers increase from  
25 one year to the next, when you have high response

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2 times especially with medical services, and you  
3 increase them from one year to the next, you're not  
4 giving better service. It's a de--decrease in  
5 efficiency when it takes longer to get to an  
6 emergency. And just so we're on the same page, I  
7 want the committee to know that we're looking at an  
8 average response time to life threatening medical  
9 emergencies by ambulance units last year, which was  
10 too high at 9 minutes 13 to this past fiscal year, 9  
11 minutes and 22 seconds. Again, that's calendar year  
12 2014 and to calendar year 2015 there was an increase.  
13 So, in addition to FDNY's response times and  
14 structural fires and every other emergency in every  
15 category in EMS there's been an increase. So to me,  
16 that's not better. It's worse. In your testimony I  
17 can't count the number of times that you said  
18 increase in funding. Well, of course, there's going  
19 to be an increase in funding. There's no area of the  
20 Mayor's budget that's had a decrease in funding. It  
21 doesn't mean that you're providing the service at the  
22 level that the city is demanding, and that's why  
23 we're having this hear, and we need to do better.

24 Now, my first question to you, Chief is  
25 what is an acceptable amount of time for somebody who

2 is in a life threatening situation to have to wait  
3 for an ambulance to come to take them to the  
4 hospital?

5 CHIEF JAMES LEONARD: We are striving to  
6 reduce that time all the time. We have--we have  
7 experienced some unprecedented numbers in responses,  
8 the most ever in the history of the FDNY, and we are  
9 taking numerous issues to add units that we--we added  
10 the 45 tours. The Mayor funded an additional \$20  
11 million to hire dispatchers, supervisors in those 45  
12 tours, and we are striving to continually drive that  
13 number now.

14 CHAIRPERSON CROWLEY: Last year when the  
15 tours were added, those tours were just making up for  
16 tours that we're running already on overtime. How  
17 many tours are you running? And I need the numbers  
18 broken down by borough. If you could tell borough by  
19 borough how many tours you have, ALS, BLS and how  
20 much--how many tours are--are there in the budget  
21 operating regular time, and how many are on overtime?

22 JAMES BOOTH: I don't think that we--we  
23 have that.

24 CHIEF JAMES LEONARD: We--we wouldn't be  
25 able to analyze those. Those vary by tour--by tour

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2 1, 2 and 3. The Chief of EMS will be able to provide  
3 those numbers for you citywide. We can--I will be  
4 happy to support--provide those numbers based by the  
5 borough, but we do not have them right now, but we  
6 will--

7 CHAIRPERSON CROWLEY: [interposing] But  
8 what--what are they citywide?

9 CHIEF JAMES LEONARD: Well, I'll defer to  
10 the Chief of EMS.

11 CHIEF JAMES BOOTH: So, city [coughs]  
12 citywide for a 24-hour period we toll between the  
13 voluntary hospital the fire department we run 945  
14 tours.

15 CHAIRPERSON CROWLEY: You run 945 tours--

16 CHIEF JAMES BOOTH: [interposing]  
17 Correct.

18 CHAIRPERSON CROWLEY: --on any given day.

19 CHIEF JAMES BOOTH: In a 24-hour period,  
20 yes ma'am.

21 CHAIRPERSON CROWLEY: And how many tours  
22 do you run on overtime?

23 CHIEF JAMES BOOTH: That varies.

24 CHAIRPERSON CROWLEY: Like are you  
25 running any tours right now on overtime?

2 CHIEF JAMES BOOTH: Yes.

3 CHAIRPERSON CROWLEY: How many tours?

4 CHIEF JAMES BOOTH: It varies based on  
5 attendance and people on educational leave and what  
6 have you. So, it varies day by day.

7 CHAIRPERSON CROWLEY: [interposing] How  
8 many tours are running today on overtime?

9 CHIEF JAMES BOOTH: At the moment, I  
10 don't have that number. I can get that for you, but  
11 it varies day-by-day now.

12 CHAIRPERSON CROWLEY: How many tours are  
13 you running today on overtime?

14 CHIEF JAMES BOOTH: At the moment I don't  
15 have that number. I can get that for you, but it  
16 varies day by day now.

17 CHAIRPERSON CROWLEY: You must have an  
18 idea of a general estimate. If you know you have 945  
19 tours on any given day, can you just please tell me  
20 how many you would estimate that you have running on  
21 overtime on any given day?

22 CHIEF JAMES BOOTH: On an estimate I  
23 would probably say 15 maybe of those tours. I--I  
24 think--

2 CHAIRPERSON CROWLEY: [interposing] How  
3 many?

4 CHIEF JAMES BOOTH: Maybe 15 of those  
5 tours. I would hate to speculate in give you poor  
6 information, ma'am. That's why I'm not willing to  
7 commit to a number that I don't know.

8 CHAIRPERSON CROWLEY: I've heard that  
9 there are as many as 25 to 50 on certain days. Would  
10 that be accurate? Depending up the weather and  
11 determine--depending upon the needs, there are tours  
12 that we do run up above the tour count, yes.

13 CHIEF JAMES BOOTH: Chief, you mentioned  
14 that the Department is giving you more resources, the  
15 Mayor through funding to add more tours, regular  
16 tours. How many more tours are you adding?

17 CHIEF JAMES LEONARD: We added this year  
18 with--with fund 45 tours.

19 CHAIRPERSON CROWLEY: But how many of  
20 them were new tours, and how many were just covering  
21 old voluntary ambulance tours? That's one thing that  
22 we want to be clear about, too. Because when the  
23 Mayor made an announcement for an expansion, he was  
24 also including tours that he was taking over from  
25 voluntary hospitals. So we need to know when we're

2 looking at expansion of service how much we're  
3 actually expanding, and how much we're just taking  
4 over from the private industry.

5 CHIEF JAMES LEONARD: Yeah, I told him  
6 that.

7 CHAIRPERSON CROWLEY: So, and you're  
8 running 945 tours on any given day. What percentage  
9 are FDNY, and how many are voluntary hospitals?

10 CHIEF JAMES BOOTH: On any give day, the  
11 Fire Department runs 727 tours in the city, and the  
12 voluntary sectors runs 218 in the city. The 45 tours  
13 were expansion. The ambulances you speak of in  
14 Queens and North Shore LIJ and the New York Hospital  
15 in Queens--

16 CHAIRPERSON CROWLEY: I know that's  
17 information--I don't need to know who's running the--  
18 the voluntary. I just want to know how many, right.  
19 So when you--when you put 25 to 50 tours on overtime  
20 that's just your FDNY tours or do you require  
21 voluntary hospitals to do--run tours on overtime?

22 CHIEF JAMES BOOTH: We--so I get the  
23 assistance from the voluntary sector.

24 CHAIRPERSON CROWLEY: So you divide it  
25 up?

2 CHIEF JAMES LEONARD: When they can  
3 supply it, we--we--we take it, we take help from them  
4 when they can supply it. [pause]

5 CHIEF JAMES BOOTH: Can you tell me about  
6 the new pilot program? You mentioned--I think it was  
7 in the Daily News, the Fire Department gave an  
8 exclusive to the Daily News today about this  
9 particular EMS Fly Car Pilot Program.

10 CHIEF JAMES LEONARD: The Fly Cars is a  
11 pilot--is a pilot program in the Bronx and what we--  
12 we were going to do is right now we're going to have  
13 five conditioned up in--in--in the--in the Bronx in  
14 that area up there, and we were going to take  
15 paramedics out of a paramedic unit and assign them  
16 with the supervisor. So, now that supervisor along  
17 with the paramedic can respond as a team to provide  
18 ALS care to people who most need it. At the same  
19 time, we have taken those and backfilled those  
20 ambulances and BLS ambulances. So what happens is we  
21 have a net effect of more ambulances for transport  
22 so--

23 CHAIRPERSON CROWLEY: So--so you believe  
24 that a supervisor in a car, which doesn't carry

2 somebody in need of going to the hospital, right?

3 It's not an ambulance.

4 CHIEF JAMES LEONARD: No, it's not an  
5 ambulance.

6 CHAIRPERSON CROWLEY: It's a--it's a  
7 vehicle that cannot carry a patient--

8 CHIEF JAMES LEONARD: [interposing]  
9 Right.

10 CHAIRPERSON CROWLEY: --right? So you  
11 believe that the car will get there fast than an  
12 ambulance, and that's why you're doing this pilot  
13 program?

14 CHIEF JAMES LEONARD: Yes, part of it is  
15 to--is to get qualified medical responders, and  
16 qualified paramedics on the scene faster, and then at  
17 the same time we'll have increased transport.

18 CHAIRPERSON CROWLEY: So it's almost  
19 similar to--to let's just put a put a paramedic on a  
20 motor bike, right? And that--that was something that  
21 people had brought up in the past.

22 CHIEF JAMES LEONARD: True. In other  
23 words, we're looking at the--the best--

24

25

2 CHAIRPERSON CROWLEY: [interposing] So we  
3 might actually--you may be able to get a paramedic to  
4 an emergency earlier?

5 CHIEF JAMES LEONARD: True.

6 CHAIRPERSON CROWLEY: Right?

7 CHIEF JAMES LEONARD: Yes.

8 CHAIRPERSON CROWLEY: Two of them, which  
9 is good, but there's no guarantee that that person  
10 who may be and most likely if it's segment 1 through  
11 3, in need of significant help. They're not going to  
12 be on their way to a hospital any quicker. That's  
13 why people call ambulances to get to the hospital.

14 CHIEF JAMES LEONARD: Well, they do. No,  
15 because we--we--in other words the segment 1 through  
16 3 is if somebody is in cardiac arrest--

17 CHAIRPERSON CROWLEY: [interposing] Yeah.

18 CHIEF JAMES LEONARD: --or somebody is  
19 choking--

20 CHAIRPERSON CROWLEY: [interposing] Okay.

21 CHIEF JAMES LEONARD: --we need that ALS  
22 on the scene along with our engine company, and with  
23 that--that BLS. So it's a--it's a dual--it will be a  
24 combined response. We want to get the--the--the best  
25 people on the scene as quick as we can, and the idea

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2 is that we will have additional BLS. At the present  
3 time, if we're sending two paramedics in an ambulance  
4 and para--and two EMTs in a BLS ambulance, we have  
5 two transport vehicles on the scene.

6 CHAIRPERSON CROWLEY: Okay.

7 CHIEF JAMES LEONARD: So what we're doing  
8 now--

9 CHAIRPERSON CROWLEY: [interposing] Well  
10 does mean you're hiring more supervisors or more  
11 staff to man these Fly Cars?

12 CHIEF JAMES LEONARD: Right, now--as--no,  
13 what-we--we will--we will have an increase in EMTs,  
14 but it's an efficiency we're trying. It's an  
15 efficiency rather than an increase--

16 CHAIRPERSON CROWLEY: [interposing] Sure,  
17 and it--

18 CHIEF JAMES LEONARD: --that we think

19 CHAIRPERSON CROWLEY: --it seems to make  
20 sense on the surface. I agree that you'll get a  
21 paramedic to be--

22 CHIEF JAMES LEONARD: [interposing] Two  
23 paramedics, yes.

24 CHAIRPERSON CROWLEY: Two paramedics,  
25 which certainly helps the person in--

2 CHIEF JAMES LEONARD: [interposing]

3 Cardiac arrest.

4 CHAIRPERSON CROWLEY: --distress, right.

5 CHIEF JAMES LEONARD: Right.

6 CHAIRPERSON CROWLEY: But it's--it's not  
7 going to increase the time that particular person  
8 gets to the hospital to get to a doctor. That's all  
9 I'm saying. It's not going to increase that. It's  
10 not going to--

11 CHIEF JAMES LEONARD: [interposing] It  
12 will--

13 CHAIRPERSON CROWLEY: It's not going  
14 decrease--

15 CHIEF JAMES LEONARD: [interposing]  
16 Right, it's--it's response to the.

17 CHAIRPERSON CROWLEY: --the amount of  
18 time that you're on your way to a hospital. That's  
19 all, and will it? It will decrease the amount of  
20 time a paramedic gets there, which is good, but it's  
21 not going to--it's not going be any quicker for that  
22 individual to get to an ambulance--to get to a  
23 hospital.

24 CHIEF JAMES LEONARD: I--I can defer to  
25 Dr. Asaeda about the--the treatment given on the

2 scene by that paramedic, you know, in a--in a life  
3 threatening call is--is what is important not how  
4 fast that person gets to the hospital because it's  
5 very time sensitive, and that--that--between our fire  
6 fighters, our EM--if we--if that person need  
7 defibrillation, if that person needed CPR, the  
8 paramedics on the scene can do advanced life support.  
9 So we want to get the people to the scene as quickly  
10 as we can for that person who needs the most help.

11 CHAIRPERSON CROWLEY: Right, I just--

12 CHIEF JAMES LEONARD: [interposing] This  
13 is like--

14 CHAIRPERSON CROWLEY: --but like I just--  
15 I understand the pilot programs. So it's good that  
16 you're doing pilot programs. It's good that you know  
17 that you need to do more to decrease response times,  
18 and I'm open to the idea that I'm just--I just want  
19 to make sure it's not being wasteful because anybody  
20 in distress in need of a paramedic also needs to get  
21 to the hospital. That's all and this is not going to  
22 decrease that amount of time it takes to get to the  
23 hospital.

24 CHIEF JAMES BOOTH: And yes, ultimately--  
25 I'm sorry, but I happen to know paramedics actually

2 get there faster treating some of these patients.

3 Because of the treatment, you're essentially bring

4 the emergency department to that scene. They may be

5 able to now stabilize that patient so that that BLS

6 transport now can take that patient safely, and allow

7 the paramedics again to be available for the higher 1

8 through 3 priority calls.

9 CHIEF JAMES LEONARD: The--the time on  
10 the scene may not or may dependent on the situation,

11 may not be as important as getting to that hospital

12 faster. But let me just follow on one--one

13 additional point. This we are adding by having only

14 one transport vehicle, and one non-port, now we have

15 that additional transport vehicle available on--on

16 the scene. It's net increase in ambulances for us

17 at--at basically half the cost, and what we're doing

18 to--we are increasing funding. We know we need to

19 expand, but as--as--as the Chief of the Department

20 and Chief of EMS, we need to maximize our

21 efficiencies of the people that we have now, and this

22 is something we think will work. And that's we're

23 doing--

24

25

2 CHAIRPERSON CROWLEY: [interposing] Well,  
3 I agree. You absolutely do need to maximize your  
4 efficiencies.

5 CHIEF JAMES LEONARD: Right.

6 CHAIRPERSON CROWLEY: So I'm just going  
7 to ask a few questions about efficiency, and then I'm  
8 going to allow my colleagues to ask a few questions.  
9 So, is it true that your EMTs and paramedics have no  
10 GPS system in their ambulance?

11 CHIEF JAMES LEONARD: The units that  
12 respond borough wide or citywide such MRTU, do have  
13 GPS in--in their ambulances.

14 CHAIRPERSON CROWLEY: You have --

15 CHIEF JAMES LEONARD: [interposing] I'm  
16 sorry, in their vehicles.

17 CHAIRPERSON CROWLEY: --945 tours  
18 operating on any given day. How many of them are  
19 equipped with GPS?

20 CHIEF JAMES LEONARD: Not many. Right,  
21 and--but let me explain. We're being--

22 CHAIRPERSON CROWLEY: [interposing] It  
23 was just a question, and you don't, right? Not many.  
24 Not many means probably 99%.

2 CHIEF JAMES LEONARD: Well, okay. We  
3 have a--a--

4 CHAIRPERSON CROWLEY: [interposing]  
5 They're not equipped with GPS?

6 CHIEF JAMES LEONARD: But we rely--we  
7 rely on our experience and with people in  
8 neighborhoods.

9 CHAIRPERSON CROWLEY: Most economy cars  
10 today have a GPS, and they also have a GPS that could  
11 navigate you around construction sites or to get to a  
12 certain site. Not by basic street names, but also by  
13 what's currently happening with traffic patterns.  
14 You don't have that. You have lights and sirens. But  
15 your EMTs and paramedics are not allowed to use their  
16 own Smart Phone, right? It's against policy.

17 CHIEF JAMES LEONARD: That--that is not--  
18 that is not correct. We--we would encourage them to  
19 use--if they had a smart device first of all with  
20 the--our present CAD system does not have a GPS  
21 component to it. We do not have that. We--

22 CHAIRPERSON CROWLEY: [interposing] Isn't  
23 it basic software? Can't you just buy something that  
24 puts it in?

2 CHIEF JAMES LEONARD: [interposing] We--  
3 we--we are dealing with an EMS CAD that that is based  
4 back into the--into the '80s. We--we--the new EMS  
5 CAD is expected next year, which will have this. As  
6 far as we do not discourage our EMTs and our medics  
7 from using their Smart Phone if necessary as long as  
8 they are not operating the vehicle. But we--it's--it  
9 is our--it has been our experience that we have not  
10 experienced the problem of our EMTs and medics having  
11 the trouble finding a location because they are so  
12 experienced--they are so in tune with their  
13 neighborhoods, and traffic response patterns in that  
14 neighborhood. In the event that they are sent  
15 outside their area, or maybe to another borough, we  
16 provide them with maps so that they can--

17 CHAIRPERSON CROWLEY: [interposing]  
18 Right.

19 CHIEF JAMES LEONARD: --look at those  
20 maps.

21 CHAIRPERSON CROWLEY: --they have a paper  
22 map.

23 CHIEF JAMES LEONARD: Yes, we--a--a--a  
24 map. We provide them with maps.

2 CHAIRPERSON CROWLEY: Right and how much  
3 would it cost to upgrade the current computers that  
4 you have in your ambulance to put the GPS--

5 CHIEF JAMES LEONARD: [interposing] I'll  
6 refer that--

7 CHAIRPERSON CROWLEY: --top brand. (sic)

8 CHIEF JAMES LEONARD: We--I--I--I don't  
9 think we have the ability to do it--

10 CHIEF JAMES BOOTH: We don't, yeah, we--

11 CHIEF JAMES LEONARD: Bit, I'll speak to  
12 Commissioner Dolan.

13 CHAIRPERSON CROWLEY: We--we don't have  
14 the ability to do it. The city has funded mapping as  
15 part of the Next Generation CAD System. So we can't  
16 go back and ask for additional funding beyond that  
17 because it's already--we've--we've already committed  
18 to funding in the Next Generation CAD, which will be  
19 in next year.

20 CHAIRPERSON CROWLEY: Well, does that  
21 mean every single ambulance will have GPS next year?

22 CHIEF JAMES BOOTH: Yes.

23 CHAIRPERSON CROWLEY: SO you're going to  
24 put a new computer in every ambulance?  
25

2 CHIEF JAMES BOOTH: We're--we're--we're  
3 already funded as part of the Next Generation  
4 Computer Aided Dispatch system to upgrade all of the  
5 computers in all of the ambulances.

6 CHAIRPERSON CROWLEY: And another  
7 complaint about efficiencies is the turn around time  
8 at hospitals, a tablet, which is also relying on a--  
9 your--your WiFi system that doesn't have the capacity  
10 a lot of times to move the transmission of required  
11 forms?

12 CHIEF JAMES LEONARD: The issue is--the--  
13 the issue of--of hospital turnaround times is  
14 basically a function of the hospital, but it does  
15 affect us. You have to remember we have--we're  
16 dealing, we're taking record amounts of people to 53  
17 hospitals, which is a reduction in the few years of  
18 over 20 hospitals with receiving. And many times  
19 when we go to hospitals, we have large amounts of  
20 patients, and the hospitals do not have the--in  
21 words, they may not--they may not have the nurses.  
22 They may not have the infrastructure, but we work  
23 very closely with the Greater New York Hospital We  
24 work with--with HHC. We work with local hospital  
25 administrators to constantly push our people to come

2 in. We send supervisors to the hospital to try and  
3 see if we can move people along, but if the hospital  
4 doesn't have the bed or the hospital cannot--

5 CHAIRPERSON CROWLEY: [interposing] The--  
6 the--the complaint that I've received from your EMTs  
7 and paramedics is they have the Tablet that has the  
8 form that has to be signed by personnel. Even after  
9 that form is signed by hospital personnel, and  
10 they're ready to go back into their ambulance and be  
11 on call for another dispatch, they can't leave the  
12 hospital be--until that form is transmitted  
13 electronically. And because your WiFi system is so  
14 narrow, it take a very long time for them to transmit  
15 it, and that at times it could be a half an hour or  
16 40 minutes. I'm bringing this to your attention  
17 because in addition to the GPS that they don't have,  
18 these are small changes that can make a big  
19 difference in response time that don't cost money or  
20 a lot of money. And the other thing is just sending  
21 the--the closest unit. I hear that because of the  
22 CAD system that you have it doesn't interface well  
23 with dispatching. And even though you have an  
24 ambulance closer to an emergency, your dispatchers  
25 can't dispatch that ambulance because the computer

2 will not allow them to. So how frequently does that  
3 happen, and-and are you--

4 CHIEF JAMES LEONARD: [interposing] It  
5 would be--it would be--

6 CHAIRPERSON CROWLEY: --going to change  
7 that? Is that a problem you see--

8 CHIEF JAMES LEONARD: [interposing] That  
9 is the--I'm--I'm sorry.

10 CHAIRPERSON CROWLEY: I'm just saying is  
11 that a problem that you see that causes a--a higher  
12 response time?

13 CHIEF JAMES LEONARD: We look to  
14 prioritize based on the call type of what the most  
15 appropriate unit should respond to that call type.  
16 That isn't a function of the computer. That's a  
17 function of--of the policy.

18 CHAIRPERSON CROWLEY: Can the Emergency  
19 Medical Dispatcher dispatch a unit that the computer  
20 says is not closer than what the computer wants to  
21 do?

22 CHIEF JAMES LEONARD: They can--

23 CHAIRPERSON CROWLEY: [interposing] Can--  
24 can the dispatcher do the dispatch without the  
25 computer telling what unit has to go?

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2 CHIEF JAMES LEONARD: I--I think--I think  
3 if I could--if I understand that we could change that  
4 computer to send the closest unit, but we choose--we--  
5 -it's a--it's a policy based on longstanding policy  
6 with our doctors and experience that it's the type of  
7 unit.

8 CHAIRPERSON CROWLEY: [interposing]  
9 That--that policy makes sense. It's like the  
10 dispatchers have said that they're not able to send--

11 CHIEF JAMES LEONARD: [interposing] Yeah,  
12 yeah, you're--

13 CHAIRPERSON CROWLEY: --the best unit,  
14 and so the computer does it.

15 CHIEF JAMES LEONARD: No, they're--  
16 they're correct as--as you're saying that, but what  
17 I'm saying is it's how we program the computer. So  
18 in other words, it's not recommended in the suggested  
19 units. It's not recommending say the type of unit to  
20 respond to that type of call. So, yes, what--what  
21 they're saying is absolutely true--

22 CHAIRPERSON CROWLEY: [interposing]  
23 Right.

24 CHIEF JAMES LEONARD: --but that's--

25

2 CHAIRPERSON CROWLEY: [interposing] But  
3 it's not--it doesn't take a--a doctor to know the  
4 difference between ALS and BLS. So what are the  
5 units can you really dispatch and then ALS or BLS?

6 CHIEF JAMES LEONARD: And that's--you're--  
7 --you're exactly correct--you're exactly correct.

8 CHAIRPERSON CROWLEY: [interposing]  
9 Right. So do you use the advanced life support or  
10 basic support life support?

11 CHIEF JAMES LEONARD: Yes.

12 CHAIRPERSON CROWLEY: And your medical  
13 technicians that dispatch doing triage or move on.  
14 So they would know which one they should send out  
15 that would send it. (sic)

16 CHIEF JAMES LEONARD: Well, in other  
17 words, the--the alarmists, the--the person who is  
18 answering the phone is transferring that to a radio  
19 dispatcher through the computer, and they will--that  
20 computer will suggest is this a BLS run? This is an  
21 ALS run. This is a fire run, or is it--is it a dual  
22 response? The computer tells them that. So if the  
23 computer--we--we could have a situation where we have  
24 the computer suggest that it's a BLS only run. Yet,  
25 we have an ALS unit two blocks away, but we're not

2 going to send that ALS unit even though it's closer  
3 to a BLS--

4 CHAIRPERSON CROWLEY: Right, and so your  
5 dispatcher would know that, too. Based on the  
6 training, they would know that would be wasteful to  
7 send a basic life support unit.

8 CHIEF JAMES LEONARD: Right. [coughs]

9 CHAIRPERSON CROWLEY: An advanced one.

10 CHIEF JAMES LEONARD: [interposing] And--  
11 and I'd like--and I'd like to--I can explain it this  
12 way.

13 CHAIRPERSON CROWLEY: Oh, no, I--I get  
14 what you're saying. I don't want to belabor you  
15 answering the question. I just want--

16 CHIEF JAMES LEONARD: [interposing] And--  
17 and as--well--

18 CHAIRPERSON CROWLEY: We'll go--we can  
19 circle back to it when we have more time.

20 CHIEF JAMES LEONARD: As you stated, the--  
21 -the--what you said about the EMT's dispatcher, it is  
22 true, it is true, but what I'm--what I'm saying that  
23 it's not function of the computer. That's a  
24 department policy what units will respond--respond to  
25 that type of call.

2 CHAIRPERSON CROWLEY: Right, and how many  
3 hours do you train you medical dispatchers?

4 CHIEF JAMES BOOTH: It--it--the call-  
5 taking training is about five weeks, and the--the  
6 radio dispatch training is another four or five  
7 weeks.

8 CHAIRPERSON CROWLEY: And how many  
9 different types of ambulance do you have to dispatch?

10 CHIEF JAMES BOOTH: ALS and BLS.

11 CHIEF JAMES LEONARD: That also--

12 CHAIRPERSON CROWLEY: Two and would  
13 dispatchers--are not able to recognize whether an  
14 emergency needs an ALS or a BLS response?

15 CHIEF JAMES LEONARD: Yeah, I've seen it.

16 CHAIRPERSON CROWLEY: Okay. So why  
17 should we rely on the computer if your dispatchers  
18 don't know which is the best unit to dispatch?

19 CHIEF JAMES LEONARD: Because it's--it's--  
20 -it's--it's built into the system. That's just how--

21 CHAIRPERSON CROWLEY: [interposing] All  
22 right. The amounts of complaints that I've received  
23 that I believe would reduce response times, and we  
24 can explore that further. We could disagree right  
25 now on your policy, but I'd like to now recognize

2 some of my colleagues that would like to ask  
3 question. We've been joined by Council Member  
4 Eugene, and I'd like to recognize Council Cabrera--  
5 Council Member Cabrera for questions.

6 COUNCIL MEMBER CABRERA: Thank you so  
7 much, Madam Chair, and thank you for holding this  
8 very, very important hearing. As a matter fact Chief  
9 and to your staff, I--I had a scare back in October.  
10 I had an artery that was blocked 99%. So this is  
11 kind of relevant to possibly happen to me. My--my  
12 first question is in regards to the training  
13 facility. At what point do you first see that--that  
14 you have reached full capacity in terms of the amount  
15 of--of new--I don't what you call them, candidates,  
16 cadets, that they--where you have maxed out in terms  
17 of your capacity in being able to train. As a matter  
18 of fact that we're about--and I agree with your  
19 assessment the numbers are going to go higher. We're  
20 expect over a million people to come in the city  
21 within the next ten years. Actually, it's too many  
22 come in, a million living, but a million more stayed  
23 in this--stay in the city. So the numbers are going  
24 to go higher. I mean it's just the call that they're  
25 going to come in. At what point do you see that we

2 will have reached full capacity where perhaps we will  
3 need another place?

4 CHIEF JAMES LEONARD: At--at the present  
5 time, for years we roughly hire--the--the new EMTs  
6 coming on the job go through a--a ten-week academy.  
7 So we roughly hire four classes per year. We  
8 recently increased because of we want to increase our  
9 head count for various reasons to plan for the  
10 future. We recently led this class, which is going  
11 to graduate as 120 EMTs. We have plans for the next  
12 class of EMTs in the summer, which should--should be  
13 in June. We want to hire roughly 150. We're  
14 thinking our max is roughly 150 to 180, and that's  
15 where we--we, of course, we would like to increase  
16 even above that, but there are infrastructure at the  
17 Academy where we drive a train in. The classroom  
18 space varies, things we need to include, but we also  
19 have to remember that with hiring that many people  
20 including hiring firefighters through Human Resources  
21 Department because all the cabinet and investigations  
22 is--needs more people. Our Bureau of Health  
23 Services, which conducts medical training--the  
24 medical exams for all our new employees so that they--  
25 --we're hiring people in good health needs to expand.

2 All these various things in--into. So it's not only  
3 the--the training, which we need to expand. That's  
4 where we're looking. So we're thinking right now  
5 approximately 150 to 180. We're going to bring 150  
6 into the next class, and we'd like to go up to 180 or  
7 even higher, but it's also a function of--you have to  
8 remember the--the more or the bigger the classes we  
9 get, the more instructors we need. And then the  
10 instructors are coming out of the field. So we--  
11 we're in this area where we--we're--we--we--we're  
12 growing, and we need to the infrastructure and the  
13 support functions to put that one EMT or medic out  
14 into the street.

15 COUNCIL MEMBER CABRERA: But--so Chief, I  
16 appreciate your foresight as to all of the supports.  
17 This one being a need. It's on the trainers, you  
18 need all of the above you mentioned. In light of  
19 that, the--the budget that we're going to be talking  
20 about next month, the preliminary hearings that we're  
21 going to have, does--does the budget reflect this  
22 forecasting that you correct, you know, are  
23 assessing? Are we going to be able--are--are we  
24 looking to und the HR and all the other support  
25 services plus, the training, plus capital

2 improvements. It seems to me at one point we're  
3 going to max out at the present location, and--and  
4 what are we doing towards that end?

5 CHIEF JAMES LEONARD: The--the present  
6 location, in other words there's a lost (sic) base  
7 out there in Fort Totten. We're looking to actually  
8 the--the--the OMNI (sic) was looking to give us a--a  
9 gymnasium there. We're trying to--and that's why the  
10 city is looking is look at it in totality. In other  
11 words, what can we do there? We may have to look  
12 elsewhere. In other words, for certain types of--of  
13 training, but we--we--we're continually looking to  
14 expand that because as we try to expand, all this  
15 very problematic of trying to hire people.

16 COUNCIL MEMBER CABRERA: Absolutely.

17 CHIEF JAMES LEONARD: It--it--it takes us  
18 a lot of time, energy, effort. It's not only--I know  
19 with just--with--even with new ambulances, if I  
20 wanted to add ambulances tomorrow, I--I have to buy  
21 ambulances.

22 COUNCIL MEMBER CABRERA: But--but it's in  
23 the next--in the next dispatcher or I'm sure there  
24 has to be talk regarding the support services that  
25 you mentioned. Is that the--

2 CHIEF JAMES LEONARD: [interposing] But  
3 there--there--there's--

4 COUNCIL MEMBER CABRERA: --reflected in  
5 the quest. (sic)

6 CHIEF JAMES LEONARD: [interposing] --  
7 there's a lot of--there's a lot of talk on--in other  
8 words like I said, we have a--we have--we're not  
9 looking to--to piecemeal with the MS. It's a top  
10 priority. I've been in the Chief of the Department  
11 since November of 2014. Chief Booth has been here  
12 since February of 2015. It's the highest priority.  
13 It's one of the high priorities of the Mayor. It's--  
14 it's--it's a high--extremely high priority of this  
15 Administration with the Fire Commissioner and myself  
16 to have a strategy not just piecemeal, but the--with  
17 our strategies to build out is--takes time to  
18 building the infrastructure. For example, even with  
19 the--the Bronx Tactical Unit that we want to put in,  
20 we have to add trailers at an existing station so  
21 they have the facilities. We to buy ambulances for  
22 them to get up and running, and this is why some of  
23 these things at the same time we are trying to get  
24 ahead, we're experiencing this tremendous growth in  
25

2 the response time of the--I shouldn't say--the  
3 tremendous growth in incidents about EMS--

4 COUNCIL MEMBER CABRERA: [interposing]  
5 That model response time.

6 CHIEF JAMES LEONARD: --response time,  
7 the model response time.

8 COUNCIL MEMBER CABRERA: Yes.

9 CHIEF JAMES LEONARD: I mis--misspoke.

10 COUNCIL MEMBER CABRERA: So, Chief, and  
11 so--so I'm hopeful that at the--at the preliminary  
12 hearings we'll be able to hear how you're going to  
13 come out with a--a plan to address this need. I'm--  
14 I'm going to ask you this question because I really  
15 don't know the answer to this. Is--are there--are  
16 there municipalities throughout the United States  
17 that if the--the ambulance or the EMS is driving they  
18 have the technology that--to turn the light green in  
19 their favor?

20 CHIEF JAMES LEONARD: That has--that has--  
21 --there are--there are technologies throughout the  
22 nation. I--I--I know that because we--we had looked  
23 at if for fire apparatus would that change the  
24 lights? There--there's a lot--a lot of various  
25 issues with that.

2 COUNCIL MEMBER CABRERA: Like what?

3 Like...?

4 CHIEF JAMES LEONARD: In other words,  
5 really I--I know that that MTA had--had experimented  
6 with--with it, too, and they--I think you named, and  
7 I--I don't want to talk about infrastructure of some-  
8 -of another agency. But I don't know if the traffic  
9 signal--signals could support some of that--of that  
10 technology that exists in--in other cities.

11 COUNCIL MEMBER CABRERA: Maybe we could  
12 start. Maybe we could start. We could have a pilot  
13 program, and to go in the business area. I have to  
14 tell you, I--part of my life I lived in California,  
15 and the culture there is when the ambulance is coming  
16 everybody goes to the right. And if you don't go to  
17 the right, you get a ticket. In New York City we  
18 don't have that culture, and we don't have that level  
19 of enforcement, sadly. To be honest with you, I  
20 always get very frustrated, and here's my pet peeve.  
21 I get very frustrated when an--an ambulance is  
22 coming, and they're to get the people to move out of  
23 the way because obviously that could be. That could  
24 have been my child. That could be my grandmother.  
25 That could be somebody I care about. You know,

2 somebody that--that is in desperate need. In light  
3 of that, in light that we don't have the culture and  
4 we don't have the level of enforcement, it was  
5 interesting (sic) that you would--could drastically  
6 possibly drop the response time. Because if the cars  
7 are not moving due to the light, and--and--and the  
8 ambulance would be able to make that judgment call, I  
9 think that that will help your department to be able  
10 to get the resources. You have the resources. It  
11 seems to me that based on what you're relating today  
12 it's getting there on time because of the--and  
13 traffic is a--is only going to get worse in New York  
14 City. I don't foresee that it's going to get better.  
15 I would--I would strongly, strongly suggest that we  
16 will start having a pilot program in these most needy  
17 areas: South Bronx, Western Queens, and there was  
18 another area that was mentioned. That it would seem  
19 to me that that would be at least in those areas, it  
20 would be the logical place to start. And then we  
21 could see, and we can measure the--the result. This  
22 is my last question because I'm sure my colleague has  
23 questions, and my last question is regarding the  
24 bill. I do--I do recall Level 429 that when they get  
25 there it was an 8, it was a 7. Let's say it's a four

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2 or a five, and then all of a sudden it turns into a  
3 one or a two.

4 CHIEF JAMES LEONARD: They, yes, yes,  
5 that does happen.

6 COUNCIL MEMBER CABRERA: Do we have data  
7 on that?

8 CHIEF JAMES LEONARD: Yes, we do.

9 COUNCIL MEMBER CABRERA: We--we do have  
10 data.

11 CHIEF JAMES LEONARD: We--we--we--we  
12 track. They're--they're called upgrades.

13 COUNCIL MEMBER CABRERA: [interposing]  
14 And--and--

15 CHIEF JAMES LEONARD: And when we upgrade  
16 usually it has to do with the dispatcher, and it may  
17 be something, and I'll give you an example. Just one  
18 example where somebody might call up and they're  
19 saying they're feeling well. And it may be a--a  
20 certain segment, and--and the person goes into  
21 cardiac arrest, and they call back now to segment 1-  
22 run, and we immediately upgrade that--that run.

23 COUNCIL MEMBER CABRERA: And we have  
24 that data, actually have that data?

25

2 CHIEF JAMES LEONARD: We--we have that  
3 data, yes.

4 COUNCIL MEMBER CABRERA: Okay. I'm--I'm a  
5 fan of data. I--I, you know, I was a college  
6 professor. I'm into research. It's hard to make  
7 good decisions when we don't have good information.

8 CHIEF JAMES LEONARD: Uh-huh.

9 COUNCIL MEMBER CABRERA: I--it would just  
10 seem to me, um, and I'm--I'm still trying to--I'm  
11 being--having a very open mind about this bill, um,  
12 in both ways. Why having more data will be bad?

13 CHIEF JAMES LEONARD: What we're afraid  
14 of, we want to focus on the life threatening  
15 emergencies 1 to 3. That's--that's--those are people  
16 that most need us and we're--we're afraid that if  
17 this focus say seg--Segment 7 Run or a Segment 8 Run,  
18 even a--9 Run, that we resources would be--would--  
19 people would want to put resources to those--to those  
20 segments, but if we--any additional resources that we  
21 get with--with the units, we want to put all our  
22 resources to the life threatening cause. We're a  
23 life safety organization, and all the--everything  
24 that tells us that we want to get to New Yorkers and  
25 the residents--and the visitors here, if you're

2 having a heart attack we want to get to you as far as  
3 we can.

4 COUNCIL MEMBER CABRERA: But how will  
5 collecting data affect--

6 CHIEF JAMES LEONARD: [interposing] Okay,  
7 I'll--

8 COUNCIL MEMBER CABRERA: --that level of  
9 efficiency.

10 CHIEF JAMES LEONARD: Well, you know,  
11 what, sir, it's just our--our opinion that if--if we  
12 had to--because right now we don't report on--on the  
13 4 to 9s. We report on life threatening data that if  
14 we--if it's--this might be where that we wanted to  
15 fund, you know, where somebody came along and said  
16 well, I want to reduce the--the response time to a  
17 Segment 7-1. So I want to re--I want to fund  
18 additional ambulances for that. Even if we wanted to  
19 do that, we would rather take those numbers and focus  
20 on the life threatening calls the 1 to 3s. So if  
21 somehow the--the basis came well we want to reduce--  
22 oh, I'm sorry, I agree with City Council--  
23 Councilwoman Crowley. We want to reduce our response  
24 times.

25 COUNCIL MEMBER CABRERA: Right.

2 CHIEF JAMES LEONARD: You--you--how--how  
3 fast an ambulance once it gets there if it was you  
4 and it was your mother and it was your sister or your  
5 brother, you want that ambulance there right now if  
6 they were cardiac arrest.

7 COUNCIL MEMBER CABRERA: So how much is  
8 it costing you right now to collect the data for  
9 Level 1 to 3?

10 CHIEF JAMES LEONARD: Do we have--do you  
11 have that? It--it's in house numbers.

12 CHIEF JAMES BOOTH: Yes.

13 CHIEF JAMES LEONARD: In other words,  
14 our--our management is--

15 COUNCIL MEMBER CABRERA: But that's what  
16 I'm saying, I--I don't think, Chief, I don't think it  
17 will cost that much. I don't know if this a cost  
18 analysis or what--

19 CHIEF JAMES LEONARD: Well, in other  
20 words, I--I don't think--in other words the--I don't  
21 think we're talking about a--a cost. We're--we're  
22 worried about is that if the--not in the Fire  
23 Department but outside influences said we want to--  
24 we--we want to reduce the response time to segment 7,  
25 which is a--which is--while it's an emergency the--

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2 and we'll be guided by our doctors, it's a low acuity  
3 emergency--

4 COUNCIL MEMBER CABRERA: [interposing]

5 Okay.

6 CHIEF JAMES LEONARD: --and any monies  
7 that we--we--we--we would hate this scenario that if  
8 they decided to put money to reduce the level 7 call,  
9 that we don't think that that's an official use of  
10 our monies. That we would rather take that--if you  
11 were going to give us an additional monies--

12 COUNCIL MEMBER CABRERA: [interposing]

13 It's not efficient.

14 CHIEF JAMES LEONARD: --we'd rather take  
15 a minute off the--a minute off the, um, the--

16 CHAIRPERSON CROWLEY: With all due  
17 respect to you, if we were to look at a certain  
18 segment because of the information you then were  
19 providing us, we're looking for that information--

20 COUNCIL MEMBER CABRERA: [interposing]

21 Right.

22 CHAIRPERSON CROWLEY: --so we could  
23 discuss how we can respond better to segments.

24 CHIEF JAMES LEONARD: True.

25

2 CHAIRPERSON CROWLEY: But, you giving us  
3 that information doesn't mean that we're going to say  
4 okay, let's put \$10 million in the budget just to  
5 respond better to Segment 7. We want to know how  
6 often that Segment 7 becomes a Segment 1, or what  
7 actually a Segment 7 is, and we deserve to know that  
8 because we certainly know that when you're responding  
9 to a life threatening emergency, it's taking way too  
10 long. So--

11 CHIEF JAMES LEONARD: [interposing]  
12 Correct.

13 CHAIRPERSON CROWLEY: --what is--how long  
14 is taking when you're responding to six, seven,  
15 eight, nine? What are they? Are there times when  
16 people are calling for an ambulance, and they may not  
17 need an ambulance, or they may be better off getting  
18 themselves to a doctor. You see situations like  
19 that, which is wasteful, and we need to know about.

20 COUNCIL MEMBER CABRERA: And if I could  
21 follow up with that quickly, and--and I'll close.

22 CHAIRPERSON CROWLEY: Okay.

23 COUNCIL MEMBER CABRERA: Is that maybe  
24 just like it was mentioned and this came to my mind  
25 earlier, maybe there's an educational piece missing

2 with our constituents as to when they're supposed to  
3 call. What are they supposed to say. I don't think  
4 that we'll be able to truly target--and who are we  
5 supposed to target if we don't that vital  
6 information. I think it's a very low cost, low  
7 maintenance information that could just be given, and  
8 then and I'll give it a try. It's not like in the  
9 upcoming years we're not going to be rolling with a--  
10 with an overflow of funding here. So, I don't think  
11 that that the intentionality, and maybe that's what  
12 needs to be spoken to.

13 CHAIRPERSON CROWLEY: Okay.

14 COUNCIL MEMBER CABRERA: Chief, thank you  
15 so much. Thank you. I--I am a friend of FDNY. I  
16 gave capital funding this year, Toys Ed. I--I--you  
17 know, you guys save lives. Thank you so much. I  
18 appreciate it.

19 CHIEF JAMES LEONARD: Thank you. Thank  
20 you.

21 CHAIRPERSON CROWLEY: And before I  
22 recognize Council Member Vallone for questions,  
23 Chief, I've also heard stories where you have had  
24 response time to maybe Segment 7, 8 or 9 that's taken  
25 upwards of 20 minutes, and when you're averaging it

2 in, it doesn't get included because it's considered  
3 an anomaly. Are there situations where you don't  
4 include--

5 CHIEF JAMES LEONARD: Well, I believe--  
6 why is it that we don't include him?

7 CHIEF JAMES BOOTH: We don't--we don't  
8 have--we--we include all the outliers that are--are  
9 actual long response times. Well, if there's--if  
10 there's a 20-minute call or a 30-minute call, however  
11 many minutes it is, we--we include. Our--our numbers  
12 are our numbers.

13 CHAIRPERSON CROWLEY: Okay, just making  
14 sure. Okay, Council Vallone.

15 COUNCIL MEMBER VALLONE: Thank you, Madam  
16 Chair. Chief, thank you very much. So, not too long  
17 ago out in my district I am lucky enough I guess to  
18 have the training facility at Fort Totten. In  
19 Northeast Queens we have the Police Academy. We  
20 have the Training Facilities. So I was taken on a  
21 nice tour of the facility, and I was actually--  
22 considered myself a pretty good driver, and I said  
23 let me try this simulation that you guys have out.  
24 Jumped into one of the ambulance simulator tests, and  
25 all my driving skills went right out the window

2 because I made it about seven seconds before I  
3 crashed into helicopters and everything that was  
4 flying around. However, being with a seven-year-old  
5 in the house, and that Xbox and everything else, the  
6 technology and these games that my children are  
7 playing are light years above what I was watching on  
8 the screen. So, we need to upgrade, as you were  
9 saying, the infrastructure there. And I think even  
10 though the men and women there were saying that they  
11 technology is very dated. That was not really a good  
12 city street I was driving down. It was like boxes  
13 and things. It was the time has come. So, in a city  
14 that is as demanding as New York City, I--I implore  
15 to look at that, what's being used there, and--and  
16 that has got to go. You know, the--the ambulance  
17 itself was actually depictive of what's going on with  
18 the--with the program. It was nowhere near what  
19 driving experience on a New York City street was  
20 like. So do you have any--you mentioned in your  
21 report the study of the infrastructure at Fort  
22 Totten, and possible a city study that's going on in  
23 Fort--and in possible upgrades. Is there anything  
24 that you can state at this point may be coming to the  
25 training facilities?

2 CHIEF JAMES LEONARD: Um, you know, it  
3 was specifically no because the--the study has not  
4 been done. But my goal I tell everybody as the Chief  
5 of the department that this department has the best--  
6 has the best trained and best equipped and best led  
7 EMTs, paramedics and firefighters that--that money  
8 can buy So, with any help when people make  
9 suggestions, I'm always looking to improve our level  
10 of training. Our people do a remarkable job.  
11 They're highly motivated, but it's our job, my job to  
12 make sure that they're well trained. So we have  
13 suggestions about things. We most definitely look at  
14 them. Specifically about Fort Totten, I know that  
15 right--right now we're looking more at the numbers,  
16 but I'm waiting for that study to be done by the  
17 city.

18 COUNCIL MEMBER VALLONE: Is there any  
19 other training facility besides Fort Totten?

20 CHIEF JAMES LEONARD: Well, we have four--  
21 --we also have--we have a training facility at  
22 Randalls. (sic)

23 COUNCIL MEMBER VALLONE: Is that for EMS  
24 or is that...?  
25

2 CHIEF JAMES LEONARD: Oh, there are  
3 certain things where EMS is--is trained. We're--  
4 we're also--we are looking--we're constantly striving  
5 to do integrated training where--and a variety of--of  
6 areas where firefighters and EMTs can be trained  
7 together. Or facility at--at Fort Totten is strictly  
8 our medical facility. In other words, all our  
9 firefighters go to get their medical training at  
10 Fort--Fort Totten also. So when they're going for  
11 their CFR training, that's where firefighters go,  
12 too. So the--more of the tactical training is--more  
13 of the firefighting training is done at Randalls  
14 Island. Joint training is done there dependent on  
15 what is going on, but Fort Totten is our Emergency  
16 Medical Service Training Academy, and that's where  
17 most of the medical training, new classes for EMTs,  
18 our new classes for paramedics. One of the things  
19 that you saw there, which is an important component  
20 is that the driver training. Part of it is simulated  
21 training, and then they have actual vehicle training.  
22 That--that course is--is a week long. Our training  
23 facility out to the a four (sic). Fire apparatus is  
24 at--is at Randalls Island.

2 COUNCIL MEMBER VALLONE: Do you know if  
3 there's any plans to upgrades those simulators?

4 CHIEF JAMES LEONARD: I--I would have to--  
5 -myself right now no, but I can certainly look into  
6 it, and I will--I will get back to you about that  
7 specific about driver training.

8 COUNCIL MEMBER VALLONE: Well, and I think  
9 that would be a great step.

10 CHIEF JAMES LEONARD: Okay.

11 COUNCIL MEMBER VALLONE: And clearly  
12 there no questioning the men and women that go  
13 through those programs are top notch. I just want to  
14 give them the best possible--

15 CHIEF JAMES LEONARD: [interposing] Yeah,  
16 but so do I--

17 COUNCIL MEMBER VALLONE: --programs that  
18 they can--

19 CHIEF JAMES LEONARD: [interposing] So do  
20 I. So do I.

21 COUNCIL MEMBER VALLONE: --they can do  
22 with that. Now, I mean the fact that you're at Fort  
23 Totten, and you're in our district, I would ask a  
24 personal favor that we have a little bit of a better  
25 conversation as to these services that are happening

2 within the district. For example, as with any  
3 council member no one is happy when a tour is pulled.  
4 You pulled the tour out of Fort Totten, and I found  
5 at it from the news. That is not a good way to go  
6 about keeping the community--

7 CHIEF JAMES LEONARD: [interposing] Well,  
8 I'll--I'll--I'll admit, we--we--we did not do a good  
9 job at that, and we quickly put that tour back. We--  
10 we could--we could have done a much--a much better  
11 job at what we did then, and--and I will take  
12 responsibility for that.

13 COUNCIL MEMBER VALLONE: It--it just  
14 feels we're--we're the neighbors, and we like to  
15 work--we're--we're happy that.

16 CHIEF JAMES LEONARD: [interposing] Yes,  
17 well, I--I fully agree, and I apologize for that.

18 COUNCIL MEMBER VALLONE: I think I got  
19 more phone calls on that.

20 CHIEF JAMES LEONARD: It was--it was--it  
21 was not handled well. I will take responsibility for  
22 it.

23 COUNCIL MEMBER VALLONE: Let and let us  
24 know when it's coming back, too. I mean we want to  
25 be able to--to support and do that. Now, Fort Totten

2 has a lot of problems. You've got historical  
3 buildings there. So--

4 CHIEF JAMES LEONARD: [interposing] Yep.

5 COUNCIL MEMBER VALLONE: --we're going to  
6 have to work with Parks Department. We're going to  
7 have to work with the Army. We have a police  
8 department there. One of my continuing dilemmas is--  
9 is--is working within the confines of Fort Totten  
10 and the limitations that we have there as we try to  
11 give community back--

12 CHIEF JAMES LEONARD: [interposing] Uh-  
13 huh.

14 COUNCIL MEMBER VALLONE: --some access,  
15 too. So some of the expansion that you mentioned  
16 that was within just the Army facility or--?

17 CHIEF JAMES LEONARD: I think what--what  
18 they're talking about, and I--I--I don't want to  
19 misspeak. So I don't want to give you wrong  
20 information that there was with the military with  
21 the--with U.S. Army Reserve there was a certain  
22 building there, and I said I--I don't want to give it  
23 bad information of--of training of--of building with-  
24 -within their site with us where there were inside  
25 their--their facility. I'm not a--I don't want to

2 give you bad information. I can--I'll give you  
3 follow up on that, and tell you exactly what they  
4 were looking at and what we're planning.

5 COUNCIL MEMBER VALLONE: Well, I'd love  
6 to work with you, Chief on trying to look at some of  
7 the buildings there that that could realistically be  
8 upgraded infrastructure wise, and some of those I  
9 think should be turned over because they're beyond  
10 the point.

11 CHIEF JAMES LEONARD: Okay, we--we--we--  
12 we welcome that.

13 COUNCIL MEMBER VALLONE: And I think  
14 there's opportunity there to--to work with all of the  
15 groups there at Fort Totten--

16 CHIEF JAMES LEONARD: Absolutely.

17 COUNCIL MEMBER VALLONE: --and we got a  
18 good plan today.

19 CHIEF JAMES LEONARD: Absolutely.

20 COUNCIL MEMBER VALLONE: The last thing  
21 was how would you feel the--you added 149  
22 dispatchers. So has that changed in any of our  
23 conversations today? Is that a safe (sic)--

24 CHIEF JAMES LEONARD: [interposing] With  
25 the bill it would 149 dispatchers that now we answer-

2 -almost every single call is answered by an Emergency  
3 Medical Dispatcher. I think it was up over 99 plus  
4 percent, and how that affect us now we get better  
5 triage. So very shortly we're also going to be  
6 adding computerized triage. So, now that we are  
7 talking to every patient or person calling for help  
8 that's being answered. Previously it was just sent  
9 through the system, and they call it the relay, and  
10 we wouldn't have a good handle on what we were going  
11 to. So, by having--by having these dispatchers  
12 answer the--the Emergency Medical Dispatcher answer  
13 we will have that. And then we--we hope by a  
14 computer triage that we--we know is these are  
15 efficiencies. But we felt the shortcoming in our  
16 dispatching was our lack of EMS dispatchers, and we  
17 hired 149 of them earlier--earlier last year, and  
18 now--

19 COUNCIL MEMBER VALLONE: [interposing]

20 Well, 99% is a good number.

21 CHIEF JAMES LEONARD: It's a huge number.  
22 It's--it's--it's--

23 COUNCIL MEMBER VALLONE: [interposing] I  
24 remember Chair Crowley at the last hearing was very  
25 upset over the relay process between the actual call

2 coming through, and actually getting it to a  
3 technician. So that that's--it's actually like--

4 CHIEF JAMES LEONARD: It's over 99%. In  
5 other we--as--as--as the Chief of this department I  
6 strive for 100% on everything. That's what I strive  
7 for. I--I may not be able to deliver all the time,  
8 but I think we did pretty good with the 100--with the  
9 funding for the 100 for the dispatchers and that--and  
10 that rate there. For all the--with the snow storm,  
11 we did not miss a single--we did not hold a single  
12 segment 1 through 3 run. They--everyone was  
13 answered, processed and sent out. Like I said, our  
14 strategy is not piecemeal. We want to have a  
15 strategy. We--we agree with you that the--the  
16 numbers need to come down, but it's different--with  
17 the increase in volumes and with the historic levels  
18 of service being asked of us, we need to--we need to  
19 have a strategy to bring it down, and I think we do.  
20 I think we're working. We're--we--we want to embrace  
21 you. We want to work with you to bring these numbers  
22 down. We work very closely with our unions. I--I  
23 took--with--with Izzy (sp?) Miranda and Vinny  
24 Variale, we--I cut them--24/7 I'm available to them.  
25 You can ask them. Vinny and--and Izzy come into my

2 office all the time. The same with--with Chief  
3 Booth. They are a big part of the process of making--  
4 --we want to work together with everybody to make this  
5 the best and most efficient that we can make it.

6 COUNCIL MEMBER VALLONE: Thank you,  
7 Chair, for the moment, and I look forward to working  
8 with you over at Fort Totten.

9 CHIEF JAMES LEONARD: Thank you.

10 COUNCIL MEMBER VALLONE: Please give us  
11 an update.

12 CHIEF JAMES LEONARD: Thank you.

13 CHAIRPERSON CROWLEY: So, Chief, how was  
14 morale. When you worked very closely with the  
15 unions, how was morale for your rank and file teams  
16 coming in today? (sic)

17 CHIEF JAMES LEONARD: [interposing]  
18 Morale in my opinion, which I try to get out to the  
19 field as much as I can. I think morale is pretty  
20 good. I think one of my goals a Chief of this  
21 department is to take a good morale and make it so  
22 much better. I--I am a--even though, you know, as  
23 we--we spot about stats. I'm a stats driven person,  
24 but I'm a people person--

25 CHAIRPERSON CROWLEY: [interposing] No--

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2 CHIEF JAMES LEONARD: -- and it's  
3 important.

4 CHAIRPERSON CROWLEY: --recently there's  
5 been a lot of talk about raises. A lot of city  
6 employees have received raises. Most uniforms have.  
7 Your EMTs and officers they have not.

8 CHIEF JAMES LEONARD: Uh-huh.

9 CHAIRPERSON CROWLEY: In fact, I've heard  
10 from them.

11 CHIEF JAMES LEONARD: Uh-huh.

12 CHAIRPERSON CROWLEY: Putting aside your  
13 union leadership. Recently I head from an officer  
14 that he hadn't seen a raise in over six years.

15 CHIEF JAMES LEONARD: Uh-huh.

16 CHAIRPERSON CROWLEY: That's true? Is it  
17 true?

18 CHIEF JAMES LEONARD: Yeah, because--  
19 right--right now they have not settled their  
20 contract. They're in active negotiations regarding  
21 their contract.

22 CHAIRPERSON CROWLEY: But you work with e  
23 Mayor and the Administration as Chief of the  
24 Department.

25 CHIEF JAMES LEONARD: Yes.

2 CHAIRPERSON CROWLEY: Right.

3 CHIEF JAMES LEONARD: Yes, we do.

4 CHAIRPERSON CROWLEY: And--so why is it  
5 that everyone else just seems to be settling their  
6 contracts and you're not?

7 CHIEF JAMES LEONARD: I--I--I do not have  
8 control. I think that you would have--you would need  
9 to ask, you know, Izzy Miranda and Vinny Variale.

10 CHAIRPERSON CROWLEY: So, it's their  
11 fault?

12 CHIEF JAMES LEONARD: It's not anybody's  
13 fault. It think it's--it's just part the  
14 negotiations. Absolutely nobody's fault.

15 CHAIRPERSON CROWLEY: Right.

16 CHIEF JAMES LEONARD: It's just part of  
17 the process.

18 CHAIRPERSON CROWLEY: I hear very  
19 different about morale. It seems a lot of your EMTs  
20 and paramedics are going to other city agencies, or  
21 even looking to do other things within the Fire  
22 Department because they're not happy being Emergency  
23 Medical Technicians or paramedics. So what is your  
24 turnover rate in comparison to your firefighters?  
25

2 CHIEF JAMES LEONARD: The--the last I  
3 know I was--I was on the--I think it's 14% for--

4 CHAIRPERSON CROWLEY: [interposing] In a  
5 given year?

6 CHIEF JAMES LEONARD: I--I--I have to  
7 verify that, but I understand that it's 14% as  
8 opposed to 4% for the firefighters.

9 CHAIRPERSON CROWLEY: Okay, so not  
10 higher--

11 CHIEF JAMES LEONARD: [interposing] It's  
12 a around--

13 CHAIRPERSON CROWLEY: --and that's in a  
14 given year.

15 CHIEF JAMES LEONARD: In a given year.

16 CHAIRPERSON CROWLEY: Right. So morale  
17 it cannot be too high if you have such a high  
18 turnover.

19 CHIEF JAMES LEONARD: People later--all  
20 our EMTs or paramedics do an unbelievable job.

21 CHAIRPERSON CROWLEY: There was  
22 questioning of their professionalism.

23 CHIEF JAMES LEONARD: It--it--it has not  
24 been my--it has not been my experience that the moral  
25

2 is--is low. It's been my experience, and like I said  
3 I try to get there that morale is good.

4 CHAIRPERSON CROWLEY: Okay. So chief you  
5 said a number of times, the best department better--  
6 better. When you have in every major category a  
7 higher response time, it's not doing better than last  
8 year. Wouldn't you agree?

9 CHIEF JAMES LEONARD: You are correct,  
10 but we are experiencing record--like I said--

11 CHAIRPERSON CROWLEY: [interposing] But  
12 if I--in the need--I--I am a Council member. I'm  
13 representing my constituents.

14 CHIEF JAMES LEONARD: Uh-huh.

15 CHAIRPERSON CROWLEY: Now, they have to  
16 wait longer for help. Is that better?

17 CHIEF JAMES LEONARD: No, it's not, and  
18 it's--

19 CHAIRPERSON CROWLEY: [interposing] And  
20 the Mayor although, you know, you're here--here  
21 getting more money from him, and more resources,  
22 clearly isn't giving enough resources if it's taking  
23 longer. Wouldn't you agree?

24 CHIEF JAMES LEONARD: The resources that  
25 we--

2 CHAIRPERSON CROWLEY: [interposing] It's  
3 either you have resources, do you have enough of  
4 them, and if you have enough of them and response  
5 time is going up, then they're not being managed  
6 efficiently. So do you have enough resources?

7 CHIEF JAMES LEONARD: No, and we are  
8 requesting more resources. I agree with you with  
9 that that we are--we--we need more resources, and our  
10 strategy is to increase resources, but some of the--  
11 some of the issues, as I'm saying before it takes  
12 time. Even if I wanted to add ambulances tomorrow, I  
13 don't have the infrastructure to even do that.

14 CHAIRPERSON CROWLEY: Right. So you have  
15 a high turnover with your rank and file EMTs, and  
16 also with your officers.

17 CHIEF JAMES LEONARD: Uh-huh.

18 CHAIRPERSON CROWLEY: You don't have  
19 turnover. It's not that you don't have turnover with  
20 your officers in the firefighter--

21 CHIEF JAMES LEONARD: I--I don't know  
22 what--

23 CHAIRPERSON CROWLEY: --side of it,  
24 right? You--you have turnover maybe for your entry  
25 level firefighters, but somebody is in there five,

2 ten years, they're spending their career in the  
3 department. That's not happening with Emergency  
4 Medical Services.

5 CHIEF JAMES LEONARD: Uh-huh.

6 CHAIRPERSON CROWLEY: And--and frankly,  
7 the unions are not going to say because they believe  
8 they're advocating. I'm sure you're advocating for  
9 them, but the whole structure of advancing from being  
10 entry level to top management is not structured in  
11 any way similar to that of the Fire Department.

12 CHIEF JAMES LEONARD: One of the things  
13 that--one of the first things--

14 CHAIRPERSON CROWLEY: [interposing] Or  
15 the fire fighting employees are fighting on. (sic)

16 CHIEF JAMES LEONARD: One of the first  
17 things I did when we came in, we doubled the amount  
18 of EMS staff chiefs. And you might say okay we--we  
19 went from three to six. We have plans to further  
20 expand staff and give them a--

21 CHAIRPERSON CROWLEY: [interposing] The  
22 whole process whereby one becomes a chief is entirely  
23 different for firefighters in comparison to your  
24 EMTs.

25 CHIEF JAMES LEONARD: Yes.

2 CHAIRPERSON CROWLEY: Is that fair?

3 CHIEF JAMES LEONARD: That's open for  
4 discussion whether it's fair or not. That's open for  
5 discussion.

6 CHAIRPERSON CROWLEY: [interposing]  
7 Right.

8 CHIEF JAMES LEONARD: I'm a--I'm a  
9 product--

10 CHAIRPERSON CROWLEY: [interposing]  
11 Right. I'm trying to get on why you have so much  
12 turnover. If you're spending so much resources on  
13 training, and you're having EMTs leave the Fire  
14 Department to go work for the Department of  
15 Sanitation or to go work for a private hospital,  
16 you're losing money by training--

17 CHIEF JAMES LEONARD: [interposing] Uh-  
18 huh.

19 CHAIRPERSON CROWLEY: --and not  
20 retaining. So--so--so when you look at the structure  
21 for advancement from regular EMT to Lieutenant to  
22 Caption to Chief, how many promotional exams are  
23 there?

24

25

2 CHIEF JAMES LEONARD: Three's just the--  
3 the one from--from--In other words, well, to be a  
4 lieutenant you have to be a paramedic--

5 CHAIRPERSON CROWLEY: [interposing]  
6 Right.

7 CHIEF JAMES LEONARD: --right now. So  
8 it's--

9 CHAIRPERSON CROWLEY: [interposing] So,  
10 how many are there for the firefighting portion of  
11 the Fire Department?

12 CHIEF JAMES LEONARD: From--from--from  
13 the firefighting and the civil service structure is  
14 lieutenant, captain, battalion chief, deputy. So,  
15 there--there are--

16 CHAIRPERSON CROWLEY: [interposing] And  
17 then if you want to be a fire marshal?

18 CHIEF JAMES LEONARD: Fire marshal is  
19 also a pro--a promotional exam from firefighter.  
20 It's a long time to--

21 CHAIRPERSON CROWLEY: [interposing] It's  
22 one or two. Don't they have officers?

23 CHIEF JAMES LEONARD: And they all--they--  
24 --they also have--their--their test is the first level  
25

2 supervisor fire marshal is a promotional attend--  
3 exam. They--they--

4 CHAIRPERSON CROWLEY: [interposing] Does  
5 the department have any plans to do the same for the  
6 Emergency Medical Services Department within the  
7 department?

8 CHIEF JAMES LEONARD: At the present time  
9 no, but I'm saying we are open to that discussion.

10 CHAIRPERSON CROWLEY: But hasn't the--the  
11 federal government, Department of Homeland Security  
12 questioned your structure and your span of control in  
13 emergencies? What are--

14 CHIEF JAMES LEONARD: [interposing] The--  
15 the span--

16 CHAIRPERSON CROWLEY: --when they look at  
17 the Medical Services portion?

18 CHIEF JAMES LEONARD: The span of control  
19 at emergency operations, which spans from 3 to 7 is  
20 consistent with--at Emergency Operations. We have  
21 effective span of control at Emergency Operations.

22 CHAIRPERSON CROWLEY: You do for your  
23 firefighting, but--

24 CHIEF JAMES LEONARD: [interposing] Well,  
25 so for our--our EMTs also.

2 CHAIRPERSON CROWLEY: So how many  
3 lieutenants do you have for every EMT?

4 CHIEF JAMES LEONARD: How many  
5 lieutenants do we have every EMT?

6 CHIEF JAMES BOOTH: It's going to be 426  
7 lieutenants--I'm sorry, ma'am. There's currently 426  
8 lieutenants at headcount, and there's 2,477 EMTs, 862  
9 medics.

10 CHAIRPERSON CROWLEY: Say that again.  
11 How many EMTs are there?

12 CHIEF JAMES BOOTH: 2,477, ma'am, 862  
13 medics, 427 lieutenants and 70 captains.

14 CHAIRPERSON CROWLEY: So your span of  
15 control at any given time is what for EMTs to  
16 Lieutenants?

17 CHIEF JAMES BOOTH: The span of control.  
18 All right, so you want me to answer that?

19 CHIEF JAMES LEONARD: No, you finish.

20 CHIEF JAMES BOOTH: The--the span of  
21 control is Chief, and an it says when the incident  
22 requires the span of control. It expands and  
23 contracts with the needs of the incident.

24 CHAIRPERSON CROWLEY: On any given tour,  
25 what is your span of control?

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2 CHIEF JAMES BOOTH: Oh, I'm sorry, ma'am.  
3 The number of supervisors per tour?

4 CHAIRPERSON CROWLEY: Uh-huh. Just if  
5 you have one supervisor how many EMTs.

6 CHIEF JAMES BOOTH: There's 38 conditions  
7 cars on the street right now. So there's 39  
8 lieutenants in the field right now, and approximately  
9 five deputy chiefs.

10 CHAIRPERSON CROWLEY: So 38 lieutenants,  
11 and how many tours. There have been 945 tours for  
12 the 38?

13 CHIEF JAMES BOOTH: That's for 24-hour  
14 coverage. It's just 38 consistent, day or evening.

15 CHAIRPERSON CROWLEY: So 38 to ratio to  
16 945?

17 CHIEF JAMES BOOTH: Yes.

18 CHAIRPERSON CROWLEY: That--that's not a  
19 span of control.

20 CHIEF JAMES LEONARD: No, no, no, that's-

21 -

22 CHIEF JAMES BOOTH: [interposing] That's  
23 38--

24

25

2 CHIEF JAMES LEONARD: --that's not  
3 correct because it would be 38--it would 38 times 3  
4 then.

5 CHIEF JAMES BOOTH: 38 times 3.

6 CHIEF JAMES LEONARD: So 38 times 3 would  
7 be what? 117 if I--my math is correct, 38 times--38-  
8 -30--38 times how much? I'll defer to you, okay. I  
9 didn't good in math in school. Okay.

10 CHAIRPERSON CROWLEY: So--so your span of  
11 control is roughly 1 to 10 or 1 to 9, and you have  
12 945 tours--

13 CHIEF JAMES LEONARD: [interposing] What-  
14 -what--

15 CHAIRPERSON CROWLEY: --and that's 115.  
16 That would be 1 to 9.

17 CHIEF JAMES LEONARD: But not at the  
18 scene of emergencies. At the scenes of emergencies  
19 we make sure we are consistent with that national  
20 standards of 3 to 7. You're--you're talking over--

21 CHAIRPERSON CROWLEY: [interposing] I  
22 don't know. I feel every time you respond you're  
23 responding to emergency, whether it's a fire  
24 emergency or a medical emergency there--where--the  
25 words in your title even, you know, I understand you

2 have different segments with all emergencies. So,  
3 right? I--but I get.

4 CHIEF JAMES LEONARD: Okay.

5 CHAIRPERSON CROWLEY: You're sending more  
6 lieutenants to a higher segment call. There's are--  
7 in--in other words, I want to increase more  
8 lieutenants. We have a plan. I want to increase  
9 people at all ranks in our core.

10 CHAIRPERSON CROWLEY: [interposing] I  
11 think that it would be a better department if the  
12 same amount of respect was given to the Medical  
13 Services portion in terms of advancement and  
14 promotion, and if somebody has the opportunity to  
15 become a chief in EMS, they should do it by taking a  
16 promotional exam just as you would in the  
17 firefighting part of the department. So hopefully,  
18 you'll be able to work that out with your contract  
19 negotiations, and hopefully your EMTs and you  
20 officers will get a raise soon. Now, although, you  
21 know, a lot of numbers were thrown around about the  
22 increase in the amount of budget the Mayor is giving  
23 to EMS services, what we've failed to discuss is the  
24 amount of cost recovery that comes from billing. and

2 what the true actual cost is to run an ambulance tour  
3 in the city. And that's what I'd like to know.

4 CHIEF JAMES LEONARD: Do you have those  
5 numbers right here?

6 CHIEF JAMES BOOTH: I don't have that  
7 with me.

8 CHIEF JAMES LEONARD: We--we have to get--  
9 --I--I do not know that number right now. We would  
10 have to get back to you with those numbers?

11 CHAIRPERSON CROWLEY: It's all about  
12 efficiency, and if you're--

13 CHIEF JAMES LEONARD: I--I agree.

14 CHAIRPERSON CROWLEY: If we're trying to  
15 bring down the response time to a more manageable  
16 number--

17 CHIEF JAMES LEONARD: [interposing] Uh--  
18 huh.

19 CHAIRPERSON CROWLEY: --then we should  
20 know what it costs to run a tour.

21 CHIEF JAMES LEONARD: We have--we have  
22 that number. I just don't know it right now, and I'd  
23 be happy to get it for you. I--I don't want--I--I  
24 would be even available to speculate on it, but I  
25 know that we do have those numbers.

2 CHAIRPERSON CROWLEY: Uh-huh. So I asked  
3 this question earlier, but I did not receive the  
4 response, which I'm just looking for a basic number.  
5 What is a good number to strive for EMS services when  
6 they're responding to a life threatening emergency?  
7 If currently it's 9 minutes and 22 seconds--

8 CHIEF JAMES LEONARD: [interposing] Uh-  
9 huh.

10 CHAIRPERSON CROWLEY: --and that's  
11 citywide average, and if you're living in Queens more  
12 half than the amount of time you're going to wait  
13 longer than 10 minutes. Too bad for me living in  
14 Queens because if I was living in Manhattan, it would  
15 only be about 9 minutes. So what's fair? What's a  
16 fair amount of time? Is it fair to the people in  
17 Queens if they have to wait on average at least a  
18 minute longer than the people in Manhattan?

19 CHIEF JAMES LEONARD: I--I--I would want  
20 to speculate on what is--is the number, but I need--I  
21 know that the number needs to go down with--with  
22 that. But I just would not be--I would not be  
23 comfortable with giving you a--a number other than to  
24 say I agree that--that services need to improve and  
25 we need to reduce response times. And everything I--

2 we would--we are trying. That's where we come up  
3 with a strategy to--to reduce this response time.

4 CHAIRPERSON CROWLEY: There was a  
5 question about red light preemptions.

6 CHIEF JAMES LEONARD: Uh-huh.

7 CHAIRPERSON CROWLEY: There are some  
8 cities where Emergency Response is able to control  
9 the traffic lights. Have you looked into that, and  
10 is there a way that we could help our ambulance our  
11 fire apparatus to be able to do that?

12 CHIEF JAMES LEONARD: In other words,  
13 the--the only reason I know about is it would be--in  
14 one of my former jobs I was the Division A Commander  
15 of Staten Island, we had looked into those about ten  
16 years ago about traffic preemptive devices, and it  
17 just didn't seem workable. Right now of what I--I  
18 know we are not looking at it, but like I said, we  
19 will--we would be willing to look at that--those  
20 issues of traffic preemption, and is it--is it  
21 something that would work. We would need to work  
22 with, you know, our partner agencies at the  
23 Department of Traffic with NYPD how things would be--  
24 would be effective.

25 [pause]

2 CHAIRPERSON CROWLEY: Just to clarify,  
3 with response time, there a--a doctor here.

4 CHIEF JAMES LEONARD: Uh-huh.

5 CHAIRPERSON CROWLEY: So, if I'm in  
6 cardiac arrest--a lot of your calls are that--

7 CHIEF JAMES LEONARD: [interposing] Uh-  
8 huh.

9 CHAIRPERSON CROWLEY: --somebody is  
10 either choking or can't breathe or their heart stops  
11 working. How often--how--how long can you wait  
12 before--

13 DR. GLENN ASAEDA: [interposing] Well--

14 CHAIRPERSON CROWLEY: --you have a--a  
15 paramedic go and help?

16 DR. GLENN ASAEDA: You know obviously  
17 when go into cardiac arrest, the sooner that we can  
18 get any resources to you the better. Now, obviously  
19 for that reason we have public access fibrillation in  
20 some places. The more people that are trained in  
21 CPR, that would actually give you a better chance if  
22 you're on cardiac arrest. The type of arrests also  
23 would determine whether you ultimately will survive  
24 or not. As you look at some of the statistics  
25 throughout the country atrial (sic) Fibrillation when

2 the heart is quivering is the best chance for  
3 survival, and that's why these AEDs all you to--to--  
4 to be defibrillated and to convert you back--

5 CHAIRPERSON CROWLEY: [interposing]  
6 Sorry, if you were with your medical experience, if  
7 you were to build the department with a response  
8 time, what would be the optimum amount of time that  
9 you would you strive for? How many minutes do you  
10 have when you're in cardiac arrest before you go  
11 brain dead?

12 DR. GLENN ASAEDA: Four to six minutes--

13 CHAIRPERSON CROWLEY: Four to six  
14 minutes.

15 DR. GLENN ASAEDA: --is what the American  
16 Heart Association reports before you get brain  
17 damaged.

18 CHAIRPERSON CROWLEY: Okay, four to six  
19 minutes.

20 DR. GLENN ASAEDA: But again, it's basic  
21 CPR now, and really the push has been from the  
22 American Heart Association based on their standards  
23 to not do the advanced life support, but the CPR  
24 compression, and our fire apparatus getting there as

2 quickly as possible. They're trained not only in CPR  
3 but also in defibrillating.

4 CHIEF JAMES LEONARD: An--and we also,  
5 too when we triage our dispatchers we'll give  
6 instructions to that--to that person who is calling  
7 about CPR with that. That's part of it. So in other  
8 words, what--what the doctor is saying we're looking  
9 for public support, public training in CPR. The  
10 application of defibrillators in all sorts of venues  
11 now with also our dispatchers talking to people.  
12 Hopefully, we can talk them through CPR.

13 CHAIRPERSON CROWLEY: All right. [pause]  
14 So, last year in your testimony, Chief, you mentioned  
15 the 45 additional tours. You're operating your 45  
16 additional tours. You don't know how many additional  
17 tours you're running on overtime, but that works the  
18 way through one. (sic)

19 CHIEF JAMES LEONARD: [interposing] Well,  
20 it--it--it fluctuates. There's--there's many times  
21 that Chief Booth will--will call me up and say  
22 listen, a lot of conditions don't look good--too good  
23 tonight. We're going to put additional units on.  
24 They--they--

2 CHAIRPERSON CROWLEY: [interposing] No,  
3 I--I was told differently. I was told that on any  
4 given day you're just trying to maintain the level of  
5 service, and in order to do that, in order to keep  
6 your response times to around 10 minutes, you're  
7 running tours on over time every single day?

8 CHIEF JAMES LEONARD: Well, absolutely  
9 because--

10 CHAIRPERSON CROWLEY: [interposing]  
11 Right, and do you--but you don't know how many tours  
12 you're running on overtime.

13 CHIEF JAMES LEONARD: But it--it--

14 CHAIRPERSON CROWLEY: [interposing] It's  
15 just in terms of budget it's better for us to know  
16 how many tours you're running on overtime so we could  
17 plan for those to go on straight time because you  
18 obviously need them. And rather than spend money on  
19 time and a half overtime--

20 CHIEF JAMES LEONARD: [interposing] Uh-  
21 huh.

22 CHAIRPERSON CROWLEY: --you could just  
23 save money, and possibly even get more tours for the  
24 same amount of money.

2 CHIEF JAMES LEONARD: We--I--I agree with  
3 you that even--even with fire apparatus every day  
4 dependent on our--our shortage. As, you know, we are  
5 short firefighters right now. So, to--we have then a  
6 demand for firefighters. The same with the--with the  
7 ambulances. If we are short due to medical needs,  
8 vacation leaves, injuries, various things, we--we  
9 have to keep that ambulance on the street. We're not  
10 going to close. If--if we're--we're in change--

11 CHAIRPERSON CROWLEY: [interposing] Oh,  
12 that' wasn't the--that's not my question. It's not  
13 about manning the tours.

14 CHIEF JAMES LEONARD: I think staffers--  
15 staffers. Okay.

16 CHAIRPERSON CROWLEY: It's about  
17 including the additional tours in so you could keep  
18 your response times within 10 minutes because that's  
19 what it looks would do it.

20 CHIEF JAMES LEONARD: Yeah, exactly. We  
21 do--

22 CHAIRPERSON CROWLEY: [interposing] So  
23 that's a lot--a lot different than just having your  
24 945 tours. Right now, you're likely operating 25

2 additional to 50, 25 to 50 because I'm hearing that  
3 just in the Bronx and Queens.

4 CHIEF JAMES LEONARD: No, not--not that  
5 many. I can get you the exact figures, but yeah  
6 sometimes we--

7 CHAIRPERSON CROWLEY: [interposing] I  
8 know but we are having a hearing on response times,  
9 right? We're in agreement there.

10 CHIEF JAMES LEONARD: [interposing] I--  
11 and I--and I apologize for not having the exact  
12 figures on overtime. Yeah, but we want to provide a  
13 certain level of service to the public--

14 CHAIRPERSON CROWLEY: [interposing] Okay.

15 CHIEF JAMES LEONARD: --and if we feel  
16 that it's necessary to hire people and put them on  
17 overtime so we can look at that, yeah, we--we--we  
18 certainly do. And if we feel that we need to put an  
19 additional five units or an additional 10 units to  
20 serve the people of the city, we absolutely do that.  
21 You are 100% correct.

22 CHAIRPERSON CROWLEY: In your testimony  
23 the 45 tours clearly were not enough if your response  
24 time went up, right. And in your testimony, you're  
25

2 not talking about more tours, or the need for more  
3 tours.

4 CHIEF JAMES LEONARD: Oh, yes we are.

5 CHAIRPERSON CROWLEY: How many more tours  
6 do you need?

7 CHIEF JAMES LEONARD: With--with--that's--  
8 --that's a function right we're trying evaluate, we're  
9 constantly evaluating. Like--like I said with the--  
10 with the tours on of the issues we had even with--  
11 with putting the tours out is where can we put these  
12 tours physically as far the--the station. That in  
13 other words, could we put out-- Like I stated--stated  
14 before, we don't even have the vehicles that in other  
15 words it takes us. We have orders in for vehicles.  
16 We want to increase vehicles. We--we have plans to  
17 put captains out on--on the street, but we--we have a  
18 request in for more vehicles. So that's--that's why  
19 I'm trying to just to safety. If I had the people  
20 and I had those ambulances, most definitely we would  
21 put them out, and it's a--and it's a constant--

22 CHAIRPERSON CROWLEY: Well, we're--we're  
23 budget people. We need to know how many more EMTs  
24 and paramedics you need, how many more ambulances,

2 how many more stations, and--and to what level that  
3 will bring the response time in--into a responsible--

4 CHIEF JAMES LEONARD: [interposing] Okay,  
5 and--and--and I--I--and we constantly are evaluating  
6 that. That's why--that's why--

7 CHAIRPERSON CROWLEY: [interposing] But  
8 it's constantly going up. It's two years into this  
9 Administration--

10 CHIEF JAMES LEONARD: [interposing] What  
11 it is, I--I--

12 CHAIRPERSON CROWLEY: --and it's--it's  
13 going up, up, up, and it's not becoming better.  
14 It's--it's become worse if you're somebody in need.  
15 It's taking longer.

16 CHIEF JAMES LEONARD: Okay.

17 CHAIRPERSON CROWLEY: And that's it. I--I  
18 don't have any more questions. How about you?

19 COUNCIL MEMBER VALLONE: I don't.

20 CHIEF JAMES LEONARD: No. I want to  
21 thank the Administration for being here, Chief  
22 Leonard and various representatives from the Fire  
23 Department. I know that you know that you need more  
24 resources, and you would like more resources, and I  
25 will do what I can to--to negotiate with the

2 Administration, but we clearly need to do better on  
3 response times.

4 CHIEF JAMES LEONARD: Well, we thank you  
5 for your support, and Mr. Councilman Vallone, we  
6 thank you for your support. Thank you.

7 [background comments, pause]

8 CHAIRPERSON CROWLEY: Thank you again to  
9 the Administration. Next, I'm going to call up two  
10 representatives from the unions, Vincent Variale,  
11 President of Local 3621, Uniformed EMS Officers  
12 Union; Israel Miranda, Uniformed EMTs and Paramedics.

13 [background comments, pause]

14 VINCENT VARIALE: Yeah, that's what I've  
15 known. We're used to that. [laughs] Plus I've done  
16 their assessment. (sic) Okay. [laughs]

17 CHAIRPERSON CROWLEY: So, you can be in--  
18 whoever wants to go first.

19 VINCENT VARIALE: Izzy, I assess that you  
20 should tell me everything. All right, I'll go first  
21 I guess. Good afternoon, Chairwoman Elizabeth  
22 Crowley and distinguished members of the City  
23 Council. My name is Vincent Variale. I'm President  
24 of Local 3621 the Uniformed EMS Officers Union  
25 representing 500 EMS lieutenants and captains of the

2 New York City Fire Department. I thank you for the  
3 opportunity for me to testify here today. The EMS  
4 Bureau of the FDNY has an abundance of programs and  
5 contingency plans to address many emergency  
6 scenarios. However, the ability to adequately  
7 implement these contingencies has historically been  
8 severely lacking. In the recent budget, the Mayor  
9 has provided support for EMS pilot programs and  
10 modest increases to head count, and the number of  
11 ambulances in the field. While the support is  
12 appreciated, it falls short of the funding required  
13 to reduce response times to an acceptable level.  
14 Only the appropriate staffing level would make it  
15 possible to achieve the goal of improving the span of  
16 control, and reducing response times. The Advanced  
17 Paramedic Response Unit also known as the PRU, or Fly  
18 Car is an example of a program that could provide a  
19 reduction in response time, and improve delivery of  
20 pre-hospital medical care to the public. This year  
21 marks the 20th anniversary of the EMS merger into the  
22 Fire Department. I sincerely appreciate the support  
23 and leadership provided by Mayor de Blasio,  
24 Commission Daniel Nigro and the Chief of the  
25 Department James Leonard. They have demonstrated

2 genuine concern for the issues that would improve the  
3 quality of life for EMS personnel, and the services  
4 provided to the people of this city. However, prior  
5 to their arrival, there were many years of neglect,  
6 and that negative--negatively impacts the services  
7 even today. One issue that has received virtually no  
8 improvement is the implementation of a genuine career  
9 ladder including civil service exams. When EMS  
10 worked on the Health and Health Corporations, there  
11 were many job opportunities for members interested in  
12 the science of emergency medicine. We have civil  
13 service exam for lieutenant and captain. Today, we  
14 have only one civil service exam for lieutenant and a  
15 make believe promotion to firefighter. In the EMS  
16 the rank of lieutenant is the first and only civil  
17 service rank. All other emer--EMS officers titles  
18 such as Captain, Deputy Chief and Division Chief are  
19 chose by the good old boys club. There is no  
20 competency exam or civil service protection for these  
21 titles. Therefore, these officers have their  
22 decision making ability impaired by fear of reprisal  
23 or retaliation. The constant trepidation in good--is  
24 a good incentive to maintain the status quo even if  
25 you're maintaining the status quo endangers the lives

2 of lives of EMS providers and the public. The  
3 resolution to correct the system institutionalized  
4 command failures left over from the previous  
5 administration is to establish civil service testing  
6 for all ranks in FDNY EMS. This will ensure that the  
7 most qualified personnel are promoted to the  
8 positions of authority, and then their decisions can  
9 be based on given situation and not the hope of a  
10 promotion. The promulgation of civil service exam  
11 will provide a clearly yearly delineated command  
12 structure from incident command scene to overall  
13 command operations, which will ensure a safer city  
14 through an efficient and competent EMS command. I  
15 thank you--I thank you and I'm available for any  
16 questions you may have. Thank you.

17 ISRAEL MIRANDA: Good afternoon. Good  
18 afternoon Committee Chair Crowley and all the  
19 distinguished committee members of the Fire and  
20 Criminal Justice Committee. I thank for the  
21 opportunity to testify before you today. My name is  
22 Israel Miranda. I am the President of the Uniformed  
23 EMTs, Paramedics and Inspectors of the FDNY  
24 representing the 4,000 members of Emergency Medical  
25 Command. The members of EMS Command are the first

2 line of defense when responding to natural disasters

3 or terrorist attacks. Besides these

4 responsibilities, they also respond to an average of

5 4,000 emergency 911 calls a day. The men and women

6 at the EMS command are the most highly trained

7 professional group of pre-hospital care providers in

8 the nation. It was reported over a year ago that we

9 have responded to about 1.6 million emergency calls.

10 But as New York City expands in population of

11 visitors so does our call volume. We are expected to

12 respond to at least 1.7 million emergency calls this

13 year. The purpose of my testimony today is not to

14 level harsh criticism on our City Administration or

15 our current Fire Administration. The problem we

16 currently are faced with were masked and neglected by

17 the previous City Hall Administration and our Fire

18 Department leadership. We all understand their early

19 pre-hospital intervention or decreased mortality in

20 many different areas. The Vision Zero Initiative is

21 enhanced by rapid response to treat the injured

22 pedestrians as early intervention negates the death,

23 spiraled softly by recent (sic) trauma victims.

24 Rapid response and early intervention would decrease

25 cardiac mortality as life saving drugs where they're

2 administered early save lives and enhance quality of  
3 life after the incident. Rapid response and early  
4 intervention to gun shots and stabbings also make a  
5 difference in survival rates as it prevents the sole  
6 victims from becoming homicide statistics. The  
7 members of the FDNY EMS Command take their vision--  
8 their--their vital mission very seriously, which is  
9 why they're employed to help us save lives. The  
10 Union is grateful to our current City Hall  
11 Administration for recognizing the needs to increase  
12 our future budget resources to thrive for more--for  
13 new ambulances and personnel. Our current Fire  
14 Commissioner and our Administration have worked  
15 tirelessly with the union to identify present  
16 productivity initiatives to enhance the delivery of  
17 pre-hospital services. We look forward to continuing  
18 to work with them to achieve our common mission. In  
19 closing, we need the City Council's help to continue  
20 to provide the best free hospital care to our  
21 citizens and visitors. This can only be achieved by  
22 expanding our EMS Command resources. This is the  
23 only true way to bring down response times while  
24 maintaining the high quality of care that our  
25 citizens and visitors deserve. We need more for the

2 ambulances, and we need more for the personnel. We  
3 need your help. We need your help. Thank you. I'll  
4 answer any question if you have any.

5 CHAIRPERSON CROWLEY: Both in your  
6 testimony both of you referenced the Administration,  
7 and in a way that you were grateful for the work that  
8 you're doing together. But, my frustration is with  
9 the sheer numbers, and that--that's what New Yorkers  
10 care about, and when it takes longer for your members  
11 to get to an emergency, it becomes a problem, and I  
12 want to know-- We--we need to know better. It's--  
13 it's not just blind tours--tours. The department  
14 didn't--doesn't have a good handle on the number of  
15 tours. It seems that they don't even know how many  
16 they're running on overtime in any given day on any  
17 given day. Do you know how many the department is  
18 running on overtime?

19 ISRAEL MARTINEZ: No, I don't, but I do  
20 concur with you that they are running a certain  
21 amount of units on overtime. We look at it from the  
22 union in a different just perspective. I look at it  
23 from the members' view, which is--may not be the same  
24 as a manger's view. And the bottom line is that we  
25 understand that for many years we've been doing more

2 with less. But as this call volume continues to  
3 rise, you--you have to give more to the resources to  
4 be able to provide. Our members are professionals.  
5 They really love what they do. They want to get--

6 CHAIRPERSON CROWLEY: [interposing] Well,  
7 I have no question about that.

8 ISRAEL MARTINEZ: --they want to--they  
9 want to get there. They want to get there. They  
10 want to get there sooner. They want to be there  
11 first, and they want to make a difference. And  
12 that's why I'm here today to ask for your support. We  
13 need more Fire Department ambulances. We need more--  
14 we need more EMS personnel, and that's the only true  
15 way to bring down response times.

16 VINCENT VARIALE: I would like to say I--  
17 I--I understand, and you have obviously noticed that  
18 the tone of what we are reporting to hear today or  
19 testifying to today is a better tone as far as this  
20 Administration, the Mayor, the Commissioner and the  
21 Chief of the Department, and there's a reason for  
22 that. The prior Administration did absolutely  
23 nothing. They neglected us completely. The current  
24 Administration at the very least acknowledges that

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2 there is a problem, and they have done some things to  
3 try to make it better.

4 CHAIRPERSON CROWLEY: [interposing] We  
5 still--no we don't have a contract. (sic)

6 VINCENT VARIALE: I agree. I'm not  
7 saying--

8 CHAIRPERSON CROWLEY: [interposing]  
9 They're the ones (sic) who always to me that they  
10 don't have a contract.

11 VINCENT VARIALE: I agree. They--I'm not  
12 saying everything is all absolutely peaches and cream  
13 and everything is great. But I'm saying more needs  
14 to be done--

15 CHAIRPERSON CROWLEY: [interposing] It's  
16 not--

17 VINCENT VARIALE: --in order to get to  
18 that.

19 CHAIRPERSON CROWLEY: --because--because  
20 the numbers are worse than they were--

21 VINCENT VARIALE: [interposing] But--

22 CHAIRPERSON CROWLEY: --during the  
23 Bloomberg Administration.

24 VINCENT VARIALE: Correct.

25 CHAIRPERSON CROWLEY: They're worse.

2 VINCENT VARIALE: But comparison to the  
3 past we were completely ignored.

4 CHAIRPERSON CROWLEY: [interposing] I get  
5 that relationship there.

6 VINCENT VARIALE: Now there is some--  
7 there is some cooperation, but you're right. You're  
8 absolutely right. There's more--we need additional  
9 resources. We need additional staffing. We need a  
10 contract, a good contract. Not just any contract,  
11 and we need civil service exams to create a career  
12 ladder to--to help EMS grow and better--

13 CHAIRPERSON CROWLEY: [interposing]  
14 Right, right.

15 VINCENT VARIALE: --provide services to  
16 the city.

17 CHAIRPERSON CROWLEY: [interposing] Now--

18 VINCENT VARIALE: I totally agree with  
19 that.

20 CHAIRPERSON CROWLEY: The Chief gave some  
21 rough numbers on turnover. So, do you think that  
22 those numbers are accurate? Is there a 14% turnover,  
23 or is it higher?

24 VINCENT VARIALE: I wouldn't be surprised  
25 if that was a little higher, but yeah that's about--

2 we have a high turnover rate in EMS. There's no  
3 doubt about .

4 ISRAEL MARTINEZ: Well, I'll leave you  
5 with this thought right here--

6 CHAIRPERSON CROWLEY: [interposing]  
7 You're not going to answer any more questions?  
8 [laughs]

9 ISRAEL MARTINEZ: No, not at all. I  
10 would never do that to you. Fifty percent of our  
11 members are less than five years. About 71% of our  
12 members are less than ten years. They weren't even  
13 here on 9/11. So that will give you a picture of the  
14 turnover.

15 VINCENT VARIALE: We have members who had  
16 15 years on the job in EMS who left to go to  
17 Sanitation. How do you leave in the middle of your  
18 career basically to go to Sanitation? You know,  
19 that's just--just a side issue for any--

20 CHAIRPERSON CROWLEY: [interposing]  
21 Well, I'm not going to comment on that, which is--

22 VINCENT VARIALE: [interposing] That's--  
23 no I'm not saying against Sanitation. I'm saying  
24 you--you investing 15 years of your life into this,

2 and now you're leaving to start over in a different  
3 profession is my point.

4 CHAIRPERSON CROWLEY: Yeah, right.

5 VINCENT VARIALE: It's not anything  
6 against Sanitation. It's--it's about you're starting  
7 over in a whole new profession altogether because we  
8 do not--we make tens of thousands of dollars less  
9 than other emergency services, and we don't have a  
10 career ladder in EMS. That's the reason why they're  
11 unhappy, and that's the reason why morale is so low.  
12 Six years without a contract will certainly do that,  
13 too. [laughs]

14 CHAIRPERSON CROWLEY: Well, how do you  
15 feel about the current plan to do these Fly vehicles?

16 [background comments]

17 CHAIRPERSON CROWLEY: I mean I'd like to  
18 hear. I heard you speak about them in your  
19 testimony, and like to see here what Izzy has to say  
20 about this.

21 ISRAEL MARTINEZ: Sure. I think it's a  
22 good idea. It was tried back in 1995-96 a different  
23 type of model. I thought it was pretty successful.  
24 The other things that they did at that time probably  
25 were not successful that went with it. But that

2 alone is not going to bring down response times. You  
3 know, it's like a--

4 CHAIRPERSON CROWLEY: [interposing] I may  
5 bring--could it possibly bring them down  
6 artificially?

7 ISRAEL MARTINEZ: It--it's like bringing  
8 or putting a Band-aid on a laceration. You know, you  
9 need to wrap it. Well, you need more than just a  
10 Band-Aid. I think it will help, but I think until we  
11 get more resources, more ambulances, and more EMTs  
12 and paramedics in the field, that will be the way to  
13 bring down the response time.

14 CHAIRPERSON CROWLEY: Okay, right.  
15 [pause] Can you speak to what the Administration said  
16 about the span of control? They believe that they're  
17 in a good span of control right now in terms of rank  
18 and file to the management.

19 VINCENT VARIALE: Well, the span of  
20 control has improved somewhat because they--they may  
21 have had an actual officer. I believe it's about 24  
22 to 30 officers. However, that number is--is starting  
23 to go higher. We still need--we used to have our  
24 span of control 1 in 20. I believe we're probably  
25 down to about 1 in 15 now. I think the span of

2 control they were talking about is on the scene of an  
3 actual mat--Multiple Casualty Incident, an MCI, a  
4 fire or so forth. But, the span of control doesn't  
5 just go to major incidents as it goes to all general-  
6 -generality throughout the city, officer to EMT and  
7 paramedic ratio. So when you look at that, the ratio  
8 is probably 1 in 15 or 1 in 16 per officer. Besides,  
9 we have some work--more work that needs to be done in  
10 that area. We are in negotiations--

11 CHAIRPERSON CROWLEY: [interposing] They  
12 were saying their span of control is more 1 to 8.

13 VINCENT VARIALE: No, that's--that's--  
14 that's not correct. It's--it's probably more 1 in 15  
15 or 1 in 14 around there. Again, I think that we can  
16 negotiate, and we are in the process of negotiations  
17 now for possible working changes that could help fix  
18 the span of control problem.

19 ISRAEL MARTINEZ: I do agree with Vinny.  
20 We need more supervisors definitely. I think that  
21 would help with the turnaround issues at the  
22 emergency room, and we're dealing with issues in the  
23 field, and making sure that our units are used  
24 wisely. So I do agree with the span of control. We  
25 need more supervisors.

2 CHAIRPERSON CROWLEY: When the Chief  
3 answered a question about your members using their  
4 Smart Phones, he said it wasn't against the  
5 department policy. Is it against the department  
6 policy?

7 VINCENT VARIALE: Okay, Izzy.

8 ISRAEL MARTINEZ: In the Operating Guide  
9 there's something, there is language about using your  
10 cell phones, but they really don't enforce that much.  
11 But, you know, I don't want to somebody--

12 CHAIRPERSON CROWLEY: [interposing] If  
13 this the guide, it's against the policy. So it's  
14 against the policy.

15 ISRAEL MARTINEZ: No, I don't say it.  
16 The Operator Guide. That's correct.

17 CHAIRPERSON CROWLEY: That's the answer.

18 ISRAEL MARTINEZ: I don't want anybody  
19 using their phone and driving an vehicle at the same  
20 time.

21 CHAIRPERSON CROWLEY: So what is your--  
22 there should GPSs in the vehicles.

23 VINCENT VARIALE: I agree. There should  
24 be a GPS in the vehicle.

2 CHAIRPERSON CROWLEY: I can recognize  
3 that Council Member Rory Lancman for questions.

4 [pause]

5 COUNCIL MEMBER LANCMAN: Good afternoon,  
6 guys. I just want to clarify my understanding of  
7 your position on the--the Fly vehicles, the Fly Cars.  
8 The--the--the Mayor's Office, the Fire Department's  
9 position is that, as I understand it, if they've got  
10 those Fly Cars where the paramedics are showing up in  
11 a car instead of a full ambulance that will leave  
12 that ambulance available for other calls, and will  
13 have the effect of reducing response times. I mean  
14 assuming that I understand their argument and if--if--  
15 -if you think I'm misunderstanding your argument,  
16 please let me know. But if that's their argument,  
17 why wouldn't that have the effect of--of reducing  
18 response times? You're--you're--you're sending less  
19 ambulances to a particular location. So presumably  
20 that ambulance, those ambulances are available to--to  
21 go elsewhere. You know, coupled with all the other  
22 things they're doing

23 VINCENT VARIALE: Right, right. I think  
24 the last time they tried it, the mistake being made  
25 was they took paramedics off an ambulance and they

2 put them in a Suburban like the--what we call now the  
3 Commissions Cars. That's the supervisor's car. It's  
4 really a pickup truck or Suburban. So what we did  
5 last time was they took paramedics off the  
6 ambulances, put them in these Suburbans, but what  
7 they did they hurt their transport capability. So  
8 now everybody when they got to the scene, yeah,  
9 they're giving patient care, but they had no way to  
10 transport because nobody--there wasn't enough  
11 transport units. They learned from that mistake.  
12 This time around the pilot program they're going to  
13 have, as the Chief mentioned, five additional TAC  
14 units to complement the PRUs that may go out there as  
15 well. So that the PRU when they respond, the  
16 ambulances will also respond. Now, the purpose why  
17 is it better for the PRU to be out there is they will  
18 be able to go there, and--and identify if they're  
19 treatment is needed, if ALS care is needed. If not,  
20 they have the ability to jump to another call, and  
21 have the ambulance transport. Or, they could go to  
22 the hospital, and once they get to the hospital, the  
23 ambulance that transported the patient would then be  
24 left with the patient. And then, PRU could go back  
25 to the service quicker than the ambulance could. And

2 that why we bring down response times because you  
3 would have these units available faster, and the more  
4 units that are available, the more units that could  
5 respond to an emergency.

6 COUNCIL MEMBER LANCMAN: And following up  
7 on a little bit of what I think Liz was referring to,  
8 the relationship between the department and--and your  
9 members, and--and this is not the first time that--  
10 that the City had looked at--at doing this, right.  
11 Are you satisfied that--that you're being consulted,  
12 and being brought into the loop on this--on this  
13 process, and--and that the--the expertise and  
14 experience that your members are--are being--are  
15 being included and considered?

16 ISRAEL MARTINEZ: Well, in the 17 years  
17 that I've held elective office, I've been through a  
18 couple administrations. Of course, 12 years of  
19 Bloomberg and--and so on. This is the first  
20 administration that has actually brought the unions  
21 in, and discusses things with them. We don't agree  
22 on everything. We agree to disagree on certain  
23 issues, but we work together on the things that we  
24 agree on. [pause]

2 COUNCIL MEMBER LANCMAN: And then let me  
3 ask you about the bill that--that is on the table,  
4 the issue of reporting response times for what is?  
5 Category 4 through 9, so-called Non-Life Threatening  
6 Situations. It seems to me that--it always seems to  
7 me that the more data the better, but when the--the  
8 department reached out to me yesterday to just give  
9 me a preview of what they were going to talk about  
10 today, there were concerned that the data for non-  
11 life threatening calls would be misleading. And that  
12 it could potentially cause us to focus on things that  
13 are while not life threatening, not--not important.  
14 I said my concern is that in order to improve  
15 response times for life threatening emergencies,  
16 Category 1 through 3, you might be so cannibalizing  
17 the--the resources that are--that are going to 4  
18 through 9 that those response times become really  
19 unacceptable. So the legislation that we have raises  
20 the--the--it's your bill, and I'm one of the  
21 sponsors. Can you see any down side or any concern  
22 as--as professionals in the field that to--to  
23 requiring the department to provide information on  
24 response times for these non-life threatening calls?

2 ISRAEL MARTINEZ: Anyone of us could  
3 start.

4 VINCENT VARIALE: You want to answer?

5 ISRAEL MARTINEZ: Well, I--I'd just want  
6 you to know for the record the union has no problem  
7 with the bill that you guys are putting forward. We  
8 think that data is a beautiful thing. You know, no--  
9 no matter what it's being used for, I mean it's  
10 always valuable in one way or another. But, let's go  
11 back to something that the Chief has said at the  
12 table, you know, on the last snow storm, and I can  
13 concur with the Chief. I--I agree with him that all  
14 priorities 1 through 3 get an ambulance immediately,  
15 but if you sprained your ankle, you're going to wait  
16 an hour and a half for an ambulance especially during  
17 that weather or two hours. You're not a priority.  
18 So I think what this final problem is trying to say  
19 that even though that information may be well, but  
20 they don't want us to waste a lot of resources  
21 looking at priority 8 or 9. But I believe everybody  
22 should have an ambulance sent in that pool. The  
23 amount of time, but we had to take that into  
24 consideration when we looked at 1 through 3s and 8s  
25 and 9s. That's all I'm saying, but the Union is

2 never against any legislation that was being put  
3 here.

4 VINCENT VARIALE: I--I agree with  
5 President Miranda. I--I don't see a problem with the  
6 information going out there. I would even like to  
7 add that the--the frontline supervisor should be in--  
8 included in that statistics and see what the response  
9 time is for the--what they call Conditions Car or the  
10 first line lieutenant to see how long it takes them  
11 to get to respond. I think that would be important,  
12 too, especially we know the survival rate increases  
13 when a supervisor is on the scene of--of cardiac  
14 arrest and so forth.

15 ISRAEL MARTINEZ: Well, I believe on the  
16 pilot for these Fly Cars, these paramedic response  
17 vehicles, during that pilot, I think that I would  
18 hope that one of their goals is to see the response  
19 time of these vehicles to see if this project is  
20 successful, if they get there before an ambulance  
21 would actually get there. So, you know, I guess time  
22 will tell.

23 COUNCIL MEMBER LANCMAN: Well--and I just  
24 want to--well, you said data is a beautiful thing.

2 Is that what you said? I want to get that quote  
3 right.

4 ISRAEL MARTINEZ: Data is a such  
5 beautiful thing. I think of, you know, all the data  
6 you get can help you in different areas. Maybe not  
7 even the area that you're think you it's going to  
8 help you in. So I'm not against that, and I'm not  
9 against the bill, and like I said, do agree with this  
10 number initiative bill?

11 COUNCIL MEMBER LANCMAN: You--I think  
12 you're completely right, and I think that's going to  
13 be my mantra in this budget process: Data is a  
14 beautiful thing. Thanks very much.

15 ISRAEL MARTINEZ: In closing since you're  
16 into data, just don't forget more ambulances, more  
17 EMS places to go, right? [laughs]

18 CHAIRPERSON CROWLEY: Thank you, Council  
19 Member Lancman. Do either of you know the cost  
20 recovery in operating an ambulance--a city ambulance?

21 VINCENT VARIALE: I--I don't have those  
22 numbers with me. I don't know.

23 ISRAEL MARTINEZ: I'll be honest with you  
24 that information has been told me in the past, and  
25 I'm sure it changes based on time, but--

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2 CHAIRPERSON CROWLEY: [interposing] I'm  
3 just afraid they don't--

4 ISRAEL MARTINEZ: --I--I really don't  
5 remember, and--

6 CHAIRPERSON CROWLEY: Yeah, I'm going to  
7 try to--

8 ISRAEL MARTINEZ: --I could have--

9 CHAIRPERSON CROWLEY: --introduce  
10 something that--

11 ISRAEL MARTINEZ: --couldn't give you an  
12 honest--couldn't give you an honest answer right now  
13 really.

14 CHAIRPERSON CROWLEY: Yeah, I just don't  
15 see how you manage the department, and you could  
16 change a fee for a service, and that's not included  
17 in there in a--in a hearing that we have providing  
18 emergency medical service. I don't think I have any  
19 other questions.

20 ISRAEL MARTINEZ: Well, okay.

21 CHAIRPERSON CROWLEY: So I want to thank  
22 you, and your members for the work that you do, and I  
23 wish you good luck on a speedy contract.

24 ISRAEL MARTINEZ: Good, thank you so  
25 much--

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2 VINCENT VARIALE: [interposing] Yes,  
3 thank you.

4 ISRAEL MARTINEZ: --and I want to thank  
5 you and your committee for hearing us today, and I  
6 look forward to all the help you can give us.

7 CHAIRPERSON CROWLEY: Great.

8 VINCENT VARIALE: Thank you all. Thank  
9 you, thank you.

10 [background noise, pause]

11 CHAIRPERSON CROWLEY: One last group to  
12 testify today, and it's the Independent Budget  
13 Office, and I'd like to invite Bernard O'Brien to  
14 speak on behalf of the--the Budget Office.

15 [pause]

16 BERNARD O'BRIEN: Hi, good afternoon. My  
17 name is Bernard O'Brien. I'm a Senior Budget and  
18 Policy Analyst at the New York Independent Budget  
19 Office. Thank you for the opportunity to testify at  
20 today's hearing concerning Intro 135, which would  
21 supplement Fire Department reporting requirements by  
22 mandating that the agency disaggregate the average  
23 EMS response times statistics according to the  
24 serious services, the seriousness or the segment used  
25 to classify medical emergencies. While the

2 additional information that would be--would be  
3 required under Intro 135 would add an important  
4 dimension to the current set of EMS performance  
5 metrics, IBO would like to suggest an additional  
6 reporting requirement the committee might consider.  
7 First, requiring with--requiring that the FDNY report  
8 not only statistical measures of central tendencies  
9 such as average response time, but also measures  
10 pertaining to the distribution of response times  
11 would allow oversight bodies in the public to see how  
12 frequently medical emergencies require an  
13 inordinately long period of time before arrival of  
14 firefighter or ambulance personnel. Consider the  
15 following from a 2013 report that focused on the  
16 subset of life threatening or Segment 1 to 3 medical  
17 emergencies that warrant a response by paramedic  
18 personnel on board ALS ambulances. About 20% or less  
19 than 300,000 medical emergencies annually are  
20 categorized by FDNY as ALS level incidents that call  
21 for a response by the paramedics. Based on our  
22 examination of incident level data from 1999 through  
23 2011, we found that the median response time  
24 associated with paramedic response to ALS incidents  
25 had improved from 7.9 minutes in 1999 to 6.5 minutes

2 in 2011. However, our analysis also revealed that in  
3 2011 there were about 54,000 ALS emergencies where  
4 paramedics did not arrive for at least 10 minutes.

5 Moreover, in a little over 200--20,000 of these  
6 emergencies, the response by paramedics took over 15  
7 minutes. The point to be stressed here is that  
8 monitoring only average or median response statistics

9 limits the ability of elected officials and the  
10 public to track the number of times in which the  
11 response was much longer or shorter than the mean and  
12 median response. It should be noted that until 2007

13 the Mayor's Management Report or MMR provided several  
14 EMS related statistics that are no longer presented.  
15 Among the statistics dropped were the shared medical  
16 emergencies that were responded to by ambulance

17 personnel in less than 6 minutes, less than 10  
18 minutes, or in some cases, less than 20 minutes. For  
19 example, in 2007, the average response time  
20 associated with ambulance response to nearly 441,000

21 life threatening medical emergencies or 6.6 minutes.  
22 There was also an indicator in the 2007 MMR  
23 reflecting the fact that 88% of these emergencies  
24 received an ambulance response within 10 minutes.

25 Which, of course, allowed the reader to conclude that

2 almost 53,000 or 12% of such emergencies in 2007 did  
3 not receive an ambulance response within 10 minutes.  
4 Therefore, given the importance of the information  
5 and the distribution of response times, IBO suggest  
6 that the City Council consider amending Intro 135 to  
7 include such reporting.

8 I would now like to turn briefly to  
9 reporting by geography. The Fire Department, as you  
10 know, is currently required to report by fire and EMS  
11 response times statistics disaggregated at the  
12 borough level. However, given the size and diversity  
13 of the city's five boroughs, interborough variations  
14 may be masked when reporting takes place only at the  
15 borough wide level. Attached to my written testimony  
16 is a map adapted from my bureau's June 2013 Report.  
17 This particular map presents response time data from  
18 calendar year 2011 for each of 31 EMS dispatchers  
19 across the city. The map shows the variations within  
20 boroughs and the share of advance life support  
21 medical emergencies that received a paramedic  
22 response within 10 minutes. One can see that except  
23 for Queens, which had uniformly lower rates in  
24 meeting the performance goal of 10--of a 10-minute  
25 response, there was interborough [coughs] Excuse me.

2 interborough variation across the rest of the city.

3 Therefore, in mandating reporting in additional

4 response time measures associated with medical

5 emergencies, the Council may want to also consider

6 requiring that such measures be disaggregated by EMS

7 dispatch area, or perhaps at the community district

8 level rather than only borough wide. As a model for

9 performance reporting that combines geographic and

10 distribution statistics you might want to look at

11 Local Law 89 of 1991, which currently requires the

12 Police Department to regularly provide the Council

13 with response time statistics pertaining to all kind

14 (sic) in progress radio runs within each of the

15 city's 77 police precincts. The NYPD is required to

16 report not only average response time figures

17 disaggregated to precinct level, but also that

18 proportion of reported crime in progress incidents in

19 which the first arriving NYPD unit responded within

20 10 minutes, 20 minutes, 30 minutes, an hour or more

21 than an hour respectively. Thank you again, for

22 allowing the IBO to provide testimony at today's

23 hearing, and I will be happy to answer any questions

24 you might have.

2 CHAIRPERSON CROWLEY: Well thank you, Mr.  
3 O'Brien and the IBO for contributing to today's  
4 hearing. I think that your suggestions of expanding  
5 the reporting are very valid, and we're going to--  
6 we're going to look at expanding the bill based on  
7 your recommendations. I wonder, you know, why if--if  
8 the Mayor at one point in his Management Report  
9 provided statistics that they no longer do. One has  
10 to question that it might be--

11 BERNARD O'BRIEN: [interposing] Uh-huh.

12 CHAIRPERSON CROWLEY: --not the best of  
13 statistics.

14 BERNARD O'BRIEN: Well, yeah, if you look  
15 at the--if you go from the 2007 to the 2008 MMR,  
16 there was in 2007 there was a book. I think it was  
17 called the Supplementary Indicators Book, and there  
18 was whole number of statistics that were dropped  
19 after 2007, and for example cardiac arrests we  
20 mentioned before, there is a--an indicator  
21 specifically for Segment 1 emergencies for cardiac  
22 arrest. The percentage that were responded to within  
23 6 minutes either by an ambulance or either by an  
24 ambulance or a firefighter unit. And then there was  
25 another, which Segment 4 to 8 incidents, there as an

2 indicator for incidents responded to in less than 10  
3 minutes. So these were just the--the segment 4 to 8.  
4 And then I would also say that there was an indicator  
5 within the 2007 MMR that indicated that 97% of nearly  
6 1.2 million medical emergencies that were Segment 1  
7 through 7 received an ambulance response within 20  
8 minutes. And all that--so then you could, of course,  
9 conclude that that meant that 3% or 35,000 failed to  
10 receive a--a response within--within 20 minutes. So  
11 it's--I mean it's conceivable that if you're looking  
12 at averages or mediums, obviously if the average goes  
13 up slightly from year to the next, then chances are  
14 those that received--that required in an unknown  
15 period of time that also went up. But not  
16 necessarily. When you go to that, you know, a whole--  
17 -the average and the medium is meaningful, but it's--  
18 without those frequency distribution indicators. You  
19 want to know about the outliers and how many are  
20 requiring an exception period of time.

21 CHAIRPERSON CROWLEY: Right. Yeah, very  
22 important. Anything else that you want to add that  
23 you might not have based on the testimony that heard  
24 from the department?

2 BERNARD O'BRIEN: No, I mean, we've--  
3 we've let them pass with the--the ALS staffing issue,  
4 which is an interesting one where it's only in--in  
5 New York City, and not in the remainder of the state  
6 where ALS transport units are required to be staffed  
7 with two paramedics. There's these--there are these  
8 Regional Medical Councils that are set up by the  
9 State Department of Health. So there's--and the Fire  
10 Department about 10 years ago requested permission to  
11 staff ALS transport unit in New York City with one  
12 paramedic and one EMT--

13 CHAIRPERSON CROWLEY: [interposing] Uh-  
14 huh.

15 BERNARD O'BRIEN: --as opposed to with  
16 the requirement that they be staffed with two  
17 paramedics, which would have the advantage of you  
18 could deploy your paramedics in a more spread--  
19 widespread manner. And it's--it's an interest issue,  
20 but it's--it's a unique--

21 CHAIRPERSON CROWLEY: It's their way of  
22 saving money?

23 BERNARD O'BRIEN: The New York City Fire  
24 Departments?

2 CHAIRPERSON CROWLEY: I would think so  
3 because the paramedics cost more than the EMTs.

4 BERNARD O'BRIEN: Well, I mean you could--  
5 --again, we don't take a position on this issue but,  
6 it's--it's--

7 CHAIRPERSON CROWLEY: [interposing] But  
8 the-but one would if you had to previously have two  
9 paramedics and now you only need one.

10 BERNARD O'BRIEN: Oh, no, no, no. New  
11 York City is still and the Fire Department doesn't  
12 have the--is required to abide by the--the Guidelines  
13 of the Regional Medical Council, which is--

14 CHAIRPERSON CROWLEY: [interposing] Why  
15 does the Regional Medical Council say that you need  
16 to have two?

17 BERNARD O'BRIEN: Well, the--it's--they--  
18 they argue that it's a--it's a--and I'm not a medical  
19 professional, and I clearly in some cases there--  
20 there would be an advantage to having two paramedics  
21 on the scene as opposed to having a paramedic and an  
22 EMT, but paramedics. But I'm just saying in the rest  
23 of the state, you have the--they--they have the  
24 ability to deploy ALS transport units, and nowhere  
25 else in the rest of the state are they required to

2 have--get their paramedics to a piece in each ALS  
3 unit so they can deploy them more--more widely. But  
4 it's--it's--it's--it's not something that the Fire  
5 Department--they are--they are bound by the--the  
6 local Emergency Council, which is set up by the State  
7 Department of Health to give some local autonomy in  
8 this area.

9 CHAIRPERSON CROWLEY: Interesting.

10 BERNARD O'BRIEN: Yeah, yeah.

11 CHAIRPERSON CROWLEY: Okay. All right,  
12 thank you for your testimony.

13 BERNARD O'BRIEN: Thank you.

14 CHAIRPERSON CROWLEY: And there's one  
15 more person from the public, Josefina Sanfilippo  
16 (sp?) from the what? [pause] Latinos Against FDNY  
17 Cuts. Welcome.

18 JOSEFINA SANFILIPPO: Thank you so much  
19 for having this very--I think very important hearing.  
20 As I'm getting older I appreciate the importance of  
21 speed in medical service delivery. And I've said  
22 before at hearings that they population is aging. So  
23 it becomes relevant to more people how quickly you  
24 get rescued, and some of the comments today remind me  
25 of a hearing that I attended. It was a New York

2 State hearing around 2003 related to closing engine  
3 companies that provide EMS. And one of the  
4 statements I recall was that every 10 seconds of  
5 delay in--in basic life saving, every 10 seconds  
6 equals 10% damage to your system of--of lack of  
7 oxygen as an example. And I'm probably not accurate,  
8 but my point is that I've heard these discussions  
9 before. The longer you wait the worse things get.  
10 I--the sense of--that I got from the Chief in not  
11 wanting to provide time data on the Response 4 to 9  
12 was very apparent, and I agree with Mr. Miranda that  
13 data is beautiful. That's what it might--a lot of my  
14 career has been in, and I did not perceive that it's  
15 related to any cost, but rather the more that you  
16 inspect something you actually find great lacks. If  
17 somebody, which could include if somebody has a bad  
18 headache, they should not be having an ambulance. If  
19 somebody is having certain symptoms, it might require  
20 an ambulance that the patient might not think is  
21 relevant or requires more speed. So I agree with the  
22 value of data to those things, which prove some  
23 information. And on the flying response and the--and  
24 the SUB have two responders to one out go, plus an  
25 ambulance response. I would caution that in times

2 past, the FDNY would clock response as a chief  
3 arriving at a street address. And I personally heard  
4 Mr. Scopetto (sp?) say we're unable to clock from the  
5 street address up the elevator to the 14th floor or  
6 form a street address into a subway tunnel. I've  
7 heard personally that the FDNY prefers--seems to  
8 prefer not having accurate time management. And--and  
9 that they might say well first--the car with the two  
10 people go there, and the ambulance came later, but  
11 which one are they going to provide to the Council,  
12 and that matters to me a lot. And I--I recognize  
13 that it matters to the Council a lot, and thank you  
14 again for that. On controlling traffic lights, I  
15 think why not, and also Mr. Cabrera was saying--and I  
16 also have personally seen people stagnant at a  
17 traffic signal, and there's a screaming ambulance of  
18 fire truck behind them, and PSAs would be convenient  
19 to that. I also saw on TV the Quadrennial Commission  
20 related to Council compensation, and I attended  
21 their--one of their hearings. And my personal  
22 statement was to the diligence of the Council and  
23 approval, personal approval of the Council's  
24 activities on behalf of citizens, and as a balance to  
25 the power of the Mayor. And also to the time that

2 the Council puts with constituent issues on weekends  
3 and evenings. And so I'm glad the Commission  
4 approved a compensation--improved compensation to the  
5 Council. Thank you so much.

6 CHAIRPERSON CROWLEY: Thank you and just  
7 one quick question. What do you think a--a good  
8 response time would be?

9 JOSEFINA SANFILIPPO: Fire or--or  
10 medical?

11 CHAIRPERSON CROWLEY: Medical.

12 JOSEFINA SANFILIPPO: It sounds to me  
13 like 9 minutes is--is pretty much guaranteeing  
14 somebody's dead. I don't know. I have no medical  
15 background, but I've heard this before, and I also  
16 recall--recall to the--to the point of a separate--a  
17 separate answer. The--to--to the testing that they  
18 can only advance through testing to lieutenant, I  
19 recall a hearing about Hurricane Sandy where in the  
20 Lower--I think it was in the Lower East Side, there  
21 was a--an EMS station being flooded that they were  
22 sitting on top of the ambulances because the  
23 supervisor said no you cannot--you cannot leave. You  
24 have to be here.

2 CHAIRPERSON CROWLEY: No, no, that did  
3 happen. It was a hearing that we had, and the Chief,  
4 the Division Chief in Manhattan had to actually--the  
5 EMS team had to be evacuated.

6 JOSEFINA SANFILIPPO: So my question  
7 would be how was the Chief chosen for that position  
8 because if it was--

9 CHAIRPERSON CROWLEY: [interposing]  
10 Right.

11 JOSEFINA SANFILIPPO: -- the Fire  
12 Department Chief, it would be--it would be  
13 investigated.

14 CHAIRPERSON CROWLEY: There were not even  
15 evacuated. The Chief had to be rescued. Thank you  
16 for your testimony today, and thank you for always  
17 being at the hearings, and contributing a good  
18 perspective from the public--

19 JOSEFINA SANFILIPPO: [interposing]  
20 Thank you.

21 CHAIRPERSON CROWLEY: --and your  
22 advocacy. No questions. This concludes the Fire and  
23 Criminal Justice Services hearing of February 23,  
24 2016. [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 February 27, 2016