

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON FIRE AND EMERGENCY  
MANAGEMENT

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HELD AT: Committee Room - City Hall

B E F O R E: Joseph C. Borelli  
Chairperson

COUNCIL MEMBERS:  
Fernando Cabrera  
Justin Brannan  
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## A P P E A R A N C E S

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CHAIRPERSON BORELLI: As Rooty said, I've been ready for this my whole life. [Gavel] Good afternoon, and I apologize for being eight minutes late. This is the first time this Committee has ever started late, and I want to extend my humblest apologies to those waiting. However, I did bring donuts.

For those of you who are unaware Staten Island has its own version of Dunkin Donuts, country donuts, which is similar in every way except for the fact that it's more delicious than Dunkin Donuts. The eggs that you would eat are actually fresh and come from a chicken, not from some sort of canned powder.

There are a number of varieties there, they're celebrating Saint Patrick's Day. I believe there's lucky charms on some of the donuts; others are Boston cream. So, by all means, please don't hesitate. In fact, if you want to get one now, I mean I'll wait. I mean, please do because the first question is going to be, I want you to describe them in your testimony.

So, I am Council Member Joseph Borelli and I am Chair of the Committee on Fire and Emergency Management, also a donut connoisseur.

I am today joined by my colleagues Council Members, well, no one here.

We're here to discuss the oversight topic of EMS worker safety. We always start with a joke, but we are involved in a very serious topic today.

Examining this issue is of particular importance today as the number of assaults against EMS workers appears to have increased in recent years with 87 such assaults having occurred in 2018.

We have heard a number of brutal incidents, we've unfortunately seen videos of EMS workers being violently attacked when trying to provide medical care to patients.

As EMS first responders are often the front line of responding to 911 calls for the individuals with emotional disturbances or other mental health problems, it is essential that as a city we can work continuously to ensure the safety of these vital public servants.

To that end, today the Committee hopes to explore the steps that the Fire Department has taken and plan to continue to take moving forward to ensure that paramedics and EMT's are receiving the necessary

training and resources to be protected when doing their job.

This may include professional training, de-escalation, self-defense tactics, or funding for protective vests. Ultimately, we are here to support these first responders and work to avoid further increases of assaults against EMS workers.

I would now like to ask those members of the administration who plan to testify, please state your name for the record, raise your right hand if it doesn't have a donut, as the Committee Council administers the oath.

ADMIN: Do you affirm to tell the truth, the whole truth and nothing but the truth in your testimony before this Committee and to respond honestly to Council Member questions?

MEMBERS: I do.

ADMIN: Thank you.

CHAIRPERSON BORELLI: That's nice of you all. Please begin.

JAMES BOOTH: Good afternoon Chair Borelli and all of the Council Members present. My name is James Booth, and I am the Chief of EMS for the Fire Department of the City of New York. I am jointed

today by Elizabeth Casio, Chief of Staff, and Lillian Bonsignore, Chief of the EMS Academy. Thank you for the opportunity to speak with you today about protecting EMS members from job related violence.

EMS members in New York City provide life-saving care in a dynamic environment. They work in every area of the city and they face new challenges every day. Unfortunately, sometimes those challenges include being threatened or even being assaulted during the course of a response. The Fire Department emphasizes that safety of our members is paramount at all times. The members are trained to minimize risk and to deal with dangerous situations when they arise. As a Department, we are always looking for ways to enhance the safety of our members.

The mission of EMS is to provide emergency medical care to the members of the community who are in need of help. As a general rule, we encourage our members to deescalate the situation rather than act with force. However, operating in dangerous situations means that on occasion it may become necessary as a last resort in the face of imminent harm for members to employ an appropriate degree of force to protect themselves.

EMS members receive training when they first enter the job as well as periodic training throughout the remainder of their career. New members receive instruction in a segment called Street Smarts that teaches the importance of physical positioning during a response. The subtitle of the Street Smarts presentation is "Protecting Yourself in a Continuously Changing Environment," and it addresses a wide variety of potentially dangerous situations such as aggressive patients, false calls to lure members, and dealing with animals. It provides instruction about surveying the scene, maintaining egress, continuing communications at a crowded scene, and maintaining situational awareness. The Street Smarts program also provides basic instruction on gangs that operate in New York. The training covers issues such as approaching an incident with caution, noting egress and secondary exit points, dealing with potential danger by removing agitators. Members learn techniques such as observing the location before exiting the vehicle, clearing an exit path that allows retreat and if necessary, maintaining an appropriate distance from onlookers, and owning the scene.

Throughout the training, instruction emphasizes that a member's safety is of the utmost importance. As the presentation puts it, "Your life comes first."

EMS members also receive training on techniques borrowed from law enforcement regarding the use of "verbal judo,". This is a procedure employing communication tools to deescalate a situation that has become heated and using judgement to decide when to find safety. They learn tactical communication strategies designed to elicit voluntary compliance from members of the public. This includes instruction on using language, inflection, tone, and nonverbal cues to control a situation. The training also focuses on the importance of communication and providing the patient with an explanation of what is happening in order to make the patient more likely to accept care without complication.

Members also receive a training on therapeutic communication derived from the New York State Department of Health curriculum. They learn to control a situation with a calm approach in order to obtain the trust and cooperation of the patient and onlookers, minimizing the risk of a confrontation. This curriculum addresses specific approaches for



different types of patients, including communicating with elderly persons, with a child, with the hard of hearing and or deaf patients, or visually impaired patients and others.

Once on the job, EMS members complete training periods to refresh what they've learned and to explore new material. In addition to the extensive refresher they receive every three years, they receive an additional Bureau of Training update that covers new policies, equipment, and rotating training topics. The topics for 2019 Bureau of Training update will include a review of tactical communications and a refresher on the Street Smarts curriculum.

In approaching a scene, members are able to refer to the premise history from a location of a call. If a Computer-Aided Dispatch notification indicates the presence of violence or weapons or combative individuals, members may notify the police department and await the arrival of law enforcement officers before approaching the patient. However, because members are sometimes encountered dangerous situations without the presence of law enforcement, operational protocols also enable members to remove

themselves from danger. This is the preferred method of dealing with the threat of physical danger.

Members are instructed to alert their supervisors and law enforcement, and if necessary, retreat from the scene.

In a situation where members are attacked with physical violence, they have the ability to use an appropriate amount of force to protect themselves and to get to safety. There are two different radio calls that may be appropriate for members who need help or in danger when they both trigger the immediate response of the nearest EMS unit and offices as well as the police.

We have a great deal of confidence in our training and operational protocols. However, we also know that our approach to safety must evolve based on what we see in the field. This administration has been proactive about strengthening protections for our members.

In 2015, we worked with our member unions, with Senator Marty Golden, and with Assembly member Joe Lentol to pass bipartisan legislation making any assault against an on-duty EMS member a felony punishable by up to seven years in prison.

In 2018, working hand in hand with our union partners, the Department announced that all FDNY ambulances would feature decals prominently displayed promoting the strong penalties for assaults against EMS members. The first ambulances to receive those decals were the ones in use at Station 26 up in the Bronx. Station 26 was home to EMT Yadira Arroyo, a 14-year-veteran of the Department who was struck and killed in the line of duty in 2017 while attempting to protect her partner and stop the theft of her ambulance. The decals serve as a reminder to anyone who assaults EMS personnel that they will face severe punishment.

We've also made proactive changes to our training and equipment that are designed to enhance member safety. The Mental Performance Initiative training, which currently focuses on a member's individual mental wellbeing, has been adapted to include de-escalation techniques and instruction on resetting a conversation that has become hostile. We've made design changes to the radios carried by the EMS members to make it easier for them to monitor police activity and facilitate with each other and the local precinct.

As we analyzed the incidents of assault in the recent years, we zeroed in on a number of instances that members were spit upon. We look for solutions to protect our members from this repulsive occurrence. We're now in the process of acquiring spit hoods for use for patients in this situation.

The Fire Department serves the people of New York and the backbone of this Department is its members who save lives every day. We will always continue to look for ways to improve the safety of our members. We will be happy to take your questions at this time.

CHAIRPERSON BORELLI: Thank you very much. I certainly appreciate your testimony. Is the donut good?

JAMES BOOTH: The donut is appropriate sir, thank you.

CHAIRPERSON BORELLI: Do we have a problem with EMS assaults?

JAMES BOOTH: Yes, I believe we do.

CHAIRPERSON BORELLI: How much money does the Department spend annually on either equipment or training to protect EMS personal from assaults?

JAMES BOOTH: I'll defer to the Chief of Training on the financial issue in training, sir.

CHAIRPERSON BORELLI: Thank you very much.

CHIEF BONSIGNORE: I couldn't give you a number amount as far as how much we spend but we do put a lot of effort into making sure **[Inaudible 17:49]**.

CHAIRPERSON BORELLI: Is learning verbal judo part of the training program or is that a separate training? In other words, is that part of the initial training to become an EMS paramedic or an EMS agent or is that a separate training that was done in response to an assault?

CHIEF BONSIGNORE: So, verbal judo is covered under presentation we call tactical communications. We've been doing this presentation for at least eight years now. We did update it as time goes on and we see different problems in a field we will update it, but it is focused on verbal de-escalation and controlling a scene verbally as well as situational awareness. It is coupled with a presentation called Street Smarts, which has always been a presentation that we give to our new employees as well. That particular one talks about how to remain safe, how to remain aware in field situations. For example, positioning yourself, making sure there is a way out at all times, being sure that you have your radio

available to you. We talk about safety in other areas as well, as subways and hallways and where to stand in front of a door. We do everything in our power during these presentations to emphasize retreat, right? So, we don't want our people hurt and we work in a very emotionally elevated situation many times. So, the thing that we emphasize during this training is de-escalate if you can and we give them strategies and tactics to do so. If it seems as though those tactics are not going to help, call for help and retreat to safety and we make sure that all of our members understand that's what we want from a training perspective. We want them to retreat to a safe place.

CHAIRPERSON BORELLI: Do we know the number of assaults on EMS workers in 2018?

JAMES BOOTH: Yes, we do. There's 117, sir.

CHAIRPERSON BORELLI: Do we know the number during 2017?

JAMES BOOTH: Yes sir 166.

CHAIRPERSON BORELLI: 166?

JAMES BOOTH: 166.

CHAIRPERSON BORELLI: And do we know from 2016?

JAMES BOOTH: 97.

CHAIRPERSON BORELLI: Is there any rational of why there was gigantic increase from 2016 to 2017?

JAMES BOOTH: It could be improved reporting strategies. There could also be additional assaults in that period of time.

CHAIRPERSON BORELLI: And historically, you know, just roughly over the last ten years, what is the average assaults per year?

JAMES BOOTH: I can't give you ten years, sir. I can give you the numbers back to 2015 and then we'd have to do the math.

CHAIRPERSON BORELLI: Okay.

JAMES BOOTH: So, in 2015, it was 79, 2016, it was 97. 2017, 166, last year 117, this year to date 9.

CHAIRPERSON BORELLI: So, we're on pace this year for a good year I would say so far, but that doesn't answer for what were the increase reporting strategies that you mentioned?

JAMES BOOTH: We made workplace violence, we have an additional report that we have now put in play. In the past it was an unusual occurrence report that sometimes didn't actually hit all the marks that we need. So, now we have a separate workplace violence

policy and we have a separate workplace violence report that goes to the OSHA coordinator and the workplace violence coordinator within the Fire Department. So, there's more awareness of the need to document these incidences.

CHAIRPERSON BORELLI: But still over the last two years, there's a pretty significant rise from the previous years. You're talking minimum 20 percent or so?

JAMES BOOTH: Yes.

CHAIRPERSON BORELLI: Okay, have we given EMS workers masks over the years?

JAMES BOOTH: We provide the members of EMS with two different types of masks. We provide them with a N95 mask. It is almost like a surgical mask and that's to protect them from tuberculosis and airborne issues and when they encounter a patient who has a communicable disease.

We've also given the members of EMS, since I believe 2001 after the Trade Center, we gave them the millennium MSA mask which looks more like a military grade mask for exposure to tier gas, airborne contaminants, dust particles to protect their



respiratory system in general when they go into an environment such.

CHAIRPERSON BORELLI: Before the masks, the first mask you mentioned was given, how many EMS workers were stricken with tuberculosis in a year?

JAMES BOOTH: I couldn't reference that number, sir.

CHAIRPERSON BORELLI: Was it 118?

JAMES BOOTH: Not to my knowledge, sir.

CHAIRPERSON BORELLI: I guess the point I'm trying to make is that when we had a problem that was comparatively smaller, the Department was pretty eager to give some equipment to address a problem. Now, we have an issue where there's 118 people in the past year and 166 the year prior. Has anything physically been given to EMS workers to prevent injuries from assaults?

JAMES BOOTH: What we're in a process of doing is that we already described that when somebody is in an environment where their going to be physically assaulted, we would prefer them to extricate themselves from the environment as best they can, if they can take their patient with them, that would be great. When we have an individual, who has been

contained and/or restrained by law enforcement, the spitting comes to mind. Anybody can spit while they are handcuffed or restrained. So, we are in the process of purchasing a spit hood. I have a sample here that I could show you and it is a mesh hood that basically is fitted over the patients –

CHAIRPERSON BORELLI: I'm not getting a good idea – I think you might have to.

JAMES BOOTH: Do you really want me to?

CHAIRPERSON BORELLI: No, I'm kidding. I'm kidding.

JAMES BOOTH: Because I will.

CHAIRPERSON BORELLI: No, I'm kidding, I'm kidding.

JAMES BOOTH: So, the hood is basically to keep the individual who is spitting at them from spitting at them. They'll spit, but it'll stay in the hood. So, we're in the process of purchasing that and rolling that out. There is some training that's involved because any time you put anything near a patient's airway, over their head, near their mouth, their nose, there's always an opportunity for complication. So, we want the training to be

appropriate. We want the awareness to be appropriate and the use to be appropriate.

CHAIRPERSON BORELLI: So, in your eighth paragraph of your testimony, you talked about the interactions between EMS and NYPD. I guess the first question I have is on a percentage of calls, how often is a response with the NYPD triggered stemming from a 911 call?

JAMES BOOTH: I don't know the actual number, I can tell you it is less than when I was on the ambulance.

CHAIRPERSON BORELLI: But is it a fraction of the calls? Is it half the calls? Is it you know, a ball park --

JAMES BOOTH: I couldn't put a number on it, sir for you.

CHAIRPERSON BORELLI: I know you mentioned if an EMS worker is being faced with a potential assault situation, there is a radio code to call in additional units and the police. Is there a code in the 911 system that will automatically do that at the call time?

JAMES BOOTH: If in fact we have information that there is an event occurring at the assignment where

1 the ambulance is responding to, the dispatcher, if  
2 available will record that information in the job  
3 text and that will be conveyed to the unit that's  
4 responding if it's available to the dispatcher. Use  
5 caution, there's a fight at the scene, there's a  
6 shooting, the perp might still be there. Things  
7 along those lines. Absent that information to the  
8 dispatcher to provide to the ambulance crew, we're  
9 going to rely on their training, their observation,  
10 when they pull into the block, when they look at the  
11 street, in order to make an informed decision of  
12 whether or not it's safe to actually approach the  
13 location or not, or they're going to need to wait for  
14 the police.

16 CHAIRPERSON BORELLI: In your experience, if  
17 someone called 911 and they said that it seemed to be  
18 an emotionally disturbed person behaving erratically  
19 on the sidewalk, would that trigger an NYPD and EMS  
20 response?

21 JAMES BOOTH: Yes, an NYPD response to  
22 emotionally disturbed persons is I would say all the  
23 time.

24 CHAIRPERSON BORELLI: So, I was in the state  
25 legislature and I actually remember some of the bills

that were passed. How many people since 2015 have been charged and prosecuted with assaulting an EMS worker?

JAMES BOOTH: I cannot give you back to 2015, sir but I can tell you that in the year of 2018, we have a record of 21 arrests. Some of those cases are in the criminal justice system, others have been handled with criminal summonses and that's where we are for 2018, sir.

CHAIRPERSON BORELLI: And just going back to the equipment, the masks were done sort of reactionary in response. Are there any instances where the FDNY was proactive in giving equipment to the EMS workers before instances became problematic?

JAMES BOOTH: Yes.

CHAIRPERSON BORELLI: I mean 9-11 certainly is an example of that.

JAMES BOOTH: Right, so before the instances became problematic and the process of purchasing a new radio system and a communication system, we have just recently rolled out the Motorola APX8000 portable radio. In the planning phases of that, in the programming of that radio, we organized the police frequencies directly adjacent to the EMS

frequency with the turn of a knob without having to look at the radio. The older radio, you had to navigate your way through several screens, and it was very, very difficult to get to a police frequency if you needed emergent help. This radio has streamlined that process, so if you, sir was working lower Manhattan today, you would be on the lower Manhattan EMS frequency. If you were to be a victim of an assault or an aggressive patient, you could turn the radio two or three clicks and you would be right on the police frequency of the police officers that are actually in the police cars, in the precinct where you are engaging in this activity at this point and the radio announces where you are. So, you don't have to look at the radio. If you turn that knob, it will tell you, Manhattan South, Manhattan Central, 17<sup>th</sup> Precinct, 18<sup>th</sup> Precinct. That is an enhancement that we planned on with the communications equipment to get you help.

One other thing we did, is in previous episodes of the portable radio, when you hit the emergency alert beacon on the radio that sent out an emergency message that you were in distress, a nine-digit radio number came up on the dispatcher's screen. We had to

look and see who had that nine-digit radio. This administration has used technology to now link that radio with that individual EMS member by their badge number and their name.

So, I know that if Chief Booth hits the emergency alert beacon, my beacon goes off. The dispatcher knows their looking for Chief Booth. They're just not looking for anybody, their looking for me specifically.

So, that enhances accountability in safety.

CHAIRPERSON BORELLI: Thank you. I just want to recognize we're here also with Council Members Brannon and Cabrera. Nice to see you guys. You have a question, okay. I just have two more and then I'll hand it off.

You made me forget what I was going to say, you know. How many of the 118 or 166 from 2017 just rough averages, how many of those assaults took place in the presence of a police officer?

JAMES BOOTH: I don't have that information, sir.

CHAIRPERSON BORELLI: Is it more likely or less likely that the assaults happen in the presence of a police officer?

JAMES BOOTH: I don't have the information sir,  
to make the reference.

CHAIRPERSON BORELLI: Do you think that there are  
other Fire Department agencies that also handle EMS  
around the country that do a better job at protecting  
EMS workers?

JAMES BOOTH: I don't know if they do a better  
job, I'm sure they're confronted with the same issues  
that we are confronted with and we'd be interested in  
learning anything we could from another agency. Just  
because we do it a lot more doesn't mean we do it  
better, sir. So, anything they could teach us, we'd  
be interested in.

CHAIRPERSON BORELLI: Council Member Cabrera,  
question?

COUNCIL MEMBER CABRERA: Thank you, thank you so  
much Mr. Chair. I just had a simple question, you  
were talking about technology. Have any vendors  
approached you with new technology coming in the  
horizon?

JAMES BOOTH: First of all, it's good to see you  
again, sir.

COUNCIL MEMBER CABRERA: Likewise. Good to see  
you Chief.



JAMES BOOTH: I do not deal directly with vendors. Technology wise, we have a medical equipment committee and a research and development group that deals with any type of device that's carried on a fire apparatus or ambulance in the Fire Department. So, sir, the answer to your question is no.

COUNCIL MEMBER CABRERA: Okay, and then in terms of training, for the new class, has there been any changes in the training versus previous years. Anything in the curriculum on the training that has changed?

JAMES BOOTH: I'm going to defer to Chief Bonsignore from Bureau Training, sir.

CHIEF BONSIGNORE: Good afternoon, sir. There actually has. So, we've added several things to our curriculum including enhancing the Street Smarts tactical communications presentations that they get. We did also include something called Mental Performance Initiative that Chief Booth mentioned during his opening remarks and that really teaches about how to gain self-awareness, how to gain self-control in a heated environment. So, basically how to reset a situation when things are starting to get

out of control. So, that's been included in all of our new employee classes as well.

COUNCIL MEMBER CABRERA: And do we have empirical data substantiating that monadology? This new monadology in terms of the interactions they have of who ever they are coming with?

CHIEF BONSIGNORE: This initiative was based right out of military and sports environments, because they are two very highly emotional areas and like Chief Booth was saying, we're interested in learning from everywhere that we can and that level of unlocking your best potential, resetting your emotions during a highly elevated or stressful situation we found to be helpful. So, during our course work, our students are introduced to stressful environment that they would see normally in the field. Of course, it is a training environment so we can't be as you know, we can't put them in a field to do this, but we run them through course work. Then we give them this information, and then we give them some practice on box breathing, physical reset, self-talk, things like that and then we run them through situations similar to that again and we have seen positive results there.

We are also, not for only are new employee classes, but for our EMS membership in total working on a de-escalation video that we could put up on something we call diamond plate which is our training platform. So, we have an AV unit that is working on that currently and we're also during this one-day training that we call Bureau Training Updates, we're giving all of our EMS members training on Street Smarts and de-escalation techniques through tactical communications.

COUNCIL MEMBER CABRERA: You know, one of my experiences that I had, you know, I was involved in 9-11, right there in Ground Zero and also with 5587. I've been in a lot of places where you had critical incidents and one of the things that I value is the debriefing piece. That whenever you encounter critical incidents, this is an opportunity for debriefing. Do you have the standardized, is there a systematic way that every time one of the EMS workers encounters violence, encounters a critical incident, something that is very pelting in terms of their you know, impacting their mental health? Do we have something that is standardized where they have an

opportunity to talk about it, debrief, that is not left by chance?

JAMES BOOTH: The simple answer to that sir, is yes. We have a counseling services unit. We have counselors that are available, peer counselors as well as higher trained professions that if we had gone to a substantial event where we had a lot of fatalities or we had a very stressful situation, or the members were assaulted or God for bid a child in a bad situation, we're very aware of the mental health needs of our members and they have the ability to avail themselves to that and we also have the supervisors with during the R&R period, the Rest and Rehabilitation period after a large event, we evaluate the members and basically see if their squared away, and if they're not, they're able to seek those services and then we follow up with them. That's incumbent upon their officer to keep an eye on them.

COUNCIL MEMBER CABRERA: So, who does the requests? The EMS worker or the supervisor might see some flags and say hey, we got a situation here?

Because you know, usually in NYPD, **[inaudible 40:39]**

MS I mean the postures usually on of strong. People

look to you for strength. So, there's you know, defenses that you build up to be able to cope. I'm just curious as to, is there a mechanism in place that if you start seeing red flags, we could deal with it early on, so you know, the posttraumatic stress that their dealing with or the onset of it, deal with early on because as you know, it gets more complicated as it develops.

JAMES BOOTH: Yes, either/or sir. Either the member can make application and look to get into these programs or the officer that supervises them can make these observations and see that maybe they're not 100 percent or that there's something going on in their life that they may need assistance with, and they can route them to get the assistance that they need.

COUNCIL MEMBER CABRERA: Have you ever done a survey with EMS workers - this is my last question, Mr. Chair. Thank you for the time.

A survey to assess what kind of extra services EMS workers would like to have in terms of extra support?

JAMES BOOTH: Have we ever done an actual survey? Under my ten year, the past four and a half years,

1 sir. We have not done that survey. I know in the  
2 past, EMS had some issues that needed to be addressed  
3 and they were addressed through the counseling  
4 services program. During those periods of time,  
5 there was data collection. That was many years ago,  
6 sir. So, that's what I can speak to.

8 COUNCIL MEMBER CABRERA: Okay. It would be kind  
9 of interesting to do a survey and say hey, what other  
10 services you'd like to have to have the support.  
11 Because you know, it's a very intense - you were  
12 talking about the new I forget the name.

13 CHIEF BONSIGNORE: Mental Performance Initiative.

14 COUNCIL MEMBER CABRERA: We could use that here  
15 at the Council to. So, it would be interesting to  
16 see if there's anything else. So, you have an  
17 exchange of ideas. It's free information, you know,  
18 it's hot off the press. You're dealing with them  
19 first hand.

20 So, I want to thank you. Thank you for all that  
21 you do. Keep up the good work and I'll turn it back  
22 over to the Chair. Thank you for the extra time.

23 CHAIRPERSON BORELLI: And I'll just give it to  
24 Mr. Brannan.

COUNCIL MEMBER BRANNAN: Thank you, Chair. Just really quickly, I mean not so much data driven but just anecdotally. I mean over the past ten, twenty years, how has the game changed for people on the job at EMS?

JAMES BOOTH: I think the game has changed with the workload that we're faced with. The amount of assignments they're exposed to and the many things that they have to manage while they're treating a patient. We didn't have K2 twenty years ago. We didn't have substances like that, that cause people to engage in the activities that they engage in. So, that being one of the things. I'm sure there are others, but that's one of them.

COUNCIL MEMBER BRANNAN: And the additional trainings that you mentioned, those have come to be over the past how many years?

CHIEF BONSIGNORE: The training is always developing.

COUNCIL MEMBER BRANNAN: I mean with this added sort of dealing with the public kind of.

CHIEF BONSIGNORE: So, over, I would say over the last two years or so.

COUNCIL MEMBER BRANNAN: Okay.

CHIEF BONSIGNORE: I've been at the academy for almost three years now and that's one of the first things that we started to work on. So, two years it's up and running, three years ago we started working on it and we continue to look for other opportunities to teach our members to be safe at all times.

COUNCIL MEMBER BRANNAN: And I mean from the days when you were riding in an ambulance until now, I mean, how much has it changed on the streets?

JAMES BOOTH: I think the work of dealing with ill and injured people is always going to be what it is. I think that the environment that they're encountering, is ever revolving and changing. It is different from 1983 when I came on the job to what it is now as far as the population of the city, the diversity of the city, the different customs in the city. They're dealing with a cornucopia of issues in their daily activities.

COUNCIL MEMBER BRANNAN: Sure, thank you.

CHAIRPERSON BORELLI: I just have a few more for you. What information is tracked when there's a violence report? What information is tracked as far



as the injuries and as far as the prosecution of the potential assaulter?

JAMES BOOTH: The injuries are documented on a line of duty injury report. That's a Bureau of Health Services document. The other document is a workplace violence report and that outlines the basic description of the event. Who was injured, who wasn't injured, the perpetrators name and things along those lines and those two documents contain the activity, the dealings of that event.

CHAIRPERSON BORELLI: Is there any tracking that is not restricted by HIPAA of the injuries. In other words, can you tell us how serious the injuries are or how unserious they are?

JAMES BOOTH: I think once the person enters the Bureau of Health Services and Environment, we're basically precluded from knowing anything other than their full duty or their outline of duty or their modified duty based on their injury. I'm not really available to look and say, well, you know, is the arm broken in four places or is it just a sprain?

CHAIRPERSON BORELLI: So, out of the say 117, how many required and modification of their duty status?

JAMES BOOTH: I don't have that information, sir.

CHAIRPERSON BORELLI: When were EMS workers outfitted with ballistic vests?

JAMES BOOTH: I'd like to say roughly twenty years ago, sir.

CHAIRPERSON BORELLI: And how were they stowed in the ambulance? Are they worn? Are they required to be worn? Are they stowed until needed?

JAMES BOOTH: They're at the members discretion and they are stowed in their equipment bag or other suitable location inside the ambulance until they're needed.

CHAIRPERSON BORELLI: Is there a shelf life with ballistic vests?

JAMES BOOTH: I've been told that there is a shelf life. I'm not an expert on shelf life but each manufacturer would dictate what their product can and can't do.

CHAIRPERSON BORELLI: Do we know if all the vests are within their shelf life? Their manufactured suggested shelf life?

JAMES BOOTH: I do not have the knowledge that each and every vest is within the manufacturer shelf life sir, no.

2 CHAIRPERSON BORELLI: And the last allocation  
3 funding from the city for the purchase of vests was  
4 in 1998, 1999?

5 JAMES BOOTH: No, sir. The vests are purchased  
6 as we hire new members. So, when we hire a new class  
7 of probationary members, their able to be outfitted  
8 with the vests. So, we continue to buy vests.

9 CHAIRPERSON BORELLI: Okay, are there certain  
10 types of calls that are more likely to generate a  
11 police response in addition to EMS? In other words,  
12 if there's a domestic violence situation, I imagine  
13 that would automatically trigger a police response as  
14 well, but are there other situations where just from  
15 experience, you could ascertain that there is more  
16 likely to be a violent incident at this type of  
17 response versus any other?

18 If a kid falls off of a bike, you're not going to  
19 send the police, right? But if someone's injured in  
20 the process of a crime, does that trigger some  
21 automatic response?

22 JAMES BOOTH: In my experience, yes. If the 911  
23 operator is receiving information that says the  
24 person is a victim of a crime or there's an ongoing  
25 aggressive act at the scene, or there's an

emotionally disturbed individual that is endangering themselves or others, that is more likely to generate a police response.

CHAIRPERSON BORELLI: Okay, I think that's it that I have for you guys. Thank you very much. Take some donuts on the way.

JAMES BOOTH: Thank you for the donuts, sir.

CHAIRPERSON BORELLI: You're welcome, you're welcome.

Next, we will have Mr. Oren Barzilay and Michael Greco of Local 2507.

It's always nice to see you guys. I guess we will start with Mr. Barzilay.

OREN BARZILAY: Thank you and thank you for allowing me to speak here today.

My name is Oren Barzilay. I am President of FeD.N.Y. EMS Local 2507, Uniformed EMTs, Paramedics, and Fire Inspectors.

Providing pre hospital patient care can be dangerous. EMTs and paramedics face several health and safety risks during each and every shift. EMTs and paramedics suffer work-related fatalities more than two times more frequently than the national

average. Transportation-related injury is five times greater than the national average.

While willing to accept the inherent risks associated with their chosen profession, they should not be expected to accept being assaulted as part of providing emergency care to the sick and injured.

EMT Yadira Arroyo, a mom of five, was crushed to death under the wheels of her ambulance and her partner was injured after they tried to shoo the man off the back of the ambulance.

On August 10, 2017, EMT Steven Field and EMT Timothy McGurk, which are sitting behind me responded to a call in Brooklyn. Upon entering the premises, standing side by side with NYPD, shots rang out striking the officer three times, missing our members.

Our members treated Officer Nguyen without hesitation or concern for their own safety. These members received citations for their heroic efforts by the NYPD.

December 12, Brooklyn, an incident that was caught on video, at which two city EMTs suffered serious injuries when an angry man assaulted them as

they responded to an emergency medical call in Brooklyn.

That incident came just a few days after two EMTs responded to a call in Far Rockaway, Queens. Finding themselves confronted an irate man with a knife who attempted to slash them.

While transferring patient to a hospital stretcher, patient became agitated and violent and bit the member saying, "I have AIDS. I hope you get it and die."

While escorting a patient into the emergency department, a patient became verbally abusive and struck a member with a metal cane in the head.

After starting an IV on a patient and administering medication, the patient became irate and punched the member in the face and pulled out an IV causing blood to be splashed all over the member.

While sitting in an ambulance with the window open, a person walked up to the vehicle, punched the member in the face, and then proceeded to choke him until he passed out.

As you can see these incidents run the gamut of criminal behavior. In 2018, EMS personnel suffered 156 assaults. That translates to one incident every

56 hours of the working year. To compound this dire situation, the Fire Department Bureau of Investigation often prosecutes and fines members who find it necessary to restrain combative, violent individuals.

In 2015, the state legislature upgraded assaulting a pre-hospital provider to a Class D felony punishable by up to seven years of incarceration.

These men and women are deserving of protection as well as respect. However, when assaults occur, in most incidents the district attorney, without regard to the aforementioned respect and protection, will attempt to enter into a plea-bargaining agreement that reduces the charge to a lower class of misdemeanor. The presiding judge often sets the case to no bail and releases the perpetrator on ROR.

The true issue at hand lies in the fact that prosecuting offenders and affixing warning stickers to ambulances is reactive, not proactive. I have made numerous suggestions to the Department that would allow my members to better protect themselves in a protective manner. Training members in tactical communication skills would empower the provider with

an inventory of skills to better defuse confrontations, de-escalate potential violence and better defuse confrontations which will also generate voluntary compliance. Also, in conjunction with tactical communication training, a course of self-defense should be instituted. A tailored self-defense course will primarily teach the member how to create space to escape a threat, secondarily allow the member to protect themselves and finally, if absolutely necessary, neutralize the life-threatening situation. The replacement of outdated ballistic vests is so long overdue. Expired body armor does not provide adequate protection against deadly force.

These suggestions have been largely ignored by the FDNY. The problem of assaults on EMTs and paramedics will not resolve itself. As a result of this, Department benign neglect the EMS profession has no lessons learned, no best practices, and no reliable interventions to reduce the risks of violence or violence related injuries.

The idea of educating and warning the public about the consequences of assaulting an EMT or an EMS personnel has failed. The only viable option is adopting the enumerated training modules.



Adopting these ideas may just prevent another member from being seriously assaulted or murdered.

While sitting here and hearing the Departments testimony, it's been two years and two weeks. It will be two years since Yadira Arroyo was murdered.

**MICHAEL GRECO:** Other than the Department installing ten units with a Vista system which automatically disengages the ambulance when a threat is present, that's ten out of hundreds of units. When an individual gets assaulted there's a human nature over reaction. It's natural to respond when somebody spits on you or punches you in the face, yet when our members respond their disciplined.

The city needs to identify our members. The Department needs to identify our members. We had members terminated for protecting themselves.

They spoke about a Street-Smart Program, that's a program that should be taught at Junior High School. It's for delayed person. Slides are not going to teach anybody anything. It's taught by one of my colleagues and other EMS members. We need professionals to give these classes. We need advance classes, not some slides, not some projections.

People who know how to diffuse and de-escalate situations.

There was a question raised about CSU on the briefing. There's no debriefing. We can hardly maintain our call volume now. Our members have no time to go debrief. When there's major disasters, mass casualties, our members get no debriefing. We've asked for that numerous times.

Counseling service unit, yeah, it's offered to our members, but you have to burn your sick time or vacation time to go see them. It's not provided on the Department.

Many of our members don't report these assaults because of a lack of action that's done by the Department or the police department, the district attorneys office, all parties involved. It builds a tradition of inaction to cause our members to report these incidents.

There is no reason our members are sitting at street corners at two, three o'clock in the morning. The Department needs to take our people off the streets in high crime neighborhoods and put them in safe houses.

Another question that was asked, if PD responds to all our calls? The Police Department does not respond to all our calls. They do not have the resources as well to respond to all our calls. There's a code that comes in with every EMS run. In every job it's printed Command Order 12 NYPD not necessary on this run and on many of these incident's is where the assaults take place. Your routine sick job can turn into a nightmare. That's it for me.

CHAIRPERSON BORELLI: Mike, would you mind if I asked just quick questions just to follow up?

MICHAEL GRECO: Yeah, no, of course.

CHAIRPERSON BORELLI: I just want to go over this, the disciplinary procedures for EMS workers who use force. So, members have been terminated for using force?

MICHAEL GRECO: We had an incident last year and Michael can go into depth, since he deals with the discipline aspect of all our jobs.

MICHAEL GRECO: Yeah, we've had a member terminated after the patient spit on her. The oath and the DOH ruled that due to the fact that it was a second punch that it's not good. So, they decided to terminate her. It's not just termination.

CHAIRPERSON BORELLI: But other members have been fined?

MICHAEL GRECO: Fined. I have one case now, it's lack of investigation really. I have one case going on right now. Two members, the patient was restrained by one arm onto the stretcher. So, he uses the right arm, and this is the story as told by the members and one of the triage nurses, used the arm and started punching. He ended up putting his hands on him, the patient complained and actually one of the PD members who, I don't know why he was only restrained on one hand but ended up contacting his patrol supervisor and saying there was probably something off here. So, the Bureau of Investigation trials interviewed the officer, interviewed the members, two members and never interviewed anybody else and just assumed that the police officer's version, there's no video of this. So, they assumed that one side, because he's a police officer, it must be correct. The exact words were, well, I believe him. Why would he lie? I don't understand why anybody lies, but anybody that knows about perception, there's the old cartoon where you got two men sitting with a number six.

CHAIRPERSON BORELLI: How often are fines levied for this? A couple time a year?

MICHAEL GRECO: Probably a couple times a year and it all depends on what story comes out because CCU, which is the Civilian Complaint Unit, anybody who calls in and makes a complaint, it's immediately looked at as okay, we have to investigate the crew. So, when their investing the crew, it's again a belief. This isn't a court of law and they throw it in our face all the time. Well, we don't have the same preponderance of evidence. We don't have the same rules of you know, beyond the reasonable doubt. For them it's 51 percent and it really comes down to who they believe. So, if I'm in a fight for my life against somebody but this person complains -

CHAIRPERSON BORELLI: The video that went viral about two months ago where it looks like it was a scrap. Was any employee of the FDNY fined or disciplined or investigated?

MICHAEL GRECO: Nobody was disciplined on that one but now that video, I mean I don't like to Monday morning - I think that's 44 seconds of a perfect microcosm to what the department says their doing and what's going on. That call was about twenty minutes.

Nobody had the time to come over the radio and give a proper, they called it 1012, that's the explanation of the situation.

Nobody gave a 1012 of what was going on. It wasn't until twelve minutes into the call that a 911 caller gave the best example of what was going on. So, because things get so crazy, it brings me to what I was — You know, I didn't have anything prepared but I'm just kind of answering the department. That radio training that they call proactive, it's not. Radios have been a problem since 9-11 if not before. So, they've always had to readjust. That training for the members was mixed in in a four-hour CME, we call it Continuing Medical Education.

CHAIRPERSON BORELLI: Is there a scenario where there could be a penalty against a member for use of force if he or she was first sort of accosted? Let's use the example you gave. So, the patient is partially restrained, they grab your member, your member uses some sort of force to free himself or herself, push the person away, is there a scenario where they can be fined despite not having any training physically on how to — in other words, the Police Department has a standard of training for

physical, we saw this play out with **[Inaudible 1:11:25]**, the debate was over whether the officer in question used the choke hold that he or she was trained for.

MICHAEL GRECO: Correct.

CHAIRPERSON BORELLI: So, in this case there is not physical training and a member can be held liable for using whatever means they can to sort of protect themselves.

MICHAEL GRECO: The short answer is yes. That does happen because it all depends again, who the department believes. If you interview four people, two people have one side, two people have another side. If the department believes the two people who are complaining against you, then yes. With no evidence whatsoever, it's just a matter of believe.

And again, that particular situation, they talk about retreating, that patient is on our stretcher. So, if you retreat, it's claiming safety issue and he's flailing around and he falls on that, now a different ULR is created where the patient got injured in your care.

CHAIRPERSON BORELLI: Is there any civil liability with that for the member?

MICHAEL GRECO: That I know of, I'm sure in today's day and age with law suits.

CHAIRPERSON BORELLI: There hasn't been an incident in your knowledge where a member was sued personally?

MICHAEL GRECO: So, there are instances where the person decides to sue the department, there are, but it doesn't involve our members.

CHAIRPERSON BORELLI: Right.

MICHAEL GRECO: But for car accidents, for instance, our members get subpoenaed themselves by the victim all the time.

CHAIRPERSON BORELLI: Are there any time where either an EMS worker or members of the Fire Department or any employee of the DDNY let's say, transmit over the radio a request for the police to come and they aren't able to respond?

MICHAEL GRECO: Yes.

CHAIRPERSON BORELLI: So, there is plenty of scenarios where the determination was made that there ought to be a police officer present and those resources, whether they aren't available or you know, somebody in the decision-making chain decides not to send them. That has happened?



MICHAEL GRECO: There's a mechanism for our members to call for help but it goes to a third person, a fourth person sometimes. So, you're on the street, I'm your dispatcher, you call me, I now have to send a message to a police operator who is not directly over there with that frequency for instance. She now has to send a message to that Bureau frequency telling them there's an emergency going on and send somebody.

So, there's a lag sometimes.

CHAIRPERSON BORELLI: Even if the resource is available and a police officer is 500 feet away, around the corner, out of visual range let's say, it would take a minute.

MICHAEL GRECO: Unless they get on the police frequency, there's a delay.

OREN BARZILAY: Imagine texting your mother to text your father, who then texts your brother to come help you.

CHAIRPERSON BORELLI: I don't even want to think about that.

OREN BARZILAY: Right, that's why I use those same exact people for that reason, because that's what it's like.

MICHAEL GRECO: Sorry mom, if you're watching.

OREN BARZILAY: Sorry about that.

CHAIRPERSON BORELLI: Michael, you want to make a testimony on that?

MICHAEL GRECO: Yeah, I mean just a couple of things. We touched on dispatch, the communication at PD is terrible. The spit hoods their talking about, they've been in development for two years and it gets stalled because of colors. They had a white and black hood, black hood they felt and the white hood they felt was you know, certain racial connotations, so it got delayed while they asked the company to create a new hood with just a beige color. Those are the delays that they worry about. The radio strap, if you've ever seen a radio strap it goes across. That's not only a choke hazard, it also gets caught up on banisters, it gets caught up, it falls, it hits patients in the face and on members of discipline, if they're not wearing their radio strap, even though they have a belt holder, and we've approached to the Department and said, why can't you let them use the belt? And, well, no, you have to. It's an order, you have to wear the radio strap. So, these are the sort of things, they asked about proactive. You

asked about proactive. They're not. They're very reactionary. The debriefing that he touched on, it's a culture problem.

I was going to start off with a joke but instead I'll start it here. When you said when you guys were on the ambulance, what changes — well, horse and buggies was one of them, cell phones, audio recordings, internet. Those are all the things that have changed. These are the people who sit up here that if this sort of stuff happened in 1983, they probably hit them with an oxygen bottle to get away and we've been told in those, oh, you know, you guys have to know how to handle yourselves. It's different with cameras now days. A fourteen second clip, even though for the rest of the ten minutes you're were completely in the right. Things have changed and the people who are in charge while they have good intentions don't understand whats going on.

A video on diamond plate they talked about, if you're going to show me a de-escalation, that's their answer. I'm looking for a trained professional to come in and teach us how to de-escalate a situation and you're going to throw it on a 30-minute video that we have to watch on our own time when we're

1 busy. The Fire Department, the fire fighters, they  
2 train constantly. They get taken out of service,  
3 they get sent to Randall's Island, they practice  
4 things, because of our call volume, because of our  
5 understaffed, because we're running down a hundred  
6 tours a day, we can't be taken off service.

7 The counseling service they speak about, first of  
8 all, there's no debriefing and if we go to the  
9 counseling service, we might get the rest of the  
10 **[inaudible 1:18:33]** and if need any other time, we  
11 don't have unlimited sick. So, we get sent to the  
12 counseling service and you need to use your own AL or  
13 your own sick leave to get that time.

14 So, their more worried about their stats of  
15 running ambulance then they are about the safety of  
16 the members.

17 CHAIRPERSON BORELLI: So, what -

18 MICHAEL GRECO: That's -

19 CHAIRPERSON BORELLI: Oh, I'm sorry. I thought  
20 you were finished.

21 MICHAEL GRECO: No, no, no, you could give me a  
22 chance to talk, I'll keep going.

23 CHAIRPERSON BORELLI: Oh, well, I just want to  
24 ask two quick questions. The first is about the  
25

number you gave for 2018. You said there was 156, that's different then the FDNY's number that they gave. Is there a discrepancy?

OREN BARZILAY: That's the number they gave us. So, as I was listening to it, in June of 2018, when those decals came out, there's a report that says as of June there's 87 incidents by the Department. So, half way through the year we had 87.

CHAIRPERSON BORELLI: Maybe one was a fiscal year and one was a calendar year, but it doesn't seem like there's a big conspiracy right now.

OREN BARZILAY: And keep in mind a lot of our members do not report all incidents.

CHAIRPERSON BORELLI: That was the next question, out of the say 156, what are the type and scope of the injuries that have been received?

OREN BARZILAY: Some of those injuries are permanent or disabling. Our members had to apply for early retirement because of these assaults. Without going into too much details on a torn rotator cuff from somebody either punching you or pulling you. We have a member right now who's permanently disabled. Young individual in their 20's, career over.

2 CHAIRPERSON BORELLI: What do you estimate the  
3 percentage is of EMS workers who file an accident  
4 report for assault that end up being placed on some  
5 sort of duty modification?

6 OREN BARZILAY: So, we have a total of ten  
7 percent people who are injured.

8 CHAIRPERSON BORELLI: But as far as the assaults  
9 go?

10 OREN BARZILAY: As far as the assault, I don't.

11 MICHAEL GRECO: If you are getting assaulted to  
12 the point that something hurts, I think there's a  
13 very good reporting nature where you have to miss  
14 work because we go back to again with whether we use  
15 our own time or not. So, if you have a simple injury  
16 like a back strain, if you go line of duty injury,  
17 that time is not charged against your leave balance.  
18 So, when it comes to needing time off -

19 CHAIRPERSON BORELLI: No, when someone is  
20 assaulted, there is an almost overwhelming likelihood  
21 that they will be out of service for the next week.

22 OREN BARZILAY: No, not an overwhelming, because  
23 he spoke about the far end of the spectrum. The  
24 really serious ones. To go the other range, there's  
25 a lot of punching, there's a lot of spitting, there's

a lot of kicking. You strap a guy in the ambulance, you get kicked in the chest. It's become common nature that that is where when I tell you twenty five percent of those get reported. I could probably have these guys shake their head right now, if you reported every time somebody has put their hand on you? No, because one of two things, nothing's going to happen. The PD might not arrest all its supervisors, the same ones who have been around for thirty years. Oh, back in our day, this was nothing. You know, so the little ones don't get reported because it becomes; a. PD's not going to do anything, and our supervisors aren't going to care.

So, if it's significant enough that it causes any injury to us that is recognizable at the moment, they will go out but if it's just a slap in the face, you got spit on your chest, you got just punched in the chest and there's no real physical injury, it's not worth the time and effort.

CHAIRPERSON BORELLI: We have been joined by Councilman Maisel who's hiding behind the donuts, which are available for his enjoyment.

COUNCIL MEMBER MAISEL: I will try to do my best not to look at them.

CHAIRPERSON BORELLI: Some of them have lucky charms on them. They're very good.

Well, luckily donuts have a hole already in them.

I don't have anymore questions.

MICHAEL GRECO: Again, you let me go and I'll go. There call types. We respond to numerous and this is the call type, unknown. And that's the call type, unknown but no PD goes to that, to an unknown.

CHAIRPERSON BORELLI: Is there then a procedure that the EMS worker -- so in another words, if a call comes in as unknown, the EMS worker might by nature be more cautious, but is there a protocol where they should validate that it's a safe situation before entering?

MICHAEL GRECO: No, we go over and say, we go over the air and ask you know, there's no information. Instead of saying, wait for PD or we're sending a boss, the answer we get over and over is check and advise. So, it's our job to figure out what the unknown and then there's also the call type Other, which it actually is one of my favorite call types because of the extent of what an "Other" could be. That means somebody on the phone went so crazy they don't even know how to categorize it, so they



just send it as an "Other", but those are the dangerous calls. Those are the ones where you show up and you don't know what's going to happen and the verbal judo, the two years that their giving new people, it's not enough seriousness into the training. They need to stop putting it with other things.

CHAIRPERSON BORELLI: I almost think they don't take it seriously in the sense that they call it verbal judo.

MICHAEL GRECO: Right, and it started out as a lieutenant because it's a book, I believe. It started out as a lieutenant and higher type class that they're not incorporating into the lower and I do believe the administration is on the right path. I don't want to knock the administration, even though Chief Bonsignore, she's great at the training aspect. She's great at her job. I just think some of the bureaucracy and the two years for a hood, the micromanaging of if I'm not safe in a radio strap and I have a belt, it should be my decision on how to go about that call. You're giving me a \$300,000 ambulance. You give me an insane amount of drugs and an insane amount of autonomy to intubate, sedate,

restrain, take care of cardiac arrests, do all that but when it comes to whether or not I can wear a belt or a strap, you have to micromanage that. When it comes to a uniform, you're going to tell me on which day I can wear a long sleeve and a short sleeve.

CHAIRPERSON BORELLI: And rest assured that if I was hit in the face with a radio while I was in a stretcher, I would file a complaint.

MICHAEL GRECO: Of course, yeah, and I'm on the side of it's not the self defense that I feel is 100 percent even and I don't want weapons for our members because again, the training that comes with weapons and we are the safe space for people to call. Self-defense, it should always be to get out. Seen safety and retreat is always the way to go and if you do a self defense course, the way they're going to teach it, their going to have some guy who works in the Bronx who's going to come and make a little overtime. It's going to be a four-hour training that you must retrain and retrain. That's any self defense but conflict resolution, how to approach a patient, how to de-escalate a situation, if that's taught in a four-hour class dedicated, that would be more helpful, and I don't believe they're ready to bring

in the experts. I think they're going to turn around and ask some guy who might know somebody, and they'll put in a slide. A captain or lieutenant should not be teaching.

CHAIRPERSON BORELLI: So, just my last question. Considering the danger of the job, the number of assaults, the lack of interest the department seems to take with respect to preventing these types of assaults despite the rise, why do people stick around the EMS Department given the pay?

MICHAEL GRECO: Because we love it. It takes a special person. A conductor on the Long Island Railroad had a heart attack today on my way in. Saint Albans they stopped the train for 45 minutes, they asked for a medical professional. I got up, I keep gloves in my pocket, and I've been doing this now for two years, the Vice President, that is the most exciting thing to me because I get to treat a patient. So, two FDNY crews came in, took this guy to the hospital. That is why we do it because despite all the problems EMS, this is a call, this is a calling. A Fire Fighter loves what he does. Police officers love what they do. We love what we do. So, we will keep doing it and if I had a council

hearing that didn't mention the pay, that's alright. If you're going to treat us like a service that gets beat up, that gets spit on, that gets punched, that gets whatever, and then tell me my job's not dangerous. Tell me the work is different, we're going to have issues.

CHAIRPERSON BORELLI: Thank you very much guys, both of you.

OREN BARZILAY: Can we touch on the ballistic vests?

CHAIRPERSON BORELLI: Oh, yeah, if you like, yeah, please.

OREN BARZILAY: I don't know if you saw the news this morning out in Oregon. A paramedic sitting in an ambulance was stabbed, minding his own business. Our vests are so outdated. We've asked also for replacement policy, it falls on deaf ears. We have members with twenty-year vests. Studies have shown that weapons technology has advanced. Those vests are useless at this point. Bullets have advanced, guns have advanced, our members are out there with no protection. And just to echo some of what Mike has said, this is a passion to our people with all that

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2 falls on their lap, they take it and they move  
3 forward.

4 CHAIRPERSON BORELLI: Thank you guys.

5 MICHAEL GRECO: Thank you.

6 CHAIRPERSON BORELLI: Is there anyone else who  
7 would like to testify? Being none, thank you.  
8 [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 April 1, 2018