

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON FIRE AND  
EMERGENCY ROOM MANAGEMENT

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June 17, 2019  
Start: 10:10 a.m.  
Recess: 11:21 a.m.

HELD AT: Committee Room - City Hall

B E F O R E: Daniel Dromm  
Chairperson

COUNCIL MEMBERS: Fernando Cabrera  
Alan N. Maisel

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

Lillian Bonsignore  
Chief of EMS

Harold Wagner  
Director  
911 Participating Hospitals

Cheryl Braxton

Oren Barzilay  
President  
Uniformed EMTs, Paramedics, and Fire  
Inspectors

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1 COMMITTEE ON FIRE AND  
EMERGENCY SERVICES

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2 [SERGEANT AT ARMS ADAM LOPEZ] Test, test,  
3 this is a test. Today's date is June 17, 2019. This  
4 is a committee hearing on Fire and Emergency  
5 Management, being recorded by Sergeant at Arms Adam  
6 Lopez. [pause]

7 CHAIRPERSON BORELLI: Well, happy Monday,  
8 everyone. Good morning. Josh thought it was  
9 afternoon, so it's terrible. Good morning. I am  
10 Councilman Joe Borelli and I am chair of the  
11 Committee on Fire and Emergency Management. I'm  
12 joined today by my colleagues, the small but stalwart  
13 band of brothers, Council Members Cabrera and Maisel.  
14 Regarding the subject of today's hearing, we are  
15 here to discuss the city's private ambulances and  
16 citywide access to emergency medical services. The  
17 delivery of efficient and effective ambulance service  
18 and pre-hospital care are among the most vital roles  
19 that the city plays in providing services to  
20 residents and visitors. In addition to the FDNY's  
21 fleet of municipal ambulances, the city's emergency  
22 medical response system includes private ambulance  
23 companies that comprise both voluntary hospital-based  
24 ambulances and neighborhood and community-based  
25 volunteer ambulance corps. The committee seeks to

2 discuss how the FDNY and EMS ensures that New York  
3 City continues to meet the standard of excellence in  
4 delivering emergency medical services throughout the  
5 city and that such service is delivered efficiently  
6 and equitably. Additional, we're also hearing two  
7 pieces of related legislation. First, Intro 825  
8 would require the Fire Department to report on the  
9 operation of private ambulance tours, with particular  
10 attention paid to providing information on the  
11 addition or loss of EMS coverage due to changes in  
12 private ambulance services. Additionally, Intro 1517  
13 would require the Fire Department to study and report  
14 on the geographical areas covered by the FDNY EMS and  
15 private ambulance companies and how that coverage  
16 corresponds to the socioeconomic demographics of such  
17 areas. I would now like to ask those members of the  
18 administration who plan to testify please state your  
19 name for the record, raise your right hand, as the  
20 Committee Council administers the oath.

21 UNIDENTIFIED: Good morning. Do you  
22 affirm to tell the truth, the whole truth, and  
23 nothing but the truth in your testimony before this  
24 committee and respond honestly to council member  
25 questions?

1 COMMITTEE ON FIRE AND  
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2 CHIEF BONSIGNORE: I do.

3 UNIDENTIFIED: I do.

4 UNIDENTIFIED: Thank you.

5 CHAIRPERSON BORELLI: Chief and Mr.  
6 Wagner, it's so nice to see you guys. Please begin  
7 whenever you're ready.

8 CHIEF BONSIGNORE: Good morning, Chair  
9 Borelli, and all of the council members present.  
10 Thank you for the opportunity to speak with you about  
11 municipal and voluntary ambulances in the 911 system  
12 in New York City. I'm joined today by Harold Wagner,  
13 Director of 911 Participating Hospitals. Under the de  
14 Blasio admin the fire department has received  
15 unprecedented levels of funding for the Bureau of  
16 EMS. We have received support for the Fly Car  
17 program, the tactical response group program, adding  
18 EMS units to Riker's Island, upgrading and expanding  
19 facilities at the EMS Academy, and greatly increasing  
20 the overall number of EMS units across the five  
21 boroughs. We have created a hospital liaison program  
22 to speed up turnaround times and we have streamlined  
23 and improved the dispatching process. We are  
24 currently exploring the exciting innovations around  
25 the Triage, Treat, and Transport model, ETC, with

2 FDNY driving the national conversation about  
3 strengthening the way that emergency medical services  
4 provide care. We are grateful for the support that  
5 we continue to receive from the administration as we  
6 respond to medical emergencies at levels far  
7 exceeding any that we have experienced in the past.  
8 Currently the fire department oversees 1266 daily  
9 ambulance tours within the 911 emergency room system.  
10 These include both basic life support, BLS tours, and  
11 advanced life support, ALS tours. BLS tours are  
12 staffed by emergency medical technicians and ALS  
13 tours are staffed by paramedics. Of the 1266 daily  
14 tours, 844 are operated by FDNY, while 422 are what  
15 we call hospital or voluntary ambulance tours because  
16 they are operated by hospitals that voluntarily  
17 participate in the 911 system. For the tours that  
18 they operate, voluntary hospitals provide their own  
19 EMTs, paramedics, and vehicles. They conduct  
20 operations in accordance with FDNY EMS regulations,  
21 policies and procedures, and they do so within the  
22 mandates of a voluntary hospital agreement with the  
23 department. Voluntary units are dispatched by the  
24 department and are supervised by FDNY officers. The  
25 EMTs and paramedics staffing voluntary units are

2 required to maintain appropriate training and  
3 certifications under the Regional Emergency Medical  
4 Service Council, REMSCO, and the Regional Emergency  
5 Medical Advisory Committee of NYC, REMAC. The fire  
6 department currently operates 67% of all tours in the  
7 911 system. This is the largest portion that the  
8 department has operated since the department took  
9 control of EMS. The overall trend has been in a  
10 direction that the department absorbing or creating  
11 additional tours. We recently began operating six  
12 tours that had been previously run by Montefiore  
13 Medical Center and we do not have any tours that we  
14 are currently considering for transfer to voluntary  
15 hospitals. The proposition of municipal units to  
16 voluntary units will again increase later this year  
17 as we roll out the expansion of the Fly Car program  
18 in the Bronx. Each additional Fly Car, 17 in total,  
19 will be accompanied by the addition of a BLS unit,  
20 resulting in 17 additional FDNY-run ambulances. By  
21 October 2019 we anticipate the department will  
22 operate roughly 70% of the tours in the 911 system.  
23 As with all areas of operations within the fire  
24 department, we are constantly monitoring and revising  
25 our processes to improve the service that we provide



3 to the community. One episode that has informed the  
4 way we coordinate voluntary hospital participation in  
5 the 911 system was the failure of Transcare in 2016.  
6 Some hospitals that participate in the 911 system  
7 contract with a private vendor to operate those  
8 tours. Transcare was a private vendor that  
9 contracted with several hospitals in the Bronx and  
10 Manhattan. In 2016 they were operating 81 tours via  
11 27 ambulances within the 911 system. However, the  
12 company suffered financial failure, eventually filing  
13 for bankruptcy in April 2016. The department had  
14 been aware of these troubles for months and worked  
15 with City Hall and our partners at the Greater New  
16 York Hospital Association to devise a contingency  
17 plan. We were able to cover all of the tours and  
18 provide EMS service to the Bronx and Manhattan  
19 without missing a beat. We were fortunate that our  
20 planning for the situation was successful. Still, we  
21 learned from the experience and we moved to  
22 strengthen the resiliency of our public-private  
23 partnerships within the 911 system. Working with the  
24 law department, we have implemented several measures  
25 within our most recent agreement with the voluntary  
hospitals to ensure that the system is not put at

2 risk. We placed a cap on the total number of tours  
3 that any third-party vendor can operate within the  
4 system. We insisted on more thorough reporting from  
5 hospitals regarding various data that would indicate  
6 with plenty of notice the potential inability to  
7 fulfill required tours, including financial  
8 information, lapses in insurance payments, and issues  
9 with staff compensation. We also require that every  
10 hospital participating in the system be prepared to  
11 provide at the department's request up to three tours  
12 a day for up to 120 days in the event that there is a  
13 disruption in the system. One of the ways we were  
14 able to over come the Transcare situation was several  
15 hospitals stepping up to take additional tours at our  
16 request. The current agreement requires this of all  
17 hospitals, providing safety and predictability in the  
18 event that the system faces a similar test. I will  
19 now address the proposed legislation. The fire  
20 department has reviewed Introduction 825, which would  
21 amend the administrative codes that require the  
22 department to report on ambulance tour coverage by  
23 private ambulances, and Introduction 1517, which  
24 would amend the administrative code to require the  
25 department to report on the income distribution of

2 areas covered by private ambulances and emergency  
3 medical services. The department can fulfill the  
4 obligations of both these bills. We do have some  
5 questions about certain terminology used in the  
6 bills. For instance, we use the term voluntary  
7 ambulance, whereas private ambulance means something  
8 slightly different to us than how it's defined in the  
9 legislation. We are happy to work with the council  
10 staff to resolve those specifics. The FDNY Bureau of  
11 EMS takes great pride in serving the people of New  
12 York. We ensure that they receive the best possible  
13 care, whether it is being provided by the FDNY  
14 members or by members of the voluntary hospitals  
15 under the guidance and supervision of FDNY officers.  
16 I would be happy to take your questions at this time.

17 CHAIRPERSON BORELLI: Thank you so much,  
18 Chief, and it's always lovely to see you and I hope  
19 you're enjoying your new role.

20 CHIEF BONSIGNORE: I am, thank you. And  
21 happy Father's Day to all you fathers.

22 CHAIRPERSON BORELLI: Thank you very  
23 much. I know Harold is a mother and father, too, so  
24 tell your parents happy Father's Day as well. So,  
25 you went over the numbers. I guess the first

2 question is how do non-EMS, FDNY EMS ambulances get  
3 directed to the scene of medical emergencies?

4 CHIEF BONSIGNORE: All ambulances, both  
5 municipal and voluntary participants, are dispatched  
6 through the fire department.

7 CHAIRPERSON BORELLI: Is there a cost  
8 associated with paying for the dispatch system?

9 CHIEF BONSIGNORE: As far as the  
10 voluntary, is that what you're asking?

11 CHAIRPERSON BORELLI: Yes, ma'am.

12 CHIEF BONSIGNORE: Yeah, we have a  
13 partnership with our voluntary hospitals. There are  
14 several ways that we flesh some of this out, and some  
15 of the things that happen is we have information  
16 sharing, so our voluntary partners help us by  
17 providing for us information that allows for us to  
18 bill our patients and they also actually make a large  
19 investment when it comes to vehicles and EMTs and  
20 paramedics and equipment, and the things necessary to  
21 provide service to their communities.

22 CHAIRPERSON BORELLI: Is there a, if a  
23 hospital transports and works on a patient who has  
24 insurance and they're billing the insurance company,  
25 is there a built-in mechanism for us to recover, the

2 city to recover, a portion of that to pay for the EMS  
3 dispatch services?

4 CHIEF BONSIGNORE: No, I don't believe  
5 there is. They bill for the services as we bill for  
6 our services.

7 CHAIRPERSON BORELLI: Does the city pay  
8 any hospital to have ambulances, or is there any  
9 direct payment to the hospitals systems to provide  
10 the service in any of the tours?

11 CHIEF BONSIGNORE: No, there is not.

12 CHAIRPERSON BORELLI: Just going to the  
13 911 system, who manages the access to the 911 system  
14 in terms of how do you pick and choose what voluntary  
15 companies have access to the system, have access to  
16 the information on the number of cases and new cases?

17 CHIEF BONSIGNORE: As far as coming into  
18 the system as a whole, is that what you're?

19 CHAIRPERSON BORELLI: Right, so if you're  
20 on, you know, on the corner of 125th and Lexington  
21 and you call an ambulance, who controls the access to  
22 a nearby ambulance that might not be a city-  
23 affiliated one?

24 CHIEF BONSIGNORE: As I said, all  
25 ambulances are dispatched through the fire

2 department, so depending on where that assignment or  
3 that incidence is, you'll get the closest, most  
4 appropriate unit for that job, whether that be a  
5 voluntary or municipal unit.

6 CHAIRPERSON BORELLI: But since there are  
7 ambulance services and companies that may not be  
8 granted access to the 911 system, how do we pick and  
9 choose what companies we allow to be a part of this  
10 response system?

11 CHIEF BONSIGNORE: I'll defer that to my  
12 colleague, Harold.

13 HAROLD WAGNER: Good afternoon. So I  
14 think what you're referring to is we have a long-  
15 standing private-public partnership with the  
16 voluntary hospitals that are predominantly solely  
17 hospitals that are not-for-profit. I believe what  
18 you're referring to is any other entity that runs  
19 ambulances that is not a not-for-profit hospital, is  
20 that correct?

21 CHAIRPERSON BORELLI: Yes.

22 HAROLD WAGNER: OK. So these long-  
23 standing agreements that actually predate the merger  
24 between the fire department and HIC, or HIC  
25 relinquished us to the fire department, we have been

2 upholding these agreements every since, and there is,  
3 there is no agreement or mechanism by which a private  
4 ambulance company or a volunteer ambulance company  
5 would come into the 911 system at this time.

6 CHAIRPERSON BORELLI: If the voluntary  
7 system is good, why not allow more in? Like is there  
8 a quality control issue?

9 HAROLD WAGNER: So I believe what you're  
10 referring to is yes, there is a very, every hospital  
11 is completely vetted and all of these not-for-profit  
12 hospitals that come forward present an application to  
13 the fire department are vetted and they make  
14 substantial capital investments whereby they pay for  
15 their vehicles, they pay for the equipment, they also  
16 make, ah, by agreement they have to meet a whole host  
17 of regulations, including indemnifying the City of  
18 New York for certain things, like the actions of  
19 their EMTs and paramedics. So there several levels  
20 of indemnity when it comes to thinks like  
21 professional liability insurance, when it comes to  
22 commercial liability, and also vehicle insurance.

23 CHAIRPERSON BORELLI: Are there  
24 mechanisms in the agreement that govern when the  
25

2 hospital system decides to discontinue the ambulance  
3 service. If and when.

4 CHIEF BONSIGNORE: Yes, so when an  
5 organization or hospital decides that they're looking  
6 to pull out, we have certain mechanisms put in place.  
7 Like I testified earlier, our partners, our other  
8 partners, have agreed to work with us to absorb  
9 whatever tours that would be made available from that  
10 particular entity pulling out. We have advanced  
11 notice, right, that's part of our agreement, so we  
12 would expect our partners to give us advance notice  
13 to let us know that they're having problems, which  
14 allows for us to prepare to absorb those tours. So  
15 our partners have agreed to provide up to three tours  
16 for up to 120 days to absorb whatever tours become  
17 available as we put mechanisms in place to take those  
18 tours back from them.

19 CHAIRPERSON BORELLI: If we were starting  
20 an ambulance service from scratch in a new city would  
21 this be the service we'd have? Would it look like  
22 this, I guess you would say.

23 CHIEF BONSIGNORE: Although I don't, I've  
24 never planned a city, I would say that we have a  
25 very, very good system here and as Chief of EMS my



2 responsibility is to make sure that all of our  
3 citizens have access to high-level, high-quality  
4 emergency care. And we get 1.5 million calls a year,  
5 and, you know, with this partnership it allows us to  
6 provide that level of care, and it is all our  
7 responsibility to make sure that our citizens are  
8 cared for, so yes I do think that we have a very good  
9 system. I think we continue to reevaluate our needs  
10 as our city grows and as things change. But our  
11 partnerships are very valuable.

12 CHAIRPERSON BORELLI: Are we the only  
13 large city, to your knowledge, that operates sort of  
14 a dual system where we have both uniformed EMS and  
15 hospital voluntaries operating in the same  
16 jurisdiction?

17 CHIEF BONSIGNORE: I don't have that  
18 information, sir, but I'd be happy to get and get  
19 back to you.

20 CHAIRPERSON BORELLI: In your testimony,  
21 you mentioned that the department operates the  
22 largest percentage of tours since, I think you said,  
23 since it was taken over in the '90s. Why are we  
24 operating more tours today than we were, say, in  
25 2009?

2 CHIEF BONSIGNORE: Certainly our response  
3 times have, I mean, our call volume has gone up and  
4 we've grown over the years as we continue to add new  
5 stations and new resources, our percentage of that  
6 equation becomes higher and higher. And as I stated  
7 in October we're expanding, as part of this last  
8 budget, we're expanding our Fly Car program in the  
9 Bronx and that's going to also allow for us to have  
10 17 additional BLS units. So as those type of trends  
11 continue we could expect that the percentage of our  
12 ownership will also go up.

13 CHAIRPERSON BORELLI: Would you say that  
14 there's also been a higher percentage from hospitals  
15 cutting the service over time? Or hospitals electing  
16 to no longer provide the service?

17 CHIEF BONSIGNORE: We have had a few over  
18 the last fiscal years. Like we did take over six  
19 tours from Montefiore Hospital. We were able to  
20 absorb those. So the trend has been that the FDNY is  
21 absorbing more tours from the voluntaries. Right now  
22 we don't have any, ah, nobody has said anything  
23 recently saying that the want to give up tours, so  
24 right now we don't have anything planned to take over  
25 additional tours. But it's certainly a possibility

2 and we're always open to making whatever adjustments  
3 we have to make to ensure that all service is  
4 provided to these communities without interruption.

5 CHAIRPERSON BORELLI: But if you're not a  
6 hospital, not a full-service hospital, and you want  
7 to start a volunteer ambulance company, but you would  
8 still be blanketed with a no to access the 911  
9 system?

10 CHIEF BONSIGNORE: I just want to make  
11 sure I'm clear, sir. Did you say a volunteer  
12 ambulance service?

13 CHAIRPERSON BORELLI: Yeah, if you were  
14 starting a neighborhood volunteer ambulance corps,  
15 there's just a blanket no on those joining the 911  
16 system?

17 CHIEF BONSIGNORE: You know, we do  
18 appreciate our volunteer, you know, people. They  
19 give an incredible service to their community.  
20 However, we've explored this in the past, the idea of  
21 getting volunteer agencies into the system and what  
22 we found is that they were unable to meet the  
23 standards and qualifications required of the  
24 agreements that we hold. So volunteer agencies  
25 generally rely on people giving their extra time to

2 staff their ambulances and if you're going to own a  
3 piece of this city or a piece of our community, we  
4 need to be able to provide 911 service to them 24  
5 hours a day, seven days a week, and the volunteer  
6 ambulances have not been able to staff up in a way  
7 that allows for that, and there's also, they've been  
8 unable to raise the capital necessary to buy the  
9 ambulances and the equipment and things that are  
10 necessary to fit within our agreement. So we do  
11 appreciate all the work that volunteers do. It's an  
12 incredible service that they provide. However, our  
13 primary responsibility is to provide 911 service to  
14 all of those that call for us.

15 CHAIRPERSON BORELLI: How does the  
16 department evaluate how to allocate resources given  
17 areas where there might be a voluntary number of  
18 tours servicing a community versus where just FDNY  
19 EMS? In other words, if there's a shortage of tours,  
20 a shortage of ambulances, how do you coordinate with  
21 the voluntary services to make do, I guess, for lack  
22 of a better word?

23 CHIEF BONSIGNORE: There are lots of  
24 areas in our city that don't have a readily available  
25 municipal property, for example, like a fire

3 department EMS station or a municipal hospital, and  
4 our voluntary partners that have hospitals in those  
5 areas will provide units to cover that specific area.  
6 So the idea is to have the ambulance in the community  
7 the most amount of time and have them be available  
8 for as long as we can, right? We want them available  
9 to the community. So we want to limit the amount of  
10 turn-around time, which means that, you know, if an  
11 ambulance is in a community and they have to clean  
12 their stretchers or restock their equipment, we want  
13 them to go to the closest possible place. And that  
14 is true for the FDNY as well. So what we do is we  
15 evaluate, as far as choosing who goes where, we  
16 evaluate times, right, to see does this community  
17 need this particular resource and which is the  
18 closest facility? If the hospital is the closest  
19 facility then it would make sense that our voluntary  
20 partners provide an ambulance to service that  
21 community. Because it would require, it would allow  
22 for that ambulance to be available more, right? If  
23 it's a fire department EMS station that's closest to  
24 that community it would make sense that an FDNY unit  
25 cover that area, so that we can provide quicker  
service. They have, they go to the closest facility

2 to restock and get themselves prepared and we reduce  
3 our response times and we increase our availability  
4 times. So I guess my short answer, sir, would be the  
5 way it's chosen is based on the need of the  
6 particular community and whoever is closest to  
7 serving that community is who gets put in that area.

8 CHAIRPERSON BORELLI: If there was a  
9 major car accident on Staten Island, for example, and  
10 a number of ambulances were out of service and were  
11 likely to be out of service for an hour or two.  
12 Would a voluntary company from Brooklyn, would they  
13 or could they be reassigned to Staten Island?

14 CHIEF BONSIGNORE: All ambulances for any  
15 particular incident are dispatched on the closest,  
16 most appropriate unit. So the way our dispatch works  
17 is if there was a car accident, God forbid, right, on  
18 Staten Island, it was terrible and there were no  
19 immediate units around, then we would send the next  
20 closest unit.

21 CHAIRPERSON BORELLI: So that could be a  
22 voluntary FDNY unit?

23 CHIEF BONSIGNORE: That next closest unit  
24 can be either a municipal unit or a voluntary unit.

2 It really depends on the location and the time and  
3 the incident.

4 CHAIRPERSON BORELLI: Can you talk a  
5 little bit about the regulations, state regulations,  
6 any city departmental regulations that govern where a  
7 patient can be brought if they're picked up by a  
8 voluntary ambulance?

9 CHIEF BONSIGNORE: Sure. All of our  
10 patients generally go to the closest hospital. Now,  
11 if a patient, that is the rule, right? You go to the  
12 closest hospital. If our patients are stable,  
13 though, they do have some options. So if it is not a  
14 life-threatening situation they can choose to go to a  
15 hospital within 10 minutes of the closest hospital.  
16 So for example if their closest hospital is five  
17 minutes from where they are they can choose a  
18 hospital that is 10 minutes beyond that, so they can  
19 go within 15 minutes of the job that they're in. If  
20 this is a stable patient we could actually extend  
21 that to 20 minutes beyond the closest hospital. So  
22 the general rule is the patients go to the closest  
23 hospital unless there is a requirement for specialty  
24 services, for example a trauma center or burn center.  
25 Those specialty services may require us to bypass the

2 closest hospital because they don't provide the level  
3 of care that it is necessary for that patient at the  
4 moment. But for stable patients, they have a choice  
5 to go anywhere they want within the 10-minute mark  
6 past their closest hospital.

7 CHAIRPERSON BORELLI: I think I heard  
8 rumors that there may be a program coming to reduce  
9 the number of transport cases the department might  
10 take up and encourage people to instead use different  
11 means to get to the hospital?

12 CHIEF BONSIGNORE: Yeah, I think you're  
13 referring to ET3, the ET3 program?

14 CHAIRPERSON BORELLI: Um-hmm.

15 CHIEF BONSIGNORE: Yeah, so that's an  
16 alternative transport program. We've already taken a  
17 lot of steps to explore with the mayor's office and  
18 our other partners the possibility of doing this.  
19 We're actually leading this conversation nationally.  
20 It's a very interesting idea and we do believe there  
21 is some value here in New York City. So what it does  
22 provide for is the possibility of being transported  
23 to a place other than a 911-receiving ambulance.  
24 We're excited to continue that conversation.



2 CHAIRPERSON BORELLI: When there is a  
3 staffing situation and there is a need to bring in  
4 more folks on overtime, how does the department work  
5 with the voluntary companies to, are they included in  
6 the mix in overtime, or are overtime tours  
7 exclusively given to FDNY employees?

8 CHIEF BONSIGNORE: I just want to make  
9 sure I understand you. So the fire department staffs  
10 their own units and our voluntary partners staff  
11 their own units. So the overtime that I think you're  
12 talking about happens within the fire department, so  
13 we only offer overtime to our fire department members  
14 to staff our fire department trucks.

15 CHAIRPERSON BORELLI: So if there's a, if  
16 the hospital is short staffed for whatever reason, it  
17 falls on them to make sure that there's an  
18 operational ambulance with an appropriate number of  
19 people outside of the scope of whatever we do?

20 CHIEF BONSIGNORE: That's correct. So  
21 our voluntary partners staff their own ambulances.  
22 They do have a different, a little bit of a different  
23 business model. They have per diem workers that they  
24 can call upon to staff these ambulances.

2 CHAIRPERSON BORELLI: How do you see the  
3 changes coming, going forward, rather, with respect  
4 to the percentage of tours the FDNY operates versus  
5 voluntaries operate?

6 CHIEF BONSIGNORE: I think, you know, we  
7 have always kept the controlling share of the 911  
8 system and the trend has shown that we continue to  
9 absorb tours as the years go on. Like I said, we  
10 expect to be about 70% in October. We'll continue to  
11 reevaluate the needs of our communities as our  
12 communities grow and as resources change and  
13 hospitals and EMS stations pop up. I would say it's  
14 safe to, you know, base our answer on the trend and  
15 the trend is we absorb more towards, um, and it's,  
16 there's no reason to believe that would not continue.

17 CHAIRPERSON BORELLI: What is the benefit  
18 to the city from voluntary service? I don't mean the  
19 actual care, the front-line care that someone is  
20 providing to the patient, I mean, what is the long-  
21 term benefit to the city from having the voluntary  
22 service in the first place?

23 CHIEF BONSIGNORE: It does actually  
24 benefit the city in the sense that there are areas of  
25 our city that we just don't have properties, we don't

3 municipal EMS stations, we don't have municipal  
4 hospitals, and those particular partners actually  
5 allow for us to provide the same high level care to  
6 those communities as well. They provide their own  
7 ambulances, EMS staffing, equipment. So there is a  
8 cost sharing as far as that goes. They contribute a  
9 lot of capital to being able to service some of the  
10 areas that we just don't have access to as far as  
11 property. You know, any time we add additional  
12 ambulances and people we have the challenge of having  
13 to house them and properties are hard to come by in  
14 New York City. So we value our partnership with our  
15 voluntary providers.

16 CHAIRPERSON BORELLI: And just to give  
17 you like the Catch-22 question, what is the benefit  
18 then for the FDNY EMS service?

19 CHIEF BONSIGNORE: Well, the FDNY EMS  
20 service, you know, like I said, we kind of control  
21 the system. We oversee the quality, we provide the  
22 bulk of the services. So all of our voluntary  
23 partners, as valued as they are, still are supervised  
24 and overseen by FDNY officers. They are dispatched  
25 by FDNY resources. The quality assurance and, you  
know, the commitment is, um, where we have a city

2 agency the commitment exists, like we will absorb  
3 whatever units that we have to absorb to continue to  
4 provide the level of care that we provide to our  
5 citizens here in New York City.

6 CHAIRPERSON BORELLI: What determines the  
7 tours that a voluntary ambulatory corps takes over?  
8 Is it whatever the hospital sort of applies to or  
9 asks for? In other words, does the notion that a  
10 hospital is going to operate a voluntary corps, tour,  
11 come from the hospital choosing this area or does it  
12 come from the FDNY saying please take this area?

13 CHIEF BONSIGNORE: I think...

14 CHAIRPERSON BORELLI: Might be dating  
15 ourselves...

16 CHIEF BONSIGNORE: Sure, sure, when a  
17 hospital is providing ambulance services, like I  
18 said, the ambulance services generally service the  
19 area around the hospital. But we do evaluate the  
20 areas that require service. So if the voluntary  
21 ambulance is the closest to a particular area then  
22 that's where they would be. If the fire department  
23 resource is the closest to a particular area, then  
24 that's where the fire department resource would be.  
25 So our driving force is always about making sure that

2 we have optimal coverage for all of the communities  
3 that require our services, and it's really based on  
4 where is the need.

5 CHAIRPERSON BORELLI: Is there an  
6 operational or a quality difference in neighborhoods,  
7 say like the Upper East Side, just because it has a  
8 lot of hospitals and affiliated ambulance companies?  
9 Is there a noticeable difference in the quality of  
10 care or the operations between say that neighborhood  
11 and say, you know, Southern Queens, where there may  
12 not be as many private hospitals?

13 CHIEF BONSIGNORE: No, because our units,  
14 both voluntary and municipal units, are trained to  
15 the same level and follow the same regional and state  
16 protocols. They provide the same level of care and  
17 they are all supervised by FDNY resources. Thank  
18 you. I'm going to open it up to questions now from  
19 Council Member Cabrera.

20 COUNCIL MEMBER CABRERA: Thank you so  
21 much to the chair for hosting today's hearing. I  
22 just have a few questions. I'm just trying to figure  
23 out what's your end game? Is your end game is to  
24 eventually have a hundred percent of the services,  
25 EMS services, and one day not have volunteers? Is

2 that the direction you want to get to, and if it does  
3 what would be the cause?

4 CHIEF BONSIGNORE: Thank you for that  
5 question, sir. Our end game is to provide the  
6 highest level of emergency medical care that we can  
7 to all the people who call 911, and there are many,  
8 and if that includes doing it with our voluntary  
9 partners going forward then that's the plan. We have  
10 to make sure that we continue to service the people  
11 that need us. Their lives on the line and we only  
12 want to provide the highest level of care, so, like I  
13 said, we value our voluntary partners. I don't know  
14 that we'll ever get to 100%. I don't know that we  
15 won't. But I will tell you that our job is every  
16 time somebody calls for an ambulance to be able to  
17 provide life-saving care. We are up to 1.5 million  
18 runs a year and it does take, it does take that  
19 partnership to be accomplish this goal.

20 COUNCIL MEMBER CABRERA: You know, and I  
21 appreciate the level of professionalism that EMS and  
22 the volunteers do their job. But I want to get the  
23 sense, you mentioned right now it's 67%, you're going  
24 to move to 70%. What would be the max that you see,  
25

2 that we would ever have the capability [coughs],  
3 excuse me, to, for EMS to handle?

4 CHIEF BONSIGNORE: There is no max. So  
5 as we continue to grow we'll continue to put in  
6 mechanisms to absorb whatever tours come our way.

7 COUNCIL MEMBER CABRERA: So there's not a  
8 strategic plan to say, hey, ah, by 2025 we'd like to  
9 have 75%, 80%? Is there a plan that within the FDNY  
10 that you have already discussed?

11 CHIEF BONSIGNORE: Not a percentage-wise.  
12 Like I said, our plan is to provide care and...

13 COUNCIL MEMBER CABRERA: Do you think you  
14 should have a plan?

15 CHIEF BONSIGNORE: I think our plan is to  
16 provide care, and I think if we start to box  
17 ourselves as far as we must have this percentage, I  
18 don't know that would be realistic. This is a huge  
19 undertaking, to provide emergency-level care to the  
20 people of New York City and we don't close our eyes,  
21 or, we certainly don't shut anybody out, or turn away  
22 assets, and right now our voluntary partners are  
23 assets. We're in this together to provide a very  
24 high level care for those people who need us. So as  
25 of now, sir, the answer is no, there is no percentage

2 that we're pushing for, but there is also no max that  
3 we can handle. We will put whatever mechanisms in  
4 place as we move forward to make sure that we keep  
5 our level of care consistent and we don't miss any  
6 people who need us.

7 COUNCIL MEMBER CABRERA: And the little  
8 phrase that you mentioned there's not a max that we  
9 can't handle, I want to backtrack here. Montefiore  
10 Hospital, as you mentioned and I appreciate that bit  
11 of information, you mentioned that they let go six  
12 tours and you were able to absorb that. What was the  
13 reason that they let go of the six tours?

14 CHIEF BONSIGNORE: That was part of the,  
15 after the Transcare went bankrupt.

16 COUNCIL MEMBER CABRERA: OK.

17 CHIEF BONSIGNORE: You know, they were  
18 running specific tours and they felt like they were  
19 unable to provide the eight or less level tours.  
20 They did continue to provide two BLS trucks, but they  
21 weren't able to meet the requirements, so they gave  
22 those tours back to us and we absorbed those tours.

23 COUNCIL MEMBER CABRERA: If for some  
24 reason the hospitals at one point, because of their  
25 reimbursement, because reality the part of the reason



2 they're doing it is economically it makes sense,  
3 fiscally their financial bottom line it makes sense.  
4 But what would happen if we find ourselves where they  
5 all say, hey, the insurance companies are only giving  
6 this much, I'm assuming based on the data that I have  
7 here, many of them are located in wealthy, ah,  
8 middle-class neighborhoods and tend not to be in  
9 neighborhoods like mine, that if they were to pull  
10 out can EMS handle 100% at this moment?

11 CHIEF BONSIGNORE: So if any one entity  
12 was to pull out at this moment we would share the  
13 burden with our voluntary partners. They will  
14 provide up to three tours for up to 120 days in  
15 addition to the ambulances services that they already  
16 provide, that will allow us time to be able to put  
17 whatever mechanisms in place to absorb those tours  
18 lost.

19 COUNCIL MEMBER CABRERA: But if all the  
20 hospitals and all the private entities were to say no  
21 what would be the capacity? What can you handle?

22 CHIEF BONSIGNORE: Again, I mean, we're  
23 talking about a third of the system pulling out at  
24 once. I'm sure that would be quite challenging.

2 COUNCIL MEMBER CABRERA: But what do you  
3 think you'll be able to handle?

4 CHIEF BONSIGNORE: I think we would do  
5 our very best to continue the level of care that we  
6 give.

7 COUNCIL MEMBER CABRERA: You would be  
8 able to do 100%?

9 CHIEF BONSIGNORE: I think we'd probably  
10 be back here having a conversation.

11 COUNCIL MEMBER CABRERA: [laughs] You  
12 will need more funding.

13 CHIEF BONSIGNORE: If a third of our  
14 system pulled out at once it would be challenging.

15 COUNCIL MEMBER CABRERA: How much does it  
16 cost for every 5% to go up, every 5% absorption of  
17 services, how much does it cost EMS?

18 CHIEF BONSIGNORE: I don't have those  
19 numbers, sir, but I can get that and get back to you  
20 with that.

21 COUNCIL MEMBER CABRERA: Yeah, it would  
22 be kind of interesting because you're about to do 3%,  
23 all you got to do is take that data and that will  
24 tell you, you know, just by percentage point. I  
25

2 wanted to ask you, at this moment are you having  
3 daily revenue loss? What's your daily revenue loss?

4 CHIEF BONSIGNORE: Um, from a operational  
5 perspective I couldn't tell you what our loss is  
6 right today, but certainly I can consult with Fiscal  
7 and get back to you with that answer.

8 COUNCIL MEMBER CABRERA: I hear it's  
9 about over \$80,000. Does that kind of make sense?

10 CHIEF BONSIGNORE: I couldn't tell you.

11 COUNCIL MEMBER CABRERA: OK. If it's  
12 over \$80,000, would that be concerning today?

13 CHIEF BONSIGNORE: Again, without looking  
14 at the rest of the numbers, I mean, that's just...

15 COUNCIL MEMBER CABRERA: No, but if you  
16 were, hypothetically speaking, if you were, would  
17 that be concerning?

18 CHIEF BONSIGNORE: I'm sure it would just  
19 require for all the people involved in that area of  
20 our operations to determine whether that was  
21 concerning or not. I don't know the bigger numbers  
22 so I'm unable to answer that accurately.

23 COUNCIL MEMBER CABRERA: I'm curious why  
24 hospitals, all right, do you know if hospitals are  
25 losing money?

2 CHIEF BONSIGNORE: I don't know.

3 COUNCIL MEMBER CABRERA: I would imagine  
4 they're not, 'cause know how hospitals work and CEOs  
5 and hospitals, they don't like to take losses. I'm  
6 curious why they not losing, based on that  
7 assumption, and EMS is not, and if you don't have the  
8 answer I would love for you to get that answer 'cause  
9 I think that's critical, especially if we're getting  
10 reimbursement, it might be that we're serving the  
11 poorest neighborhoods, which from what I understand,  
12 a deficit situation, um, and with that, ah, one last  
13 question, Mr. Chair. And that is do EMS, ah, FDNY  
14 EMS only take patients to municipal hospitals and if  
15 not what's the criteria if they go to private  
16 hospitals?

17 CHIEF BONSIGNORE: No, sir. We take our  
18 patients to the closest hospital to wherever the  
19 incident is and, again, if they require a specialty  
20 service then we'll take them to the hospital that  
21 provides that service. For stable patients they have  
22 an option to either go the closest hospital or if  
23 they have, let's say they have their doctor or  
24 something somewhere else they can request to go  
25 within the 10 minutes of the closest hospital.

2 COUNCIL MEMBER CABRERA: So if you had a  
3 hospital, if you had a hospital that has a unit and  
4 they are five minutes away, but a municipal hospital  
5 is three minutes away, they'll go to the municipal  
6 one?

7 CHIEF BONSIGNORE: If that's the closest  
8 hospital that's where they go, unless the patient  
9 requests to go someplace else.

10 COUNCIL MEMBER CABRERA: OK, that's  
11 really good to hear.

12 CHIEF BONSIGNORE: Yeah.

13 COUNCIL MEMBER CABRERA: I just wanted to  
14 make sure that...

15 CHIEF BONSIGNORE: And that's across the  
16 board, for our voluntary partners as well, everybody  
17 follows that rule.

18 COUNCIL MEMBER CABRERA: What's the cost  
19 usually when somebody calls in?

20 CHIEF BONSIGNORE: What is the?

21 COUNCIL MEMBER CABRERA: Cost. If I get,  
22 I call 911, there's an emergency, they have to take  
23 me to the hospital, what does that usually cost?

24

25

2 CHIEF BONSIGNORE: I don't know. It  
3 really depends on the service that's provided. It  
4 could vary based on the situation.

5 COUNCIL MEMBER CABRERA: Do you know the  
6 range?

7 CHIEF BONSIGNORE: I don't.

8 COUNCIL MEMBER CABRERA: Does anybody on  
9 your staff know?

10 CHIEF BONSIGNORE: Um, \$600 to \$1800.

11 COUNCIL MEMBER CABRERA: Wow, wow, take  
12 the taxi [laughs]. No, I know, I was being sarcastic  
13 here. I mean, the services that are needed are  
14 really, really needed. It's a bit expensive. But,  
15 you know, when it comes to life and death situation I  
16 mean we definitely need it. But with that, Mr.  
17 Chair, I turn it back to you. I appreciate allowing  
18 me to ask these questions.

19 CHAIRPERSON BORELLI: It'd be a new  
20 standard of Uber. Uber Sterilized.

21 COUNCIL MEMBER CABRERA: Uber, hey, might  
22 have started an idea here. Don't be surprised if  
23 they get into the business. Will Uber be allowed,  
24 too, if they wanted to have ambulances?

2 CHIEF BONSIGNORE: Only if they can start  
3 IVs. No. [laughter]

4 COUNCIL MEMBER CABRERA: OK, I was  
5 kidding.

6 CHIEF BONSIGNORE: Oh [laughs].

7 COUNCIL MEMBER CABRERA: Thank you so  
8 much.

9 CHAIRPERSON BORELLI: Chief, just a few  
10 more questions. Is it, in your opinion is it  
11 profitable for hospitals to operate ambulance tours?

12 CHIEF BONSIGNORE: Ah, again, I don't  
13 have the numbers, sir. I'd be inaccurate to try to  
14 answer that. I don't know.

15 CHAIRPERSON BORELLI: Because I've been  
16 told it may not be profitable for them to operate  
17 ambulance tours and that it's essentially a, you  
18 know, a case-by-case service that the hospitals feel  
19 they're providing the communities, which is on one  
20 hand great, but on the other hand the potential for  
21 the next CEO or the next administrator to decide to  
22 cut the service. I mean, is this something that  
23 poses a long-term problem for the department or  
24 something the department should be planning for long  
25 term?

2 CHIEF BONSIGNORE: The department is  
3 always planning for things like this. Every  
4 agreement, voluntary agreement, that we sign  
5 strengthens the partnership between the two and these  
6 agreements are good for two years. So every two  
7 years they recommit to servicing our communities.  
8 Again, you know, whatever decisions are made at the  
9 CEO level, in particular hospitals, would still be in  
10 line with the agreements that help us prepare to  
11 absorb some of these units. Now just one of the  
12 things that actually did happen as a result of the  
13 Transcare bankruptcy is we've capped the number of  
14 tours that any one particular third-party vendor can  
15 hold. So we're, we had Transcare holding 81 tours.  
16 Now there are four separate vendors holding 81 tours  
17 together. So we've really spread this out so that if  
18 there is a loss it's something that we can easily  
19 bounce back from. We'd be able to work with our  
20 partners to absorb whatever losses come our way.

21 CHAIRPERSON BORELLI: Does the department  
22 track response time of FDNY ambulances versus  
23 voluntary ambulances?

24 CHIEF BONSIGNORE: I'll have...  
25



2 HAROLD WAGNER: So the department has the  
3 ability to track response times in many different  
4 ways, and we'd have to have a definition of the  
5 response time. But for today's discussion, let's  
6 stick with the time that the job gets entered into  
7 the 911 system till the time you get the first  
8 resource on scene, which is not the end-to-end, which  
9 doesn't have all the processing time from when you're  
10 calling the 911 operating room. With that being  
11 said, we generally measure it by borough and by  
12 division and by community board. But we have the  
13 ability to know and break it down on a unit level.  
14 So we can actually take a look at collectively all  
15 the units that are assigned to a particular hospital  
16 versus all the units that are assigned to a  
17 particular municipal FDNY EMS station. And yes, we  
18 would have the ability to get down on that level and  
19 look at those numbers.

20 CHAIRPERSON BORELLI: Can we do that,  
21 then, in the sense of measuring the quality, the end-  
22 game quality of some of the voluntary corps? Is that  
23 something the department would look favorably on, if  
24 we asked nicely, or do we have to do like a  
25 legislation?

2 HAROLD WAGNER: I'm sorry, are we talking  
3 about...I'm a little confused here. Are we talking  
4 about the quality of care or are we talking about  
5 just straight-out response time?

6 CHAIRPERSON BORELLI: No, I think when  
7 we're talking about quality of care the response time  
8 is part of it. You know, is there a way to measure  
9 based on the hospital vendor that we could see, that  
10 we could have access to?

11 HAROLD WAGNER: Sure, and just to ease  
12 your concerns a little bit, in the current agreement  
13 the hospitals are agreeing to, there's a statement in  
14 there that basically ensures for quality control is  
15 that every hospital must meet at minimum or exceed  
16 the minimum performance indicators of either the  
17 borough or the division of which they're  
18 participating in, and those are looked at monthly.  
19 So we, so there shouldn't be anyone who is under-  
20 performing per se.

21 CHAIRPERSON BORELLI: If the, I'm using a  
22 hypothetical. If the Upper East Side is, has a lot  
23 of voluntary ambulances operating and their response  
24 time is less, which is a good thing, is it possible  
25 to redirect those resources to another borough in an

2 area that might be busy on a particular given weekend  
3 or something?

4 HAROLD WAGNER: So, yes. The fire  
5 department maintains the ability to move resources  
6 when available and it's looked at in near real time  
7 at our fire department operation center, and just  
8 because you're a voluntary hospital doesn't mean that  
9 you only tour this area, that you couldn't be what we  
10 would call redeployed to another area.

11 CHAIRPERSON BORELLI: OK.

12 HAROLD WAGNER: So, no, that definitely  
13 would not take place. We would definitely, it's the  
14 most closest, the most appropriate available resource  
15 and if it's something that needs, you know, you had  
16 brought up earlier in your testimony about the, you  
17 know, God forbid, the car accident in Staten Island,  
18 if we needed to relocate resources from Brooklyn into  
19 Staten Island we would take the closest, most  
20 available units and based upon their GPS location at  
21 that moment in time, it would either be a fire  
22 department or a voluntary hospital unit from  
23 Brooklyn.

24 CHAIRPERSON BORELLI: Are voluntary  
25 ambulances tracked via GPS?

2 HAROLD WAGNER: All of them are, sure.

3 CHAIRPERSON BORELLI: Everyone is, OK.

4 HAROLD WAGNER: Yes.

5 CHAIRPERSON BORELLI: I have no more  
6 questions for you guys. If you don't, Cabrera?  
7 Thank you very much.

8 CHIEF BONSIGNORE: All right, thank you.

9 CHAIRPERSON BORELLI: And next we will  
10 hear from a panel consisting of Mr. Oren Barzilay and  
11 Cheryl Braxton. If anyone else wants to speak,  
12 please fill out one of these forms with the Sergeant  
13 at Arms in the rear of the chamber. Ms. Braxton,  
14 ladies first. We will start with you.

15 CHERYL BRAXTON: Dear God, I'm really  
16 nervous.

17 CHAIRPERSON BORELLI: Don't be nervous.  
18 There's nobody here but us!

19 CHERYL BRAXTON: I know, but, it's, my  
20 name is Cheryl Braxton and I'm a member of Red Hook,  
21 ah, Village of Red Hook. We trying to put a little  
22 group together to maybe help make Red Hook a better  
23 place, you know.

24 CHAIRPERSON BORELLI: Pull the microphone  
25 towards you more.

2 CHERYL BRAXTON: Oh, I'm sorry.

3 CHAIRPERSON BORELLI: Thank you.

4 CHERYL BRAXTON: OK. I'm Cheryl Braxton.

5 I live in Red Hook West, NYCHA, and well let me just  
6 say that I was a big part of Sandy, OK. We did get  
7 the lights on and the [inaudible] in, and I work with  
8 Brian Owen, um, right now I'm a member of, of the  
9 Village of Red Hook, which we trying to put together  
10 to help out there in Red Hook, you know, in support  
11 of ways where we can make Red Hook a better place.

12 I'm here today because my condition of my apartment  
13 is really bad. I think that is an emergency and I  
14 think Housing, I didn't know that the, ah, I'm sorry,  
15 I always stop.

16 CHAIRPERSON BORELLI: No, no.

17 CHERYL BRAXTON: I didn't know that, um.

18 CHAIRPERSON BORELLI: Are you taking a  
19 complaint to the Housing and Buildings Committee?

20 CHERYL BRAXTON: Huh?

21 CHAIRPERSON BORELLI: Were you originally  
22 planning to come to the Housing and Buildings  
23 Committee?

24 CHERYL BRAXTON: OK. Yeah. Well, I been  
25 in housing for decades, OK. I recently changed. I

2 had two apartments in, well, two bedrooms in Staten  
3 Island and I relocated to Brooklyn so I could be  
4 closer to everything. But, um, right now I'm going  
5 through a lot changes in my apartment, just like five  
6 and seven years, and, you know, they been giving me  
7 the up and down. I have court papers where I'm going  
8 to court, and I want a little help today. Also, I  
9 have, ah, Victor [inaudible] here today who speaks a  
10 little English and don't speak much Spanish. His  
11 apartment been out of heat for maybe seven years,  
12 really, I checked it out. His pipe doesn't work.  
13 The gas has been out and this is since Sandy. This  
14 is since Sandy. Like we had a lot of outages. I  
15 stay with people. We just had a blow-up and I don't  
16 know how the process of it works, so that's why I  
17 came here for help today. Um, also, Victor's  
18 [inaudible] he has to pay \$7000 or they gonna throw  
19 him out 'cause when we went to court, you know,  
20 there's nobody there to represent us in the  
21 courthouse and, um, they have different crimes  
22 committed and lawyers for these different crimes that  
23 are committed. They have lawyers there that's  
24 working with, excuse me, Judge Calabrese, but they're  
25 also taking annuals from NYCHA residents and they

2 have this in programs from NYCHA residents. But we  
3 don't have any representation to tell us the law or  
4 what choices we have when these different things  
5 happen, 'cause people do get, you know, they get,  
6 they get, ah, ah, frustrated. You know, what are you  
7 supposed to do? How are you supposed to do something  
8 when these different things happen and you're watching  
9 TV and they say, OK, you're gonna get your apartment  
10 fixed. So that's where I'm at, and also since you're  
11 emergency, the dentist at Methodist, they had me wait  
12 four hours in the emergency room and, um, those are  
13 not, um, certified dentists, from what I'm hearing.  
14 They're, um, trying to get their license here in New  
15 York, which I was scared because I'm saying you're  
16 not board certified and I'm getting my teeth pulled  
17 out. I was really coming here for the housing  
18 hearing, let me say that. But I didn't know it was  
19 the...

20 CHAIRPERSON BORELLI: The housing stuff  
21 we will try to help with you with. The dental stuff,  
22 I think it is part of the dental program that you  
23 have to do some clinical work before you get the  
24 license. So you probably, you know, when you go to  
25

2 any hospital sometimes there are teaching residents  
3 and stuff like that.

4           CHERYL BRAXTON: But I didn't know that  
5 they was trying to get their license here in New York  
6 City.

7           CHAIRPERSON BORELLI: Right. For the  
8 housing issue, the gentleman right there is Frank.  
9 He's going to, when you're done just get up and speak  
10 to him and he's going to connect you with  
11 Councilwoman Ampry-Samuel, who represents your  
12 neighborhood. She's going to take all your  
13 information down and then they will follow up and try  
14 to get you whatever help that we can help with that  
15 we can possibly address.

16           CHERYL BRAXTON: OK.

17           CHAIRPERSON BORELLI: OK. Are you guys  
18 together?

19           CHERYL BRAXTON: Yes. We are together,  
20 but he doesn't, that's OK, but I told him, he doesn't  
21 speak that very well.

22           CHAIRPERSON BORELLI: OK. We have folks  
23 in the City Council that speak Spanish or whatever  
24 language [inaudible] speak.



2 CHERYL BRAXTON: Yeah, but I didn't want  
3 to be in the midst of what he said and you said...

4 CHAIRPERSON BORELLI: It's all right.

5 CHERYL BRAXTON: [inaudible] people time.

6 CHAIRPERSON BORELLI: It's OK.

7 CHERYL BRAXTON: So I'm gonna come here.  
8 I know Ritchie Torres. I know Carls is my counsel.  
9 But it's really getting bad in Red Hook. It's like  
10 now they're doing the roofs.

11 CHAIRPERSON BORELLI: Yeah.

12 CHERYL BRAXTON: And let me tell you  
13 something, you can't even walk on the block because  
14 all the bricks are all over the place and we  
15 appreciate, I appreciate if they even try to do  
16 something. But you get tired of, I get tired of when  
17 I go home I got to clean the shower before I take a  
18 shower. I got to clean before I cook. I have  
19 pictures, and these pictures will show you when they  
20 take off the cabinets it's something you wouldn't  
21 even want to look at. So then you go ahead and you  
22 put the cabinets back, so that is, how is that  
23 helping? You see what I'm saying?

24 CHAIRPERSON BORELLI: Right.

2 CHERYL BRAXTON: It's like it's making it  
3 worse.

4 CHAIRPERSON BORELLI: OK.

5 CHERYL BRAXTON: And I'm sick, I'm sick  
6 right now. You get sick to your stomach, you get  
7 headaches, you know, your skin gets irritated. Its  
8 really bad and somebody needs to do more than just  
9 fire people. If I could say that. They need to work  
10 on the, a program or something like that, because  
11 they're supposed to answer a ticket within 14 days.  
12 They're not doing that.

13 CHAIRPERSON BORELLI: Um-hmm.

14 CHERYL BRAXTON: OK, they started putting  
15 notes on your day giving you another date. It was  
16 legally said de Blasio that they supposed to answer  
17 to your apartment within 14 days. They're not doing  
18 that. So who wants to stay there and you're not  
19 doing your job? But yet no, we have to suffer and  
20 not pay rent. So I think they should work on the way  
21 they process things...

22 CHAIRPERSON BORELLI: You definitely have  
23 a very individualized case that we will, if you just  
24 speak to Frank, ah...

2 CHERYL BRAXTON: Yeah, OK, thank you,  
3 thank you.

4 CHAIRPERSON BORELLI: We will get you in  
5 contact with whoever your councilperson is. I think  
6 it's Councilwoman Ampry-Samuel. If it's not, we  
7 will connect you with whoever, and if we need to  
8 we'll call NYCHA ourselves. So if you want to  
9 just...

10 CHERYL BRAXTON: Oh, OK, thank you.

11 CHAIRPERSON BORELLI: OK, no problem.

12 CHERYL BRAXTON: Thank you, and I'm sorry  
13 and I'll...

14 CHAIRPERSON BORELLI: There's nothing to  
15 be sorry for.

16 CHERYL BRAXTON: I hope everything goes  
17 well for you.

18 CHAIRPERSON BORELLI: Nothing to be sorry  
19 about.

20 CHERYL BRAXTON: Happy Father's Day.

21 CHAIRPERSON BORELLI: Thank you very  
22 much. Orin, please.

23 OREN BARZILAY: Good morning, Chairman  
24 Borelli and distinguished members of the Fire and  
25 Emergency Management Committee. My name is Oren

2 Barzilay, president of the Uniformed EMTs,  
3 Paramedics, and Fire Inspectors. Thank you for  
4 allowing me to address and alert the committee with  
5 regard to one of the most pressing issues facing the  
6 stability of the emergency medical services. The  
7 FDNY EMS is facing a financial crisis. Fiscal year  
8 ending 2017 through 2018 saw ambulance revenue  
9 decrease by 2.5%. This, I believe, was largely due  
10 to an increase in system participation from 30% to  
11 33% by various private entities. When projected to  
12 fiscal year 2019 the decrease in collections exceeds  
13 5.5% and projects private entities to fill 39% of the  
14 daily tour count. While the incoming revenue  
15 decreases, the amount of revenue unavailable to the  
16 department increases dramatically. For example, for  
17 year ending 2018 calculates most of revenue per day  
18 at \$88,000. This is achieved by calculated by  
19 dividing total revenue by tour count. Results -  
20 daily revenue is then multiplied by the number of  
21 non-FD tours and is further extrapolated by the  
22 yearly amount of 36 million dollars. I believe this  
23 estimate is in fact somewhat conservative. The  
24 conservative aspect of the financial scenario is  
25 reflective of the neighborhoods often delegated to

3 participating entities. Private entities most often  
4 are assigned to the more affluent neighborhoods. The  
5 level of affluence and quality of health insurance  
6 are directly related. Higher quality health  
7 insurance pays for ambulance transportation at a much  
8 higher rate, whereas insurance provided by the  
9 federal government has ambulance reimbursement capped  
10 at a significantly lower level. I believe this  
11 downward financial spiral caused by an increased  
12 participation by non-FD units is the result of the  
13 personal crisis created by the [inaudible] by the  
14 department. The department is unable to fully staff  
15 the number of units they need to filled. Ergo the  
16 private entity increase. At a recent Office of Labor  
17 Relations meeting a high-ranking EMS chief readily  
18 admitted that there was only one fully staffed  
19 station in the entire city. The revolving door of  
20 EMS is due primarily to the abysmal wage structure  
21 when compared to other uniformed agencies. While I  
22 realize the realm of this committee prerogative does  
23 not extend to wage-related discrimination, you should  
24 realize the two factors of the decreased revenue and  
25 wage structure are in fact inexorably linked. As I  
was sitting here, I took down some notes to some of

2 your questions and some of the response from the  
3 department. Fact - prior to the Guiliani  
4 administration we've taken over the HHC EMS. We ran  
5 90% of the system. Once Guiliani took office he  
6 tried to privatize EMS, leading our numbers down to  
7 60%. Here we are today, 20 years later, at 67%.  
8 Postings - there are 400 dispatchers, EMS  
9 dispatchers, in DFTNY, including officers. The  
10 training is 20 weeks long. At \$20,000 each person,  
11 multiple that by 400, we're spending millions of  
12 dollars of training personnel that are either not  
13 staying as well and we're not collecting dispatching  
14 fees that were supposed to be done by the city at  
15 10%. This is a major loss to the City of New York.  
16 The EMT budget is in the millions. Overtime is  
17 excessive. The department testified that they're  
18 adding 17 BLS units in the Bronx, but they failed to  
19 notify you that they're canceling 17 ALS transporting  
20 units and converting them to a Fly Car program, which  
21 has been a failure. The Bronx has no supervision.  
22 Our units are running [inaudible]. When an officer  
23 is requested on the scene it causes delay in response  
24 and causes delays in response times. Comptroller  
25 Alan Hevesi has done a study which proved that there

2 is patient steering by non-FDNY units. This not only  
3 impacts the patients, it impacts HHC hospitals as  
4 patients with insurance are being taken back to their  
5 hospitals. Yes, some hospitals claim that revenue is  
6 lost on their EMS system but they fail to tell you  
7 that their billing for their admissions is in the  
8 millions. Quality control - there is no control on  
9 these voluntaries and private hospitals. They don't  
10 answer to our supervisors. They don't report to  
11 them. They can run free as they choose. Yes, the  
12 department can report them to the supervisors, but  
13 what happens after that is unknown. Training - they  
14 claim that the quality of care is the same. I  
15 strongly disagree to that. Our members are state  
16 certified and on top of that have to go through our  
17 training for 12 weeks, where they receive additional  
18 hundreds of hours of training. We are by far more  
19 trained than anybody else in this city. Response  
20 times - there was a question about if we can keep  
21 track of the voluntary response times. FDNY members,  
22 if they don't act quickly when they receive a call  
23 they are disciplined. When a voluntary or private  
24 entity enters the system there's no control of what  
25 they do. The Bronx - on a daily basis Queens has to

2 response into the Bronx to cover and assist the  
3 holding jobs that are routinely happening in the  
4 Bronx. We have what's called a Queens response  
5 tactical group. They rarely sit in the borough of  
6 Queens. They also testified that there's no place  
7 for them to expand or open EMS stations. The fact  
8 is, there's been no request into the city budget for  
9 additional stations. And to prove a point, when we  
10 requested an initial station in Staten Island...

11 UNIDENTIFIED: We didn't get it.

12 OREN BARZILAY: Their response was that  
13 there was no need. It's not that there's no need,  
14 there's no interest. It's not the there's no sites.  
15 There's plenty of sites in the city that the city can  
16 acquire. But, again, there's no interest in  
17 expanding EMS. I appreciate your time and I'll take  
18 any questions.

19 CHAIRPERSON BORELLI: Thank you, and I  
20 always want to point out how noteworthy it is for a  
21 labor organization to be admitting that there is too  
22 much overtime at times and too little supervision. I  
23 think that's astounding to say that and it's  
24 noteworthy in the sense that this must be a really  
25 significant problem, ah, and I appreciate you



2 acknowledging that. I want to just ask you about the  
3 discipline. So you mentioned one situation where a  
4 discipline action may be taken against one of your  
5 members if they get a call and they fail to react in  
6 a certain amount of time they can be disciplined by  
7 their supervisor.

8 OREN BARZILAY: Correct.

9 CHAIRPERSON BORELLI: What form does the  
10 discipline take? Is it going to be vacation days?  
11 Could it be a written reprimand? What is it?

12 OREN BARZILAY: It's either vacation or  
13 pay that's taken away.

14 CHAIRPERSON BORELLI: Vacation or pay?  
15 Um, do voluntary ambulances answer to FDNY  
16 supervisors?

17 OREN BARZILAY: They do not. Let me just  
18 be a little more specific. So when we're on a call,  
19 yes, they take the orders from them as to deal with  
20 the current situation. But as far as, um, why didn't  
21 you respond accordingly to this job, they don't have  
22 to answer to him.

23 CHAIRPERSON BORELLI: So, right, so an  
24 on-the-scene operational they will take direction  
25 from the supervisor, but to your knowledge, and I

2 guess this is a better question for Chief Bonsignore,  
3 I assume we can track the number of disciplinary  
4 actions taken against city EMTs. Is there any way  
5 the city tracks discrepancy actions taken against the  
6 voluntary?

7 OREN BARZILAY: So what happens is, even  
8 on the scene if they don't follow the directions of  
9 the supervisor, they're given a notice of infraction.  
10 A copy of that is sent to headquarters...

11 CHAIRPERSON BORELLI: That's an FDNY  
12 document?

13 OREN BARZILAY: Yes.

14 CHAIRPERSON BORELLI: Yes.

15 OREN BARZILAY: So there is a record  
16 keeping on that. But what happens to them is  
17 unknown. Our members get sent out to the Bureau of  
18 Investigation trials.

19 CHAIRPERSON BORELLI: Step one, the  
20 committee is going to send a letter requesting the  
21 number of disciplinary actions, disciplinary actions  
22 from FDNY units or divisions versus voluntary and  
23 we'll see if there's a, not correlation, but I'd like  
24 to know what happens if people that are operating  
25 outside of the command structure whether they're,

2 because I think that's a big part of quality control.  
3 I think, I think people are going to mess up. I  
4 think people are going to make mistakes, people are  
5 going to deliberately do the wrong things, then I  
6 think that is part of quality control, so. Just to  
7 go over, what is the average longevity of an EMT now,  
8 in your estimation?

9 OREN BARZILAY: Three, four years.

10 CHAIRPERSON BORELLI: Three or four  
11 years, so every three or four years a position has  
12 to, we have to spend \$20,000 to train a person to  
13 fill a position that we otherwise had someone for the  
14 last three or four work?

15 CHAIRPERSON BORELLI: Mr. Barzilay, thank  
16 you, as always, for testifying.

17 OREN BARZILAY: Thank you.

18 CHAIRPERSON BORELLI: I don't have any  
19 more slip requests. If anyone else would like to  
20 testify, I suppose about anything, given our last  
21 testifier, please feel free. Seeing no more, we are  
22 adjourned. [[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 June 23, 2019