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COMMITTEE ON FIRE AND EMERGENCY MANAGEMENT 1

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON FIRE AND EMERGENCY MANAGEMENT

February 24, 2020
Start: 1:18 p.m.
Recess: 1:56 p.m.

HELD AT: 250 Broadway-Committee Rm, 16th Fl.

B E F O R E: JOSEPH C. BORELLI
Chairperson

COUNCIL MEMBERS:
JUSTIN L. BRANNAN
FERNANDO CABRERA
CHAIM M. DEUTSCH
ALAN N. MAISEL

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COMMITTEE ON FIRE AND EMERGENCY MANAGEMENT 2

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

Thomas Currao
Chief of Counterterrorism and Emergency
Preparedness for the New York City Fire
Department

Alvin Suriel
Assistant Chief of Emergency Medical Services

Gregg Brady
Captain of the Counterterrorism Task Force

Carl Gandolfo
Former EMS, Instructor at the New York City EMS
Training Academy

Oren Barzilay
President of Local 2507

2 [gavel]

3 CHAIRPERSON BORELLI: Good afternoon, I
4 am Council Member Joe Borelli and I am Chair of the
5 Committee on Fire and Emergency Management. I want to
6 thank the public for attending today's hearing and
7 waiting the extra 20 minutes until I arrived. I would
8 also like to acknowledge the Committee members here
9 present; Deutsch, Maisel and who's next, Cabrera.
10 Regarding the subject of today's hearing the
11 Committee will conduct an oversight portion related
12 to New York City's innovative approaches to improving
13 FDNY/EMS emergency response. In addition to the
14 oversight portion of the hearing we will hear Intro
15 Number 1561, which I have introduced, this bill would
16 require the Fire Department to implement a pilot
17 program for the deployment of motorized scooters for
18 the transportation of medical... emergency medical
19 service personnel. As New Yorkers we know that
20 operating emergency responses within a densely
21 populated urban area is extremely challenging. The
22 FDNY is constantly seeking methods to improve
23 response times and ensure life saving services that
24 can be promptly delivered to the scene of a fire and
25 in medical emergencies. Through... during today's

2 oversight portion of the hearing we want to learn how
3 the department has incorporated innovations and
4 technologies for both their firefighting and
5 emergency medical services. We plan to explore how
6 these innovations have helped save the lives of New
7 Yorkers as well as how the department plans to expand
8 these advancements. The committee will focus on how
9 and what type of training the department provides to
10 both new and experienced personnel on innovations as
11 well as the cost of rolling out new fire suppression
12 and medical service technologies. Furthermore, the
13 committee would like to better understand areas which
14 the department identifies the needs for implementing
15 new technology. In addition, the oversight portion of
16 this... in addition to the oversight portion of this
17 hearing I'll say, we will hear Intro Number 1561,
18 which I discussed earlier in my opening remarks. We
19 witnessed other jurisdictions having utilized motor
20 scooters to assist in EMS personnel transports to
21 expedite response times in congested urban areas
22 allowing paramedics to deliver medical care before an
23 ambulance can arrive on scene. My hope is that we can
24 apply this service to the city in order to better
25 assist people in distress who have a medical issue.

2 We anticipate the department will provide testimony
3 on this legislation allowing us to gain a better
4 understanding of their position on the motorized
5 scooter pilot program. Thank you very much. And our
6 first panel is from the department, if you want to
7 state your name and the clerk will swear you in.

8 COMMITTEE CLERK: Do you affirm to tell
9 the truth, the whole truth and nothing but the truth
10 in your testimony before this committee and to
11 respond honestly to Council Member questions?

12 THOMAS CURRAO: Yes, I do.

13 COMMITTEE CLERK: Please state your name
14 and then go ahead.

15 THOMAS CURRAO: Thomas Currao.

16 ALVIN SURIEL: Alvin Suriel.

17 GREGG BRADY: Gregg Brady.

18 THOMAS CURRAO: Okay. Good afternoon
19 Chair Borelli and all the Council Members present. My
20 name is Thomas Currao and I am the Chief of
21 Counterterrorism and Emergency Preparedness for the
22 New York City Fire Department. I'm joined today by
23 Alvin Suriel, Assistant Chief of Emergency Medical
24 Services and Gregg Brady, Captain of our
25 Counterterrorism Task Force. Thank you for the

2 opportunity to speak with you today about the Fire
3 Department's use of innovative technologies.

4 Protecting life and safety in the city of New York is
5 an immense challenge and the Fire Department is

6 constantly assessing and improving the resources that
7 we use to meet that challenge. In a post 9/11

8 environment the Department is consistently seeking

9 the latest innovations to keep up with emerging

10 threats. One of the ways that we approach new

11 innovations at the Fire Department is through our

12 research and development unit. the R and D unit which

13 is part of the FDNY safety command was established in

14 1980 following a tragic incident that claimed the

15 lives of two New York City firefighters. Procedures

16 were put in place at that time to ensure that the

17 Fire Department's R and D unit thoroughly tested all

18 safety equipment before it was issued to firefighters

19 in the fields. Over time the role of the unit has

20 expanded, to keep pace with advancements in safety

21 technology members of the unit proactively research,

22 test, evaluate, and develop new tools and equipment

23 to enhance the safety of firefighters and EMS

24 personnel. They regularly meet with vendors to review

25 equipment and monitor advancements in technology,

2 create pilots and track internal evaluations of new
3 equipment. Innovations come about in a variety of
4 other avenues as well. Today we'd like to highlight a
5 few of the more recent examples of innovation that
6 the department has implemented from the areas of
7 firefighting, counterterrorism and emergency medical
8 service. An area we are constantly striving to
9 innovate is improving situational awareness at an
10 emergency incident. One tool that has been enormously
11 helpful in this regard is the department's recent
12 addition of unmanned aerial vehicles or drones. The
13 department began meeting with representatives from
14 the Federal Aviation Administration in 2014 to
15 discuss the potential for the department to begin
16 incorporating drones into our operations. Early
17 testing revealed an immense appeal, drones enable
18 FDNY first responders to collect and relay essential
19 information faster than traditional methods and they
20 achieve this efficiency at a low risk to our members.
21 Not only does the drone relay critical information to
22 the incident commander at the scene of an emergency
23 but it is also able to share information via a live
24 video link with the fire department operation center
25 at FDNY headquarters where staff chiefs monitor

2 evolving fire and emergency situations 24 hours a
3 day. The department initially opted to respond to
4 incidents using tethered drones this afforded us a
5 reliable and safe entry into the field of drones
6 mitigating against risks such as radio frequency
7 interference and allowing us to gather data and
8 better understand the technology. The FDNY's first
9 use of a drone was in response to a fire in a six-
10 story building in the Bronx in March of 2017. The
11 tethered drone has a high definition camera that can
12 zoom in and a forward-looking infrared camera that
13 detects heat signatures improving the capabilities
14 that an observer would have with... would have with the
15 naked eye. The feed from the drone allows an incident
16 commander to make strategic changes based on real
17 time information providing an operational advantage
18 as well as better ensuring the safety of personnel. A
19 drone tether function as... a drone tether functions as
20 conduits for data and power allowing a pilot to
21 essentially maintain flight and perpetuity, but it
22 does limit maneuverability. While a tethered drone
23 functions as a phenomenal observational tool and
24 untethered drone with extended mobility and range can
25 serve as an observational tool as well as a tactical

2 device. We collaborate with a wide variety of
3 partners at the local, state, and federal levels
4 including the FAA who has been very supportive, to
5 ensure that we keep abreast of this evolving
6 technology and that we are good partners in this
7 field. The National Fire Protection Association which
8 creates industry guidelines across the country
9 released NFPA 2400 standard on small unmanned
10 aircraft systems used for public safety operations
11 which validated many of our policies and procedures.
12 Drone technology continues to advance at a rapid
13 pace, our use of tethered drones has enabled us to
14 learn the technology and radio frequencies used by
15 untethered drones are stronger than when we started.
16 Battery and motor capabilities have improved, and
17 satellite navigational systems have led to better
18 positioning. Safety features such as a power short
19 system have also become more sophisticated. After
20 much review we made the decision in 2019 to begin
21 incorporating untethered drones into FDNY operations.
22 We continue to work closely with the FAA to ensure
23 that the department's expansion into the use of
24 untethered drones is supported both operationally and
25 administratively. We will continue to monitor and

2 experiment as the technology continues to advance
3 allowing us to gather more information and use the
4 drones in new ways that ultimately help us to save
5 more lives. In the area of counterterrorism and
6 emergency preparedness the Fire Department studies
7 high profile incidents across the globe to learn from
8 them and better calibrate our own resources and
9 preparation for potential events here in New York
10 City. Events such as the 1999 Columbine school
11 shootings as well as many other school attacks, the
12 September 11th, 2001 attacks and the 2008 Mumbai
13 attack that combined active shooting, improvised
14 explosives and fire and smoke as a weapon in what we
15 call a complex coordinated attack gave us a better
16 understanding of potential emergencies causing our
17 response capabilities and training to evolve as the
18 nature of the threats evolves. One such event, the
19 2015 Paris terror attacks served as the catalyst for
20 the next innovation that I would like to highlight,
21 the Mass Casualty incident bags. In the wake of those
22 attacks Commissioner and I recognized that the
23 department needed to implement an improved system for
24 responding to complex mass casualty incidents and the
25 department created the rescue task force. Each

2 division task force, there are two in every borough,
3 is made up of 25 FDNY members including three fire
4 officers, three EMS officers, 12 firefighters, six
5 EMS members, an EMS officer and a battalion chief.
6 When the program initially launched the task force
7 carried a standard FDNY MCI bag which gave it the
8 ability to treat six patients per team however after
9 researching contemporary mass casualty incidents such
10 as the Los Vegas shooting the department determined
11 that the teams must have the capability to treat a
12 much larger number of patients. The department
13 surveyed the market for a product that would fit our
14 needs but did not find any that was suitable, so we
15 did what we often end up doing and created our own
16 solution. We designed and implemented two additional
17 ways to equip the teams with the tools to treat a
18 significantly larger number of patients. First, we
19 began affixing a pouch on the front of every task
20 force member's ballistic vest, each pouch contains
21 two vacuum seal bags and carries three tourniquets,
22 one pressure bandage, one combat gauze dressing, 12
23 triage tags and two surgical marking pens. With these
24 tools each member has the capability of immediately
25 treating six patients with critical injuries and

2 triaging 25 additional patients. Second, we outfitted
3 the rescue task force officers with a rescue task
4 force deployment bag; the bag includes 25
5 tourniquets, 25 combat gauze dressings, 25 bandages,
6 five surgical marking pens, 12 decompression needles,
7 12 chest seals and one sharp shuttle. By, by
8 equipping the teams with the rescue task force
9 deployment bag each team has the ability to treat
10 approximately an additional 75 patients. With these
11 simple but critical changes to the equipment that our
12 rescue task forces take into the fields we have
13 dramatically increased the team's capability to
14 quickly and effectively treat a large number of
15 patients. The incident command system application is
16 a tool that the Fire Department created in order to
17 give the incident commander the most efficient
18 ability to track, monitor and record the status of
19 units at the scene of an emergency. Developed in
20 house, the app enables the incident commander to pull
21 up resources about the location including floor plans
22 and building maps to assist with planning a response.
23 It can be assessed in the field via I-pads and smart
24 phones taking advantage of the advances in mobile
25 communication to allow members to reliably receive,

2 transmit and monitor secure information on a device
3 that is easy to carry and maintain. The app has
4 become a key resource for command and control
5 personnel to assess the situation on the ground and
6 share information from the field to headquarters.

7 Over 500 members of the department use the ICS app at
8 fire incidents and we continue to roll out the
9 application in a controlled pilot to additional
10 members including all chiefs, senior executive staff
11 and department leadership. Going forward the app will
12 be further incorporated into EMS incidents as well.

13 ASAP vehicles, these in densely packed environments
14 can present a challenge for EMS responders trying to
15 reach a patient especially with large numbers of
16 pedestrians and foot traffic. In New York City we
17 have a great deal of these locations, navigating an
18 ambulance to reach a patient in an area such as Times
19 Square for example which also features street
20 closures and pedestrian islands can slow response
21 times and delay EMS personnel from arriving as
22 quickly as possible. To overcome street closures and
23 pedestrian foot traffic, in December 2017 the
24 Department began deploying alternate support
25 apparatus or ASAP vehicles. At eight feet tall and

2 five feet wide the ASAP is smaller and more nimble
3 than a standard FDNY ambulance. Though it is not used
4 for transport, it has all the same patient care
5 capabilities of an ambulance including a patient
6 compartment with a full-size stretcher. The ASAP
7 provides a way for EMS members to quickly reach a
8 patient and begin providing care. In the event that
9 the patient needs a transport to the hospital the
10 responding EMTs or paramedics will be able to treat
11 the patient during the time it takes for a transport
12 capable ambulance to arrive. We have assigned two
13 ASAP vehicles to respond to medical emergencies in
14 Times Square, they are available seven days a week
15 from ten a.m. to ten p.m. and we have found that they
16 typically reach patients in under five minutes. We've
17 also begun rolling out ASAPs in other strategic areas
18 of the city including some funded by City Council
19 Members. We are grateful for the Council's support
20 for this program. Other areas in which we have
21 deployed ASAPs at least some of the time include at
22 Coney Island and Orchard Beaches in the summer, along
23 the route of the New York City Marathon, at the West
24 Indian Day Parade and we were exploring deploying
25 them to Randall's and Wards Island. The department

2 often tests and pilot's new equipment. As the largest
3 fire department in the country, we often... we're often
4 able to work directly with manufacturers to review
5 new types of devices and explore potential additions.
6 Two relatively recent acquisitions the emergency
7 medical services have been power stretchers and the
8 simulation training manikins that we use at the EMS
9 academy at Fort Totten. One of the more challenging
10 aspects to EMS work is lifting patients, not only
11 does this sometimes present an operational issue for
12 getting larger patients into an ambulance for
13 transport but lifting heavy objects can be taxing on
14 our members leading to strained muscles and other
15 more serious injuries. After launching a request for
16 information and reviewing submissions the department
17 will soon be testing out models of power stretchers.
18 The device is battery powered and consists of a
19 platform mounted on a wheeled frame with adjustable
20 locking positions and armrests as well as a
21 retractable head section. EMS personnel are able to
22 use the lift to aid in moving and positioning
23 patients that would otherwise be difficult to move. A
24 power stretcher is useful for lifting up to 700
25 pounds. Another challenging aspect to EMS is making

2 sure that members are able to train under conditions
3 that are as lifelike as possible. To this end the
4 department has acquired approximately 50 state of the
5 art simulation manikins that members can use in a
6 wide variety of training simulations at the EMS
7 academy in Fort Totten. The high tech training
8 manikins are lifelike and have the ability to
9 simulate bleeding and breathing problems, they can be
10 adjusted to be male or female and the speed of their
11 blinking can be adjusted to show normal or sluggish
12 rate of response, they exhibit a heartbeat, coughing
13 and some can inhale carbon dioxide. They contain
14 speakers that allow the patient to speak via the
15 voice man instructor who is monitoring the training
16 and providing information in real time. EMS personnel
17 are able to vocally interact with the manikin and
18 provide treatment including administering intravenous
19 medication and intubation. These are techniques that
20 would be impossible to replicate with live humans but
21 are necessary to reflect lifelike scenarios that the
22 trainees will encounter in the field. It... in addition
23 to the hundreds of new EMTs and paramedics that the
24 department trains each year, we provide refresher
25 training to all of our current members approximately

2 4,000 in total. By staying current with innovations
3 such as lifelike simulation manikins we work to
4 ensure that our members receive the best possible
5 training so that they are prepared to provide expert
6 care when it comes to the real thing. Introduction
7 1561 would require the Fire Department to implement a
8 pilot program for the deployment of motorized
9 scooters for the transportation of EMS personnel.
10 Specifically, the legislation would require the
11 department to implement this pilot in locations where
12 accessibility for additional... for traditional
13 ambulance responses is hindered due to geographic
14 considerations or pedestrian traffic. Finding ways to
15 improve EMS response in congested areas is a worthy
16 goal that the department supports. As I mentioned
17 earlier beginning in 2017 the department designed,
18 tested and has begun using ASAP vehicles to overcome
19 precisely the circumstances described in the
20 legislation. It is possible that maybe... we may want
21 to explore supplementing the ASAP program with an
22 even smaller more individualized device however our
23 focus has not been on motorized scooters but rather
24 on the notion of whether it would be useful to
25 incorporate a Segway like personnel transport device

2 that could be modified for, for use by EMS personnel.
3 We're aware of such devices being used in law
4 enforcement context and we know that at least one new
5 city is using a modified version for EMS response at
6 a major airport. The Fire Department is at the very
7 early stage of this aspiration and we are not certain
8 that a legislative mandate to use motorized scooters
9 would best contribute to that effort but we do remain
10 committed to discussing potential improvements in
11 this area with the Council and our colleagues at the
12 Office of Management and Budget. Before we take our,
13 our questions if you would allow me, I'd like to play
14 a couple of video... a, a video clip and also we have a
15 demonstration for you of the MCI kit, please bear
16 with me, thank you. Okay, what you're seeing here is
17 a video clip, this is a, a rather large fire that
18 occurred and this is our drone deployed getting a
19 good view of roof operations, you can see our fire
20 fighters operating on the roof, hose lines,
21 ventilation going on, those are tower ladders
22 strategically placed. This is actually a perfect
23 example of how the drones can be used most
24 effectively. The, the incident commander is... he's
25 seeing things from street level, its very, very... he

2 or she is seeing, seeing things from the street,
3 street level, its very difficult for that incident
4 commander to see those type of operations on the
5 roof. The, the use of the... of the drones is
6 tremendously valuable, I've had personal experiences
7 with them, I had a very significant fire in Queens,
8 Queens, two, two holidays ago with a backdraft and it
9 was tremendously helpful for us where we could see
10 areas of tremendous fire extension, it allowed us to
11 put our... pull our firefighters back into areas of
12 safety, it is just a tremendous asset to an incident
13 commander so... and I'd like to, if I can if I can ask
14 Captain Brady to... if you allow us to talk a little
15 bit about the MCI bag and some of the individual
16 components. Thank you.

17 [off mic dialogue]

18 GREGG BRADY: Sorry about that.

19 CHAIRPERSON BORELLI: You have to start
20 all over.

21 GREGG BRADY: Oh yeah. So the officer
22 would be carrying this bag in the situation where a
23 member has exhausted all their medical equipment from
24 their front pouch in that turn we want to make sure
25

2 they were readily available for a situation like Los
3 Vegas where there was a large amount of patients.

4 CHAIRPERSON BORELLI: So, just I, I guess
5 the first question is how, how often are members
6 brought up to speed in terms of formal training on
7 new technologies when they're implemented, obviously
8 a drone is going to be a specialized device but these
9 seem to be pretty prolific among, among the members,
10 how often are they trained to.. in what these bags
11 are, are bringing.. [cross-talk]

12 ALVIN SURIEL: Any, anytime we have new
13 equipment that comes out the members are brought in
14 they're either done one on one training if it's not
15 something that its necessary for one on one we use
16 diamond plate, so basically a video that is put on
17 and gives instruction.

18 CHAIRPERSON BORELLI: And as far as
19 identifying the need for new technologies is there a
20 formal process the department goes through or is it
21 just someone gets a good idea and you explore it, I
22 mean what is... what is the... how, how does the R and D
23 team actually work?

24 THOMAS CURRAO: Yeah so all new, new
25 ideas for new projects actually go through its like a

2 research and development portal so it's tracked
3 really from beginning to end so, you know
4 identifying, you know what the idea is, the need of
5 the department, you know these might be ideas that
6 have been tried in the past type of thing and it is..
7 it's, it's very, very sort of professional structured
8 in terms of how they go about researching different
9 types of innovations whatever that... whatever
10 particular issue that we're trying to deal with so,
11 so right from beginning to end it's a very structured
12 process.

13 CHAIRPERSON BORELLI: Are there new
14 technologies and tactics that are under consideration
15 that, that basically will address the... forget that
16 one. Regarding Intro 1561 just take us through the
17 steps the department has taken perhaps other than the
18 ASAP vehicles to contest with congestion in some
19 dense areas in the city.

20 ALVIN SURIEL: So, we're in the early
21 stages of looking into the Segway's, we like the
22 concept of the smaller vehicle, it has the third
23 wheel for additional stability, I like the fact that
24 we can use it indoors so we're looking at places like
25 Grand Central Station, airports, special events, we

2 can also use them out in the field so we like that
3 concept, we like the fact that they can be charged
4 just about anywhere and just plugged in and we
5 believe that it would definitely increase someone
6 getting to the patient quickly.

7 CHAIRPERSON BORELLI: Is congestion the
8 number one factor of, of delays between a call and
9 the arrival on scene?

10 ALVIN SURIEL: I do not have that data,
11 but I can tell you it does play a role.

12 CHAIRPERSON BORELLI: Just a word on the,
13 the, the ballistic vests, I mean how, how vital of a...
14 of a service is this, how important of a service is
15 this to have members equipped with ballistic vests
16 and that sort of equipment?

17 GREGG BRADY: Its extremely vital sir.
18 What we've seen for past incidences is that patients
19 were dying of survivable injuries because we were not
20 allowed to operate in a warm zone environment, to
21 protect our members we must outfit them for being put
22 in this new environment to make sure they're
23 protected along with force protection from NYPD.

24 CHAIRPERSON BORELLI: Have firefighters
25 and officers ever in the past worn any sort of

2 ballistic protection, how well was the program... was
3 there anything... was there ever a precursor or
4 anything like that?

5 [off mic dialogue]

6 THOMAS CURRAO: I think I got it. So, yes
7 so emergency medical services I, I couldn't tell you
8 the exact date but I know that they... when... as they go
9 through the academy and are deployed out they were
10 the first ones to actually begin using ballistic
11 protection however I'll talk... I'll let Gregg speak a
12 little more because the, the level of protection that
13 rescue task force members use is, is an upgrade I
14 believe so...

15 GREGG BRADY: So, the members on the
16 rescue task force will go in with a... ballistic
17 protection, enough to stop a rifle round so the
18 difference now is that our members on a normal daily
19 basis are able... they wear a soft body armor that
20 protects them against most caliber handguns. The
21 members operating a rescue task force need a higher
22 level of protection, so we outfit them with the
23 ability to protect them against a rifle round.

24 CHAIRPERSON BORELLI: There was nothing,
25 nothing ever like that in the past though, right?

2 GREGG BRADY: No sir, the rescue task
3 force concept has grown since the Virginia tech
4 Parkman scenario.

5 CHAIRPERSON BORELLI: And, and certainly
6 operating in a warm zone as you said before is a... is
7 a new function of the FDNY?

8 GREGG BRADY: In this capacity, yes sir.

9 CHAIRPERSON BORELLI: Is, is that a
10 change of the... of the role of firefighter and fire
11 officer?

12 THOMAS CURRAO: Yeah, absolutely. It, its
13 more a forward deployment, its very heavily
14 interagency in, in nature because we go in as a team
15 with law enforcement, with New York City Police
16 Department so it's a... it's, it's a pretty big leap in
17 a... in our forward deployment to save lives.

18 CHAIRPERSON BORELLI: Should members be
19 compensated for that leap?

20 ALVIN SURIEL: Well I can tell you that,
21 that that will be part of negotiation talks I'm sure,
22 so I'm happy to say that we are currently involved in
23 negotiations with OMB and locals 2507 and 3621.

24 GREGG BRADY: Sir I'd like to add to
25 that, talking about innovation, this is... this team is

2 made up of the NYPD and FDNY and EMS all working
3 together with one goal in the situation, innovation...
4 everybody working together for the same outcome and
5 that's for the citizens of the city of New York to
6 be... have the best possible care in the type of an
7 austere environment.

8 CHAIRPERSON BORELLI: Anybody else? Chaim
9 you have any questions? He has no questions. Okay,
10 thank you. Anybody else? The final panel will be
11 called; Gandolfo, EMS, local 2507.

12 [off mic dialogue]

13 CHAIRPERSON BORELLI: So, either one of
14 you would like to begin.

15 CARL GANDOLFO: I will, good morning..
16 good afternoon, thank you Council Member Borelli,
17 thank you for your attendance Council Member Brannan
18 and Councilman Deutsch. So, a couple of things that
19 we're obviously, you know we'd like to speak about is
20 the, the start of the... end of the testimony that the
21 Fire Department gave and let's just discuss the
22 possibility of the Segway scooters for response for
23 our members. Well I can speak for Oren and the rest
24 of the executive board that we're definitely on board
25 with anything that can improve our response to the

2 patients that we do have to treat especially in
3 congested areas. I know Chief Suriel didn't want to
4 give a definite answer of, you know does it... are
5 response times effected by traffic and traffic
6 patterns that have, you know emerged in this city
7 over the last at least 12 years, I can say from being
8 a, a responder that it absolutely has, it has... it has
9 increased response times due to the congestion and
10 the rerouting of certain traffic, I think that the
11 Segway's would be a great idea or even possibly
12 something that we could look into that is made for
13 specifically EMS, I know we have a lot of law
14 enforcement that uses these Segway scooters whether
15 it's the two wheel or the three wheel but you know
16 we, we also have to think about the 80 pounds of
17 equipment that we're carrying that we're bringing to,
18 to the patients side because in, in essence we're
19 bringing an emergency room to treat our patients. So,
20 you know we're definitely on board with anything that
21 the department and the city would like to give us
22 that will, you know make our jobs more convenient and
23 not just the convenience factor but also increase the
24 ability to respond in these smaller spaces and
25 indoors and to be able to get to our patients quicker

2 and get them the help that they need and, and stop
3 that... the proverbial clock that we all know in the...
4 in the health care field of, you know those vital
5 minutes that we need to render emergency care. You
6 know we think with the right training with the, the
7 right driving train... driver training, the right, you
8 know operational training, you know we'd definitely
9 be on board to work with the city and work with the
10 Fire Department and find out, you know what their
11 ideas are and, and, and what they would like us to
12 accomplish, you know with it. I think we have a
13 really good working relationship with our local and
14 the research and development department specifically
15 on the EMS side, I know that I sit as an alternate on
16 the medical equipment committee and we're very
17 fortunate we have another executive board member,
18 Lauren Hartnett and she also sits as the voting seat
19 on the medical equipment committee which is... which
20 consists of several members from the department from
21 every aspect from fleet services to medical equipment
22 services to the chiefs to the EMS academy which,
23 which is where I'm assigned and you know Captain
24 Kline [sp?] and I have a very intimate working
25 relationship where he's definitely looking towards

2 new innovations and he's on the forefront of putting,
3 you know the patient's needs first when it comes to
4 innovations in medical care and the equipment that we
5 look at. You know it's, it's, it's easy to, to say
6 yeah we're working together but you know in... really
7 in order to prove it I mean some of the things that
8 Gregg, Captain Brady came up here and spoke about,
9 you know that was a collaboration between our local
10 and you know Captain Kline being the medical
11 equipment committee liaison for the department was
12 really, you know doing a lot of the research and the
13 development and Captain Brady as well, you know for..
14 you know putting their heart and soul into something
15 that they believe in which allowed them to be able to
16 go out and research and find the equipment and, and I
17 want to tip my hat to Captain Brady and I was telling
18 them downstairs a little bit, you know what started
19 out specifically for the counter, counterterrorism
20 task force in a way of some of the equipment, the
21 tourniquets, the... some of the bandages that they use
22 have now made it on their way to our everyday 9-1-1
23 ambulances so it's not that its only in case of an
24 MCI that, that these pieces of equipment will be used
25 and these bags will be deployed but, you know we have

2 on a smaller scale the same equipment now for
3 everyday calls should the need arise and also for the
4 MCIs on, on, on all of our ambulances that we run.
5 So, it's, it's a good working relationship we have
6 when everybody's in the game, you know, and they have
7 the same goal and that's patient care first. The ASAP
8 vehicles from what I understand are, are successful
9 in being able to navigate around the tightest spaces,
10 I know one of the places where they're more prevalent
11 is, is in Times Square with some of the pedestrian
12 plazas and, and obviously gridlock traffic going
13 across town, anybody who works or lives in New York
14 knows the experience of that firsthand but we
15 believe, you know working with the abilities that the
16 department has to go out and, and that unique ability
17 that the chief, the Fire Chief spoke about up here
18 to, you know have these special working relationships
19 with vendors really puts us in the forefront of, of
20 the innovations that are out there in the medical
21 field and specifically for EMS. I think as more time
22 goes on and more companies become aware of how vital
23 a role we play in health care, you know emergency
24 departments have known it for years and doctors all
25 the way on down through the levels of care have known

2 about the vital role that we have in seeing the
3 patient first and now that the manufacturers are
4 really starting to come on board and, and get behind
5 it is, is a promising insight to, you know what we
6 actually do. one other thing I just wanted to speak
7 about very briefly was along with that relationship
8 that we have with Captain Kline, you know we're,
9 we're able to speak at... on a daily basis because
10 we're both assigned up there and, and you know he has
11 really played a vital role in, in putting together
12 some of the... some of the things we... like including
13 the powered stretchers, you know I, I'm lucky enough
14 to sit on that subcommittee for the powered
15 stretchers and I have to say that working with not
16 only him but with the Chief Bonson [sp?]... with Chief
17 Bonson, your office and, and the rest of the members
18 of the Department that are on that subcommittee, it
19 has moved all very smoothly and, and it's a... it's
20 another piece of equipment that, that reduces the
21 stress on, on the provider and, and, and keeps them
22 healthier and allows them to be able to, you know
23 obviously do the job that they're... that they're
24 tasked to do. Thank you.

2 OREN BARZILAY: Thank you, Council Member
3 Borelli. I just want to talk about a few points, we
4 are obviously in support of anything that will reduce
5 response times in our city. Our concern is mainly
6 safety, should this resolution go through and I hope
7 it does is that it will be mandated to have two crews
8 respond at all time. Our members are always facing
9 dangers, our members are constantly assaulted, having
10 one of them respond will potentially put them in
11 harms way. I can see this working in the Times Square
12 area, anywhere in Midtown areas, sometimes going
13 around a city block can take ten minutes just to go
14 around one block and the Segway scooter you just flip
15 it on... you know flip and you're going the opposite
16 way so this could definitely work and response times
17 won't reduce in our city. You mentioned compensation,
18 obviously that's always something that our members
19 will demand, more training, more compensation so we
20 appreciate you bringing that up to the department and
21 we look forward with working with you.

22 CHAIRPERSON BORELLI: Oren when you say
23 two members do you mean two individual scooter riding
24 members or a person in some sort of fast scooter and
25

2 then the, the actual ambulance that would come in to
3 support them afterwards?

4 OREN BARZILAY: Two separate vehicles.

5 CHAIRPERSON BORELLI: Thank you, anyone
6 have questions? That's it, no questions.

7 OREN BARZILAY: Okay, thank you.

8 CARL GANDOLFO: Thank you for your time.

9 CHAIRPERSON BORELLI: It looks like that
10 is the last panel today, thank you, this concludes
11 the hearing.

12 [gavel]

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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date

February 27, 2020