

Committee on Hospitals; Jointly With The
Committee on Fire and Emergency Management
CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

Committee on Hospitals; Jointly With The
Committee on Fire and Emergency Management

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October 27, 2021
Start: 10:18 a. m.
Recess: 11:27 a. m.

HELD AT: REMOTE HEARING (VIRTUAL ROOM 2)

B E F O R E: Hon. Carlina Rivera, Chair
Committee on Hospitals

Hon. Joseph Borelli, Chair
Committee on Fire and Emergency
Management

COUNCIL MEMBERS: Committee on Hospitals:

Diana Ayala
Mathieu Eugene
Mark Levine
Alan N. Maisel
Francisco P. Moya
Antonio Reynoso

Committee on Fire and
Emergency Management:

Justin L. Brannan
Fernando Cabrera
James F. Gennaro
Alan N. Maisel

Committee on Hospitals; Jointly With The
Committee on Fire and Emergency Management

A P P E A R A N C E S

Laura Iavicoli,
Senior Assistant Vice President for Emergency
Management at H+H

Megan Pribram,
Deputy Commissioner of Planning and Resilience at
NYCEM.

Robert Bristol Director of Health and
Medical, NYCEM

Christina Farrell, Acting First Deputy Commissioner
at NYCEM

Christine Flaherty, Senior Vice President of Office
of Facilities Development at H+H

Jenna Mandel-Ricci
Senior Vice President for Health Care System
Resilience at the Greater York Hospital Association

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3 SERGEANT LEONARDO: Pc recording is underway.

4 SERGEANT POLITE: Cloud recording is all set.

5 SERGEANT PEREZ: Back up is rolling.

6 SERGEANT LEONARDO: Good morning, and welcome to
7 today's remote Committee on Hospitals; Jointly with
8 Fire and Emergency Management.

9 At this time, we ask that all council members and
10 council staff, please turn on their video for
11 verification purposes.

12 To minimize disruptions, please place cell phones
13 to vibrate or silent.

14 If you have testimony to submit for the record,
15 you may do so via email by sending in to
16 testimony@council.nyc.gov , once again that is
17 testimony@council.nyc.gov.

18 We thank you for your cooperation.

19 Chairs, we are ready to begin.

20 CHAIRPERSON RIVERA: Thank you very much.

21 Good morning everyone, I am Council Member
22 Carlina Rivera. I'm chair of The Committee on
23 Hospitals.

24 I'd like to start by thanking the co-chair of
25 this hearing, Council Member Borelli, as well as my

2 colleagues, for being present today for this very
3 important hearing.

4 We are here today to discuss New York City
5 Hospitals Preparedness for Weather Emergencies.

6 The New York City Metropolitan area was struck by
7 disaster in early September as the remnants of
8 Hurricane Ida flooded roads, homes, and subways. At
9 least forty-five people lost their lives in New York
10 and New Jersey.

11 We lost thirteen New York City residents due to
12 this terrible storm.

13 Storm Ida was the worst natural disaster to
14 strike our city since 2012's Superstorm Sandy.

15 Health and Human Services Secretary, Xavier
16 Becerra, declared public health emergencies for New
17 York and New Jersey due to the damage inflicted by
18 the storm.

19 New York Governor Hochul and Mayor di Blasio,
20 both declared states of emergencies.

21 Governor Hochul cited the "record-shattering"
22 rainfall, and stated that "there are no more
23 cataclysmic, unforeseeable events" and that "we need
24 to foresee these in advance and be prepared."
25

1 She is right. This was not the first superstorm
2
3 to hit New York City, and unfortunately, it will
4 probably not be the last.

5 According to an October 2021 report from the
6 First Street Foundation, a growing part of the U.S.
7 will face an increased risk of critical
8 infrastructure, like emergency services and
9 hospitals, being rendered inoperable due to severe
10 flooding linked to climate change over the next 30
11 years. As hospital systems are increasingly being
12 disrupted due to climate-fueled weather disaster like
13 more intense hurricanes, flooding, and heatwaves,
14 they must harden their infrastructure and prepare for
15 the worst.

16 We saw what a superstorm could do to our city
17 when we weren't prepared. Superstorm Sandy wreaked
18 havoc on New York City in 2012, causing flooding and
19 power outages throughout the city's five boroughs.

20 Five hospitals city hospitals were forced to
21 evacuate because of the storm: New York Downtown
22 Hospital, Manhattan VA Medical Center, Coney Island
23 Hospital, Bellevue Hospital and NYU Langone Medical
24 Center.

2 New York Downtown Hospital, Manhattan VA Medical
3 Center, and Coney Island Hospital all lost power.

4 But, the hospitals have learned from this
5 experience, and have been undergoing resiliency
6 projects, repairs, and infrastructure improvements.

7 Hospitals installed flood walls, repositioned and
8 hardened internal systems -- such as generators and
9 plumbing -- raised emergency departments and critical
10 systems above flood level, and acquired new
11 communications systems.

12 These improvements helped hospitals stay open
13 during Storm Ida; however, there was still minor
14 flooding in some hospitals, including Richmond
15 University Medical Center, Elmhurst Hospital, and
16 Lincoln Hospital.

17 The work continues.

18 According to the City's Independent Budget
19 Office, twenty percent of the city's hospital beds
20 are in or near flood zones. With climate change
21 increasing the incidence of weather events like Ida,
22 hospitals must continue to undergo resiliency
23 projects to fortify themselves against future and
24 natural disasters and must continue to prepare for
25 such events.

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3 As a city, we must also ensure that we are
4 supporting hospitals in these efforts.

5 We look forward to hearing from H+H, and of
6 course, New York City Office of Emergency Management
7 today, about how they are working to ensure that we
8 remain prepared for future extreme weather events.

9 I want to thank the administration, and to
10 everyone who is present to testify today. I would
11 also like to thank The Hospital Committee staff,
12 Counsel Harbani Ahuja, Policy Analyst Em Balkan,
13 Finance Analyst Lauren Hunt, and Data Analyst Rachael
14 Alexandroff, as well as my team, for their work on
15 this hearing.

16 I will actually turn it over now to my co-chair,
17 Chair Borelli, for his opening remarks.

18 CHAIRPERSON BORELLI: Good morning, and thank you.
19 Uh, I'm Council Member Joe Borelli, and of course,
20 we're joined by, uh, Council Members Brannan,
21 Cabrera, Maisel, uh, from my committee. I believe
22 Councilman Gennaro will be joining us soon.

23 Uh, thank you to Chair Rivera for holding this
24 committee jointly.

25 Uh, The Committee on First and Emergency
Management oversees The Office of Emergency

1 Management, uh, which is responsible for coordinating
2 New York City's emergency planning and response for
3 all types and scales of emergencies including extreme
4 weather emergencies such as coastal storms and flash
5 flooding.
6

7 We're gathered today to discuss the important
8 topic of emergency planning for NYC Hospitals to
9 assure the continuity of medical care during extreme
10 weather situations.

11 As we saw during a number of storms this summer,
12 most notably with storm Ida in September, uh, and
13 even during yesterday's nor'easter, the city faces
14 ongoing issues of extreme flash flooding during
15 periods of heavy rain.

16 These events, which have proven deadly at times,
17 present challenges to the city's aging infrastructure
18 and the ability of our city to deliver vital
19 emergency services to residents in need.

20 Today the committee will examine several areas
21 related to the readiness of hospitals and first
22 responders to provide medical care in times of
23 extreme flooding.

24 We look forward to hearing the testimony from the
25 administration, uh, both New York City Emergency

2 Management and H+H, about how these vital efforts...

3 Uh, and examining the detailed planning that are
4 taken to assure that all New Yorkers remain safe when
5 facing flood emergencies.

6 I will turn it back over to the committee counsel
7 to swear in the administration.

8 COMMITTEE COUNSEL: Thank you, Chairs.

9 My name is Harbani Ahuja, and, I'm counsel to The
10 Committee on Hospitals for the New York City Council.

11 Before we begin, I want to remind everyone that
12 you will be on mute until you are called on to
13 testify, at which point you will be unmuted by the
14 host.

15 I will be calling on panelist to testify; please
16 listen for your name to be called. I will be
17 periodically announcing who the next panelist will
18 be.

19 For everyone testifying today, please note that
20 there may be a few seconds of delay before you are
21 unmuted, and we thank you in advance for your
22 patience.

23 All hearing participants should submit written
24 testimony to testimony@council.nyc.gov.

1
2 At today's hearing, the first panelist to give
3 testimony will be representatives from the
4 administration, followed by council member questions
5 and then the public will testify.

6 Council members who have questions for a
7 particular panelist, should use the Raise Hand
8 function in Zoom, and I will call on you after that
9 panelist has completed their testimony.

10 Uhm, before we swear in the administration, I
11 just want to acknowledge the council members that are
12 present. We have Council Member Ayala, Council
13 Member Brannan, Council Member Cabrera, Council
14 Member Eugene, Council Member Maisel, Council Member
15 Moya, Council Member Reynoso, and Council Member
16 Gennaro.

17 Uhm, we will now be swearing in members from the
18 administration. Uhm, I will be calling on you each
19 individually for a response.

20 Testimony will be provided by Laura Iavicoli,
21 Senior Assistant Vice President for Emergency
22 Management at H+H.

23 Additionally, the following representatives will
24 be available for answering questions: Laura Iavicoli,
25

3 Senior Assistant Vice President for Emergency
4 Management at H+H, Megan Pribram, Deputy Commissioner
5 of Planning and Resilience at NYCEM. Robert Bristol
6 Director of Health and Medical at NYCEM, Christina
7 Farrell, Acting First Deputy Commissioner at NYCEM,
8 and Christine Flaherty, Senior Vice President of
9 Office of Facilities Development at H+H.

10 Before we begin, I'll be administering the oath.
11 I will call on you each individually for a response.

12 Please raise your right hands.

13 Do you affirm to tell the truth, the whole truth,
14 and nothing by the truth, in your testimony before
15 this committee, and to respond honestly to council
16 member questions?

17 Laura Iavicoli?

18 LAURA IAVICOLI: Yes, I do.

19 COMMITTEE COUNSEL: Thank you.

20 Megan Pribram?

21 MEGAN PRIBRAM: Yes, I do.

22 COMMITTEE COUNSEL: Thank you

23 Robert Bristol?

24 ROBERT BRISTOL: Yes, I do.

25 COMMITTEE COUNSEL: Thank you.

Christina Farrel?

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2 CHRISTINA FARREL: (NO RESPONSE)

3 COMMITTEE COUNSEL: I believe she may not be on.
4 If she, uhm, comes on later, we'll swear her in.

5 And, Christine Flaherty?

6 CHRISTINE FLAHERTY: Yes, I do, thank you.

7 COMMITTEE COUNSEL: Thank you.

8 Uh, Laura Iavicoli, you may begin your testimony
9 when you are ready.

10 LAURA IAVICOLI: Thank you so much, and thank you
11 for having me here today.

12 Good morning Chairperson Rivera, Chairperson
13 Borelli and members of the Committee on Hospitals
14 and the Committee on Fire and Emergency Management. I
15 am Laura Iavicoli, Deputy Chief Medical Officer at
16 NYC Health + Hospitals/Elmhurst and Senior Assistant
17 Vice President for Emergency Management at New York
18 City Health + Hospitals.

19 I am joined this morning by Christine
20 Flaherty, Senior Vice President of Office of
21 Facilities Development. I don't think Mahendi (sp?)
22 made it on. Mahendi (sp?) Indar may be coming on,
23 Senior Director of Office of Facilities and
24 Development at Health + Hospitals, as well as Robert
25 Bristol Director of Health and Medical, Megan Pribram

3 Deputy Commissioner of Planning and Resilience
4 at New York City Emergency management.

5 I am happy to testify before you to discuss NYC
6 Hospitals Preparedness for Weather Emergencies.

7 Hospitals play an essential role in planning for
8 and responding to the needs of New Yorkers during any
9 citywide emergency, particularly weather emergencies.

10 In recent years, health care emergency management
11 regulatory requirements have significantly increased
12 since major disasters such as 9/11 terrorist attacks,
13 Hurricane Katrina and Superstorm Sandy.

14 To ensure the safety of its patients and staff,
15 Health + Hospitals has extensive plans in place in
16 the event of weather, public health, or other
17 catastrophic emergencies.

18 Health + Hospitals' emergency operations/response
19 plans are developed to address all hazards with
20 specific incident response annexes and guides for
21 high probability and high impact events which include
22 extreme weather events such as coastal storms,
23 extreme temperatures, and winter and summer weather
24 events.

25 Each of our sites is required to conduct training
and exercises to test and evaluate their plans.

1
2 Planned exercises and actual response activations
3 are reviewed to identify gaps and areas for
4 improvement.

5 Emergency operations/response plans are then
6 revised to incorporate changes and improvements
7 identified, as well as physical improvements
8 including hardening of facilities, purchase of needed
9 equipment and supplies, or training for staff.

10 Health + Hospitals uses an Incident Command
11 System to manage all disasters, emergencies and other
12 incidents.

13 The ICS, which is the Incident Command System, is
14 a national best practice for coordinating emergency
15 response and allows for communication, coordination,
16 and collaboration with other agencies.

17 A Central Office Incident Management Team,
18 embedded within the System's ICS, is responsible for
19 coordinating emergency response across the system.

20 The five main components of Incident Command are
21 Command, Operations, Planning, Logistics, Finance,
22 and Administration.

23 And, once Health + Hospitals activates the ICS,
24 internal and external notifications are made while
25 information is gathered for situational awareness.

3 Staff are assigned to their incident command roles,
4 briefings are held providing the latest intelligence,
5 uh, an incident action plan is developed for the
6 first operational period. This process then repeats
7 itself, uh, for the ongoing operational period
8 throughout the activation.

9 To facilitate coordination with our sites,
10 regular WebEx meetings are convened with the cadence
11 determined by the type and scope of the event;
12 information is gathered, vetted and shared.

13 Modes of communication used to share information
14 with staff include Everbridge Emergency Alert System
15 that send messages via phone, email and text message;
16 Health + Hospitals Intranet; Outlook emails;
17 Emergency Alerts Intranet Blog; and Alertus, the
18 System's immediate emergency alert notification
19 across facilities via pop-ups and ticker tape desktop
20 messages. Once activated, the cadence of meetings
21 within The Central Office Incident Management Team
22 and Site Leadership is established.

23 A typical cadence of meetings would be daily
24 morning calls with all senior central office
25 leadership, chain of communication from our
facilities to central office with their needs, daily

1 system site leadership logistics and planning touch
2 bases, and broader system wide leadership briefings
3 weekly. Additionally, all-staff webinars and emails
4 are implemented to disseminate important information
5 to all staff.
6

7 Similarly, for preparation and planning of an
8 emergency, Health + Hospitals also utilizes the ICS.
9 Trainings and exercises take place regularly where
10 each facility tests components of the Emergency
11 Operations Plan to ensure operations and
12 communication chains run smoothly.

13 Health + Hospitals has been activated in response
14 to the COVID-19 pandemic since January of 2020.
15 During this time, we have had to concurrently respond
16 to multiple other emergencies including coastal
17 storms, four winter storms, mass transit shut down,
18 extreme heat, civil unrest, and staffing issues early
19 in the COVID response.

20 Health + Hospitals has maintained operations
21 throughout each emergency event and provided
22 continuity of care to our patients and communities we
23 serve.

24 With the evolution and implementation of ET3,
25 which is Emergency Triage Treat and Transport, Health

3 + Hospitals has been able to care for patients who
4 call for 9-1-1 safely from their homes during times
5 of emergencies via telemedicine.

6 Although the ET3 program, uh, began during the
7 height of the pandemic, it is also useful in times of
8 weather emergencies. This program allows for the city
9 to prioritize emergency services to those who more
10 emergently need emergency services while redirecting
11 lower acuity 9-1-1 calls to the appropriate level of
12 care through additional options such as telemedicine.

13 However, we do not work alone. Health + Hospitals
14 works closely with city hall and New York City
15 Emergency Management in all phases of emergency
16 management including planning, mitigation, response,
17 recovery, and training, and exercises.

18 We are a part of the ESF-8 Health and Medical
19 branch of New York City Emergency Management. If
20 NYCEM activates their Emergency Operations Center,
21 Health + Hospitals has a representative serve as a
22 liaison to facilitate communications, gather and
23 disseminate information, and request and provide
24 resources. Health + Hospitals has a representative
25 serve as a liaison to facilitate communications,

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3 gather and disseminate information, and request and
4 provide resources.

5 Additionally, Health + Hospitals sits on several
6 committees and work groups convened by NYCEM. These
7 include: ESF-8 Work Group, Citywide Logistics
8 Committee, Shelter Planning Committee, Continuity
9 of Operations work group, Urban Area Work
10 Group, Coastal Storm Steering Committee, Winter
11 Weather Steering Committee, and Heat Emergency
12 Steering Committee.

13 Each year, Health + Hospitals participants in
14 exercises with other agencies and led by NYCEM. The
15 intent of these exercises is to test plans and
16 identify gaps. However, real-life activations also
17 serve this purpose and allow for real time
18 identification of gaps and resolution of issues.

19 Scenarios for past NYCEM exercises include snow
20 storms, transit disruption, nuclear attack, and
21 coastal storms.

22 In addition, Health + Hospitals partners with
23 other hospital systems in New York City through the
24 Greater New York Hospital Association to prepare for
25 emergency events.

1
2 Health + Hospitals is a voting member of the New
3 York City Health Care Coalition Governance Board led
4 by the New York City Department of Health and Mental
5 Hygiene.

6 Health + Hospitals is a Network Healthcare
7 Coalition and each of our acute care sites
8 participate in borough healthcare coalitions with
9 hospitals, nursing homes, and other community
10 partners.

11 In the aftermath of Superstorm Sandy, Health +
12 Hospitals understood the importance of recovery
13 services. Our sites that incurred flood damage made
14 major improvement measures -- including moving
15 critical infrastructure to higher floors, flood
16 protection for our facilities, flood resistant
17 infrastructure, investing in generators, electrical
18 panels, HVAC systems, and other capital projects.

19 Additionally, we entered into a system wide
20 recovery services contract with Northstar. Northstar
21 will assist our system in getting back to normal
22 operations in the aftermath of a disaster including:
23 assisting with pumping flood water, repair of
24 utilities, implementation of flood mitigation
25 equipment, additions of generators, and movement of

2 essential equipment to higher floors to mitigate
3 flood damage.

4 Most recently, during Hurricane Ida, Health +
5 Hospitals collaborated with NYCEM, DOHMH, and Greater
6 New Yorker Hospital Association on a situational
7 awareness for a post storm impacts survey.

8 This cross regional event allowed us to query
9 sites in real time about impacts to supplies,
10 infrastructure, staffing, system and utilities
11 emergency department volumes, emergency operation
12 center status, medically vulnerable community
13 members, non-patient sheltering, and other comments.
14 It helped to inform local agencies of system status
15 such as EMS and FDNY, and allowed for system
16 situational awareness within New York City's systems
17 and to New York City and New Yorker State Department
18 of Health.

19 Health + Hospitals is committed to keeping its
20 patients, staff, and infrastructure safe from natural
21 disasters.

22 Thank you for your attention to this important
23 topic; we are happy to answer any questions you may
24 have.

2 COMMITTEE COUNSEL: Thank you so much for your
3 testimony.

4 I will now turn it to questions from Chair Rivera
5 followed by Chair Borelli.

6 Panelist, if you can stay unmuted, uhm, during
7 this question and answer period that would be
8 appreciated, thank you.

9 Uhm, Chair Rivera?

10 CHAIRPERSON RIVERA: Thank you, I just want
11 acknowledge we've been joined by Council Member
12 Levine.

13 Well, thank you so much for being here, I
14 appreciate your testimony. I just want to add, I,
15 you know, it's a timely hearing, of course. I know,
16 uhm, yesterday and the day before we had pretty
17 severe weather. Uhm, I know it wasn't as harmful as
18 some of the events that you've described, but, uhm,
19 certainly want to kind of get in to, I guess, how the
20 city could also be helpful.

21 And, you've mentioned moving infrastructure, your
22 system wide recovery network, your COVID response,
23 the continuity of care -- what sort of support could
24 H+H receive from the city during a weather emergency?
25

2 For example, what sort of organizational resource
3 support, uh, like equipment, could the city provide?

4 LAURA IAVICOLI: Thank you very much for that
5 question. And, that is a great question.

6 Uhm, so, again, uh, Health + Hospitals works very
7 closely with New York City Emergency Management, uhm,
8 and it is part of the New York City Emergency
9 Management ESF-8 Health and Medical. Uhm, and we have
10 liaisons with New York City Emergency Management when
11 New York City Emergency Management activates.

12 And, any time that Health + Hospitals needs any
13 assistance, we do go through New York City, uh,
14 Emergency Management, and they will procure any items
15 that Health + Hospitals needs, uh, and loop in any
16 agencies that would help to respond to any needs that
17 we would have.

18 CHAIRPERSON RIVERA: So, specifically, is there
19 anything that the city -- that you're looking forward
20 to them providing or supporting you with? I guess
21 the... you know, how often... On average, how often
22 does H+H require support from the city during weather
23 related emergencies?

24 LAURA IAVICOLI: That is also a really good
25 question.

1
2 So, uh, we have been, uh, very fortunate New York
3 City Health + Hospitals has been able to manage, uh,
4 very skillfully internally, uh, for the majority of
5 our, uhm, city emergencies.

6 Uhm, we first, of course, managed within our
7 system, we will then leverage, uh, you know, sister
8 systems if we need help, and then reach out to New
9 York City Emergency Management. Uhm, and then it
10 would... Obviously, they would involve the state.
11 And, if the state needed to, they would involve, uh,
12 federal as well.

13 Uhm, it has been very, very infrequent that we
14 have had to reach out to New York City Emergency
15 Management, but they are always receptive and
16 extremely helpful whenever we need any resources from
17 them.

18 CHAIRPERSON RIVERA: So, does H+H have a system
19 wide plan for weather related emergencies? For
20 example, how do hospitals within the system
21 coordinate in the event of a weather emergency?

22 LAURA IAVICOLI: Uh, yes, and that is also a
23 really good question.

24 Uhm, so, uh, New York City Health + Hospitals has
25 a system wide emergency operations plan. In addition

2 each of our acute care facilities and post-acute
3 facilities have their own individual emergency
4 operations plans that work off of the same overall
5 template, but they are tailored to each facility,
6 because each facility has its own risks, uhm, and has
7 its own ability to, uhm, mitigate those risks and
8 respond to any events.

9 Uhm, but we work as a system. We coordinate
10 between all of our eleven acutes, our five post-
11 acutes, our Gotham sites, uhm, and we will shuffle
12 resources around as needed -- staff, equipment, uhm,
13 patients if need be, uhm, space, uhm, will be
14 leveraged throughout the system. So, we work as an
15 overall entity very well and coordinated.

16 CHAIRPERSON RIVERA: You mentioned sister
17 hospitals, what does that mean?

18 LAURA IAVICOLI: So, uh, sorry, I'm not exactly
19 sure what I exactly said, but, usually when I say
20 sister hospitals, I mean our system... I usually
21 refer to our, uh, you know, there's the overall
22 umbrella system, and then each or our facilities --
23 we consider ourselves sister hospitals, if that was
24 what I was referring to.

1
2 CHAIRPERSON RIVERA: You mean like the Gotham
3 sites?

4 LAURA IAVICOLI: So, like, uhm, Elmhurst, and
5 Queens are sister hospitals and Jacobi and, uhm, you
6 know, all of our acutes, we... we call ourselves
7 sister hospitals. But, yes, also the post-acutes and
8 the, uh, Gothams as well.

9 CHAIRPERSON RIVERA: So, just the larger network
10 then?

11 LAURA IAVICOLI: Yes. So, the, yes, it's like a
12 family made up of both -- a lot of sisters, it's,
13 yeah, sorry, a bit of a slang term, I apologize...

14 (Cross-Talk)

15 CHAIRPERSON RIVERA: Okay, oh, it's alright. I
16 just wasn't sure how the coordination was with
17 hospitals under, I guess, kind of The Greater New
18 Yorkers Hospital umbrella.

19 And, I'll ask them when they testify, uhm,
20 because we did see that the coordination was
21 something that you really had to work on, especially
22 in terms the COVID-19 response. And, I think you all
23 did an incredible job considering the circumstances.

24 So, you have to work within your system, of
25 course, I mean, I guess, uh, as well as the other...

1
2 The NYU's of the world and the New Yorker
3 Presbyterians.

4 So, I guess what are some of the lessons you've
5 learned since then that you've implemented?

6 LAURA IAVICOLI: Oh, that's a great question as
7 well.

8 So, uhm, we absolutely learned first that
9 coordination within the system is paramount, but also
10 having an open dialogue with other systems is equally
11 imperative. And, The Greater New York Hospital
12 Association has been the key in bringing all of the
13 systems together in our region. Uh, they bring us
14 together in the Emergency Preparedness Coordinating
15 Council. Uhm, they bring us together when needed
16 during activations on daily calls, so that we can
17 speak to each other. We can share information. Uhm,
18 and we can request help from each other. And, it's
19 been really an important response key that they
20 implemented.

21 CHAIRPERSON RIVERA: So, would you say something
22 that you've really worked to improve is internal
23 communications?

24 LAURA IAVICOLI: Yes, absolutely.

25 CHAIRPERSON RIVERA: (INAUDIBLE 00:26:42)

1
2 LAURA IAVICOLI: I think internal communications
3 as well... I'm sorry, did somebody want to say
4 something?

5 CHAIRPERSON RIVERA: No, I just wanted to ask a
6 few more details. I appreciate... (Cross-Talk)

7 LAURA IAVICOLI: Yes...

8 CHAIRPERSON RIVERA: the broad strokes here, but I
9 was trying to get a little bit... (Cross-Talk)

10 LAURA IAVICOLI: Yes.

11 CHAIRPERSON RIVERA: more nuanced.

12 LAURA IAVICOLI: Yes. So, internal coordination,
13 internal communication, as well as communication and
14 coordination with, uh, the regional systems as well -
15 - leveraging The Greater New York Hospital
16 Association, uh, as well as New Yorker City
17 Healthcare Collation, which we are a member of, and
18 NYCEM, of course, as well.

19 We leverage all of those umbrellas to help us
20 coordinate between other systems and other agencies.

21 CHAIRPERSON RIVERA: So, H+H has undergone
22 resiliency efforts since Superstorm Sandy in 2012, in
23 order avoid issues in the future, can you provide an
24 overview of this work and of the project?

1
2 And, can you speak more about the Bellevue
3 Coastal Resiliency project?

4 And, can we just get an overall update?

5 LAURA IAVICOLI: This is a very good question.
6 Yes, H+H has undergone resiliency efforts since
7 Superstorm Sandy in 2012 in order to avoid issues in
8 the future.

9 And, I will pass that -- the specifics of the
10 answers off to my Senior Vice President of The Office
11 of Facilities and Development, uh, Christine
12 Flaherty.

13 CHRISTINE FLAHERTY: Thank you so much. This is a
14 great, uh, topic, one I'm very passionate about --
15 investing in the resources of our infrastructure at
16 Health + Hospitals, so thank so much for the
17 question.

18 Uhm, we have been overhauling our infrastructure,
19 uh, with our FEMA grant across our, you know,
20 especially our four most vulnerable sites, uh, at
21 Coler, Metropolitan, Bellevue and Coney Island. Uhm,
22 our biggest, uh, most proud accomplishment is looking
23 at our future Ruth Bader Ginsburg Hospital, uh, which
24 is well underway, and we're... And, we're really
25 excited about that hospital, and that we'll have

1 five-hundred-year inpatient tower, a fully elevated,
2 uh, ED. And, uh, we're incredibly excited about
3 that, as well as the entire campus being fortified.
4

5 Uhm, Metropolitan equally, uh, underway with many
6 resiliency measures.

7 Many projects have been completed related to
8 smaller scale mitigation work of elevating and
9 raising, uhm, many of our systems.

10 And, we have current projects underway including,
11 uh, elevating, uh, elevator equipment and things of
12 that nature to ensure that should a water inundation
13 event occur, we are able to, uh, ,you know, fight on
14 ground and kind of stay in our hospitals as much as
15 possible.

16 Uh, when it comes to the Bellevue community
17 floodwall, uh, we have, you know, studied this
18 project in multiple iterations, and we're excited for
19 Department for Design and Construction to, uh, bring
20 this project for us in to fruition. Uh, the project
21 is, uh, ,you know, starting down to the south and up
22 to the north, uh, and it will be critical for us to
23 expedite that project and start design on that, uh,
24 forthcoming with Department of Design and
25 Construction.

1
2 CHAIRPERSON RIVERA: Looking forward to it as
3 well. I know there's been.... There's been a long
4 conversation, and we've come a long way. So, I hope
5 we can be helpful with that.

6 So, how does Health + Hospitals work with FDNY
7 and EMS to address any issues with emergency medical
8 transportation to and from H+H facilities during
9 weather related emergencies?

10 LAURA IAVICOLI: So, again, uh, New York City...
11 Uh, thank you, that's a good question.

12 New York City, uh, Health + Hospitals works very
13 closely with, uh, EMS through, uh, The Greater New
14 Health Association as well as New York City Emergency
15 Management. Uhm, we join in the same committees and
16 the same activation calls, when, uh, a regional event
17 is, uh, activated. Uhm, and we coordinate through
18 New York City Emergency Management and Greater New
19 York.

20 CHAIRPERSON RIVERA: So, uh, and, again, just how
21 is... through... you said, calls?

22 LAURA IAVICOLI: Yes, so, uh, New York City
23 Emergency Management will, uh, depending on ,you
24 know, will activate a weather steering call, or, uhm,
25 ,you know, any other emergency call with key

1 agencies. Uh, we are part of ESF-8, uhm, and we have
2 liaisons to New York City Emergency Management. So,
3 any request that we have, any needs that we have,
4 anything that we can offer -- any other systems or
5 facilities, will go through New York City Emergency
6 Management, and they coordinate for the region.
7

8 CHAIRPERSON RIVERA: So, who are the key people?
9 Who are some of the liaisons?

10 LAURA IAVICOLI: Uh, the... (Cross-Talk)

11 CHAIRPERSON RIVERA: Uh, just trying to
12 (BACKGROUND NOISE) (INAUDIBLE 31:27) a few details,
13 uh, out of you, if that's okay (INAUDIBLE 31:29)

14 LAURA IAVICOLI: Sure. Sure. Absolutely. Yes,
15 and I... You know what, I can actually pass that on
16 to my colleagues at New York City Emergency
17 Management. They'd be probably really best to speak
18 to that.

19 MEGAN PRIBRAM: Sure, thanks very much. Uhm, so,
20 whenever we activate a... as, Laura mentioned, we
21 have, uh, we will convene our Weather Steering
22 Committee calls, and then as part of that also, we're
23 in constant communication with our emergency support
24 function aide or Health and Medical Partners. And,
25 some of the liaisons and some of the agencies I think

1 that you were asking about, so... So, some of those
2 agencies will be New Yorker State Health Department,
3 Greater New York Hospital Association, uh, the city
4 Department of Health and Mental Hygiene, Health +
5 Hospitals, uh, The Fire Department, uhm, Veteran's
6 Affairs, so we'll have a number of those agencies
7 that focus on public health and health and medical
8 issues, uh, being able to communicate directly
9 together.
10

11 CHAIRPERSON RIVERA: So, after a storm, there are
12 potential impacts on the facilities themselves, such
13 as patient surges, supply shortages, staffing issues,
14 access to healthcare, and other issues.

15 So, how does Health + Hospitals prepare for such
16 possibilities?

17 LAURA IAVICOLI: We have all hazards emergency
18 operations plans, uhm, where we prepare for all
19 hazards on all of our plans. And, each of our
20 emergency operations plans has specific annexes to
21 address the most likely events given our hazard
22 vulnerability analysis for each of our sites and of
23 (BACKGROUND NOISE) our system as well. Uhm, so, we
24 plan according to what our biggest hazards are, and
25 we also plan for all hazards.

1
2 CHAIRPERSON RIVERA: So, you have an all hazards
3 emergency preparation plan that helps you prepare for
4 all hazards? I think that's certainly correct. But,
5 if you're... So, one of the examples I... I gave
6 you, for example, patient surges, how would you deal
7 with that emergency, and does the city provide
8 support with such preparations if you seeing
9 something like that or even a supply shortage?

10 LAURA IAVICOLI: Yeah, uh, that's a great
11 question... (Cross-Talk)

12 CHAIRPERSON RIVERA: (INAUDIBLE 33:49)

13 LAURA IAVICOLI: because we dealt with this...
14 We've been dealing with this for, you know, at least
15 a year and a half now with COVID.

16 So, we have multiple ways to, uhm, mitigate
17 issues with staffing, supplies, space as well. Uhm,
18 and again, we start by using internally our system,
19 leveraging each of our facilities. Uhm, if we're
20 talking about patients, we would move patients -- we
21 call it level loading -- between our facilities where
22 there is opportunity to move them.

23 One overburdened facility would be decanted to a
24 facility that has some room.

1 We also move equipment around between our
2 facilities. Uh, we have coordinated, uh, ways of
3 moving equipment as well. And, we can, uh, you know,
4 open up surge space. We usually leverage our, uhm,
5 trauma centers first for surge space, and they will
6 open... because, they have more, uhm, levels of
7 response than one of our community centers would
8 have. So, uhm, they would open up their surge space,
9 and we would decant our community centers in to our
10 trauma centers, uh, when need be.

12 CHAIRPERSON RIVERA: So, let me ask one specific
13 question then, before I turn it over to my co-chair
14 here.

15 So, let's take evacuations for example. There
16 are many steps involved in the city's process of
17 preparing for the potential need for hospitals to
18 evacuate their patients during a coastal storm. If
19 that happened in a facility like Bellevue, can you
20 please provide an overview of what the process would
21 be?

22 LAURA IAVICOLI: So, uh, Bellevue would evacuate
23 first and foremost, uhm, during a mayor's order. If
24 the mayor ordered an evacuation, then Bellevue would
25 evacuate. Uhm, we have detailed send and receive

1
2 agreements. We would first evacuate the patients
3 internally. Uhm, once we leverage all of our
4 internal capabilities, we have send and receive
5 agreements that, uh, we have filed with the New
6 Yorker State Department of Health, uh, through the
7 Health Commerce System. And, we would leverage those
8 agreements. We would use our own internal, uhm,
9 transportation, uhm, agencies; and when they are
10 exhausted, then we would reach out to New York City
11 Emergency Management who coordinates with, uhm, the
12 HEC, which is the Healthcare Evacuation Center, uhm,
13 and they would supply us other transportation needs
14 as well as find us open, you know, space for our
15 patients if we needed extra space.

16 CHAIRPERSON RIVERA: And, how are... Who's
17 responsible for communicating messages to all
18 hospitals and healthcare facilities?

19 LAURA IAVICOLI: Within our own system, you're
20 asking?

21 CHAIRPERSON RIVERA: Yeah, within your own
22 facility and how you communicate with the agencies.
23 Who is responsible for communicating those messages
24 to all hospitals and healthcare facilities?

25

1 LAURA IAVICOLI: So, I as the Incident... That is
2
3 a good question, I as the Incident Commander, uh,
4 would be coordinating communicant messages, uhm, to
5 all of our facilities. We communicate through, uh, a
6 mass notification system, Everbridge, through another
7 type of mass notification system that I mentioned,
8 Alertus. We put up notifications of Emergency Alerts
9 Blog. We convene, uhm, briefings amongst central
10 office leaders, uh, central office and site
11 leadership, uhm, Central Office Emergency Operations
12 Center and the incident management teams at the site.

13 So, these are all separate, uhm, briefings that
14 are held so that we can have, uh, an open line of
15 communication, uhm, between basically the entire
16 system.

17 And, then we also can convene system wide
18 briefings, so that leadership throughout the system,
19 uhm, knows what's going on. And, then we have all
20 staff briefings as well, so that we can get, uhm,
21 information out to, uh, every staff member that needs
22 to know what's going on and how to respond.

23 CHAIRPERSON RIVERA: Can you name some of the
24 people that are in the system wide briefing? Like,
25 just some titles. Like, do you... Director...

1
2 LAURA IAVICOLI: Sure... (Cross-Talk)

3 CHAIRPERSON RIVERA: Deputies?

4 LAURA IAVICOLI: Yes. Yes.

5 So, uhm, the system wide briefing is Central
6 Office Incident Management Team. So, that's the
7 central officer leadership.

8 Uhm, site, uhm, what we call the C-Suite, so
9 the... The, uh, The CEO's, the COO's, the CMO's,
10 uhm, the CFO's, uh, site, uh, Chiefs of Medicine,
11 uhm, Public Information Officers at the cites, uhm,
12 as well as ,you know... If... particularly if we are
13 talking about COVID Team -- infectious disease, and
14 infection prevention needs as well.

15 CHAIRPERSON RIVERA: I appreciate that.

16 Alright, I'm gonna to turn it over to my co-chair
17 for questions.

18 And, uhm, thank you so much for being here.

19 LAURA IAVICOLI: Thank you for having me.

20 CHAIRPERSON BORELLI: Thank you, Chair Rivera.

21 Uhm, I want to go back to the evacuations. But,
22 first just from, uh, New York City Emergency
23 Management, Health + Hospitals and The Greater New
24 York Hospital Association are involved with the, uh,
25 operations during a storm situation. Are there other

1 healthcare related organizations that are involved,
2 and what are they, and what is their level of
3 involvement?
4

5 ROBERT BRISTOL: Uhm, great questions, and thank
6 you, and it really encapsulates the collaboration
7 that we have across the healthcare sector when you
8 think about the membership of The Health and Medical
9 ESF. Uh, not only is it citywide, but it also state
10 and regional wide as well.

11 Uhm, so, more locally, uhm, and across healthcare
12 specter, in addition to Health + Hospitals and The
13 Greater New York Hospital Association, as you
14 mentioned, we also have representation from the long
15 term care sector, uhm, with The Greater New York
16 Hospital Association's continuing care arm, uh, The
17 Greater New York Hospital Association, uh, The
18 Southern New York Association. Uhm, we also have
19 representatives from the Dialysis Community with The
20 Endstage Renal Disease Network. Uh, from primary
21 care, we have CHCANYS, which is The Community
22 Healthcare Association of New York State. Uhm, home
23 health with The Visiting Nurse Service of New York.
24 We also have representation from our blood center
25

1
2 partners, The New York Blood Center, uhm, and Metro
3 Blood Center.

4 CHAIRPERSON BORELLI: Then, uhm, back to
5 evacuations, uhm, H+H said that you would supply
6 transportation needs, uh, for hospitals if theirs run
7 out. Is that coordinated with FDNY ambulances,
8 voluntary ambulances, and if so -- which I'm sure the
9 answer is yes -- but, what other vehicles, uhm, are
10 employed that are sort of in your arsenal that are
11 stored -- or are they under contract, or, uhm,
12 explain how they're provided?

13 ROBERT BRISTOL: Sure, so, we have, uhm, a wide
14 range of vehicles and partners that we can reach out
15 to for assistance during a healthcare facility
16 evacuation, uh, both in a coastal storm scenario, as
17 well as in a "No Notice" scenario.

18 Uhm, some of those that you mentioned, uhm, we do
19 leverage The Fire Department, uhm, for command of
20 control, uh, and coordination, as well as some of
21 their specialty units like their Medical Evacuation
22 Transport Unit, so their METU's. Uhm, there are
23 other additional medical ambulance busses or METU's
24 in the region. Uhm, so we work with a New York, New
25 Jersey, and Connecticut interstate EMS taskforce.

1 Uhm, there's approximately twenty of those vehicles
2 in the region that we can call upon, uhm, if
3 required. Uhm, we also work with MCA Power Transit,
4 uhm, DOE, uh, for school busses, uhm, and we can also
5 contract with our regional EMS council to obtain
6 additional advance life support, and basic life
7 support ambulance resources if needed.
8

9 CHAIRPERSON BORELLI: Who makes the determination,
10 uhm, whether there's an evacuation or a shelter in
11 place? Is it NYCEM or is it the hospital? And, what
12 factors would go in to that?

13 ROBERT BRISTOL: So, in a coastal storm scenario,
14 uhm, that is a recommendation from, uhm, a joint
15 recommendation from New York State Department of
16 Health, uh, and New York City Emergency Management to
17 the Mayor. Uh, and the mayor has the ultimate
18 authority, uh, to make that decision.

19 Uhm, when it is a local event, uhm, the
20 healthcare facility, uh, is the one that makes that
21 determination, uhm, about their own capabilities.
22 Uhm, or, the New York State Commissioner of Health,
23 uh, could make an order for an individual facility.

24 CHAIRPERSON BORELLI: Can you explain how the
25 dispatch for EMS might change under a severe coastal

1 storm? Would be still be sending, uhm, BLS
2 ambulances when a, uhm, engine company is responding?
3 Would the protocols change?
4

5 ROBERT BRISTOL: Uhm, so, I can't speak directly
6 to fire department operations, uhm, but we'd work
7 closely with them to make sure that we can continue
8 to support them in providing, uh, 9-1-1 services how
9 ever we may in emergency management.

10 CHAIRPERSON BORELLI: How often does New York City
11 Emergency Management review, uh, the plans of
12 hospital evacuations, uh, for storms and, uhm, how
13 often do you actually make changes to the plan?

14 ROBERT BRISTOL: So, Emergency Management doesn't
15 review, uh, individual hospital plans. Uh, we work
16 on our citywide planning efforts, uh, and we
17 routinely look at citywide plans. And, then after
18 every response, we hold hot washes and conduct and
19 after action reports to see how can improve those
20 plans on a based on lessons plan.

21 CHAIRPERSON BORELLI: What was learned by, uh,
22 Superstorm Ida?

23 ROBERT BRISTOL: Uhm, I think with every
24 emergency, uh, one of the things that we learned that
25 we can always do better is to just improve

1 communication. Uhm, we have, uh, been looking to
2 leverage technology, uhm, to get closer to real-time
3 communication and two-way communication in an
4 emergency with our partners.
5

6 One of the ways that we've leveraged that, uhm,
7 especially out of COVID, was the use of Microsoft
8 Teams, uh, to help the medical emergency function
9 managers in inter-agency Microsoft Teams panel with
10 close to three-hundred members from, uh, across the
11 city healthcare sector as well as our regional
12 partners (INAUDIBLE 43:59) forced the real-time
13 communication.

14 CHAIRPERSON BORELLI: What, uh, incident or issue
15 occurred during Ida that caused you to, uh, reexamine
16 that?

17 MEGAN PRIBRAM: I can... So, I think with...
18 As... As Robert said, with every... And, it's a
19 great question, with every activation we always learn
20 something -- small or large -- with every exercise
21 we're always examining ways to do better.

22 Uhm, and so with Ida, seeing as the impacts
23 across the region were so significant, uhm, we have
24 been working really hard. And, we also appreciate
25 the support from the council to really amplify

1
2 messaging, both to the public, as well as to our
3 agency partners. So, really making sure that we're
4 educating the public, getting information out about
5 the hazards associated with flash flooding, uhm, and
6 really doing everything that we can to amplify that.
7 Get... Get more... And, again, I appreciate the
8 support from the council to get people signed up for
9 Notify NYC, uhm, those are the types of things that
10 we're really trying to do more aggressive messaging
11 around.

12 CHAIRPERSON BORELLI: So, I... I know most of
13 your funding comes from federal grant programs, uhm,
14 and to a lesser extent, the city. Uhm, going in to a
15 new budget year, and acknowledging the fact that one
16 of New York City Emergency Management's primary focus
17 is to keep things in a warehouse for when we need
18 them.

19 Uhm, one of things we need in the warehouse that
20 we don't have right now that it's incumbent upon the
21 city council to out and either lobby the federal
22 government for or figure out a way to fund ourselves.

23 MEGAN PRIBRAM: We'd really appreciate that
24 question. I am gonna... We'll take that back, we're
25 still assessing. I mean, I'll take that back and we

1 will, I'm sure we'll be able to come back to you with
2 some details on that. But, appreciate the question.
3

4 CHAIRPERSON BORELLI: Thank you. And, I have no
5 further questions.

6 MEGAN PRIBRAM: Great, thanks.

7 COMMITTEE COUNSEL: Thank you, Chair. I'm gonna
8 turn it back to Chair Rivera for any questions.

9 Uhm, in the meantime, I just want to remind
10 council members that if you have any questions, you
11 can use the Zoom Raise Hand Function, uhm, and I will
12 call on you in the order in which you've raised your
13 hands.

14 Uhm, now, I'll turn it back to Chair Rivera.

15 CHAIRPERSON RIVERA: Thank you so much for being
16 here.

17 We just want to, uhm, in terms of preparedness
18 plans within individual H+H hospitals, I know they
19 differ from one another. And, uh, so, I guess, how
20 could the location of a hospital and its
21 corresponding evacuation zone impact their plane?

22 LAURA IAVICOLI: I mean, uh... And, thank you for
23 asking that.

24 One of the, uhm, main differences in the plans
25 depending on whether or not you are in an evacuation

1 zone or you are not in an evacuation zone, uhm, is
2 the interim flood mitigation equipment that goes
3 along with, uhm, fortifying the facilities.

4 So, should an evacuation order be, uh,
5 implemented by the mayor, or should uh, New York City
6 Emergency Management indicate it, we... Those plans
7 would be put in place to, uh, set up the interim
8 flood mitigation equipment. Uhm, additionally, uh,
9 depending on whether or not you're in an evacuation
10 zone or not in an evacuation zone, and you would have
11 plans to be able to send or receive during an
12 evacuation order.
13

14 CHAIRPERSON RIVERA: I see. So, ,you know, in
15 terms of what I've been able to learn from Health +
16 Hospitals, which is an incredible amount ,you know,
17 over the past four years or so, I realize... I know
18 there are moving targets; it's incredibly hard to
19 coordinate. I mean, we face an unprecedented 18-
20 months of challenges, uh, and tragedy.

21 Uhm, so, I really do appreciate all that you're
22 doing for the city, uhm, and really your time here.
23 I don't know if there is any further questions from
24 any of my colleagues, but I wanted to thank you for
25 your testimony.

1
2 LAURA IAVICOLI: Thank you, again, so much, uh,
3 Council, for your partnership, and we do look forward
4 to any ideas from the council that you have to
5 improve us, and would work to implement them.

6 CHAIRPERSON RIVERA: Certainly. I know, uh, you
7 have a big advocate in Council Member Borelli here in
8 terms of funding some of your infrastructure
9 projects.

10 CHAIRPERSON BORELLI: You're too kind.

11 LAURA IAVICOLI: That's great.

12 COMMITTEE COUNSEL: Okay, I just want to quickly
13 again ask if any other council members have
14 questions. Again, you can use the Zoom Raise Hand
15 Function.

16 I'm not seeing any hands. Uhm, just confirming,
17 Chair Borelli, do you have additional questions?

18 CHAIRPERSON BORELLI: I do not. Thank you.

19 COMMITTEE COUNSEL: Okay.

20 Thank you, uhm, I gonna (sic) thank this panel
21 for their testimony. Uh, we've concluded
22 administration testimony at this time and will be
23 moving on to, uhm, members of the public.
24
25

2 I'd like to remind everyone that we will be
3 calling on individuals one by one to testify. And,
4 each panelist will be given three minutes to speak.

5 For panelist, after I call your name, a member of
6 our staff will unmute you, and there may be a few
7 seconds of delay before you are unmuted. Uhm, and we
8 thank you in advance for your patience.

9 Please wait a brief moment for the Sergeant At
10 Arms to announce that you may begin before starting
11 your testimony.

12 Council members who have questions for a
13 particular panelist should use their Raise Hand
14 Function in Zoom, and I will call on you, after the
15 panel has completed their testimony, in the order in
16 which you have raised your hands.

17 I'd like to now welcome our first panel to
18 testify. Uhm, our first panelist will be Jenna
19 Mandel-Ricci. Uh, you may begin your testimony when
20 you are ready.

21 SERGEANT AT ARMS: Time starts now.

22 JENNA MANDEL-RICCI: Thank you, and good morning
23 everyone. Uh, Chair Rivera, Chair Borelli, and
24 members of the Committee on Hospitals and Committee
25 on Fire and Emergency Management, my name is Jenna

1
2 Mandel-Ricci. I serve as Senior Vice President for
3 health Care System Resilience at the Greater New York
4 Hospital Association.

5 GNYHA proudly represents all voluntary and public
6 hospitals in New York City. And, Today I will
7 discuss how hospitals across New York City plan and
8 prepare for weather emergencies, how GNYHA supports
9 these efforts, and how hospitals respond to
10 emergencies. And, I think many of the things that I
11 highlight, you've already heard from other colleagues
12 that already presented.

13 So, a hospital's first priority is serving its
14 community including preparing for all manner of
15 emergencies so that they can continue to provide care
16 no matter the situation.

17 Hospitals plan for emergencies well in advance.
18 As you've heard Dr. Iavicoli state, it starts with an
19 emergency operations plan with indices or chapters
20 that deal with specific hazards that the hospital is
21 likely to encounter based on its geography or
22 emerging threats. For example, New York City
23 hospitals have comprehensive plans for hurricanes,
24 but not wildfires. The Emergency Operations Plan and
25 related indices are the blueprint for all aspects of

1
2 emergency response, including the hospital's physical
3 infrastructure and critical systems, supplies,
4 staffing, communication, and continuity of patient
5 care. The weather-related hazards for which New York
6 City hospitals prepare include prolonged heat, winter
7 storms, and coastal storms. And, these plans are
8 required by regulatory and accreditation standards
9 set by the Centers for Medicare & Medicaid Services
10 and the joint commission respectively.

11 Given the impacts of previous events, hospitals
12 have worked to harden their infrastructure, prepare
13 and train staff, and further develop processes and
14 protocols to support patient movement.

15 Hospitals in flood-prone areas, as you've heard,
16 have moved critical equipment to higher floors to
17 ensure continuity of operations. All hospitals are
18 required to have backup power systems, and some have
19 even invested in distributed energy resources,
20 usually a type of cogeneration system that allows
21 them to generate their own power independent of the
22 electrical grid.

23 All hospitals are required to have evacuation
24 plans. These plans detail prearrangements with other
25 hospitals that provide similar services processes to

3 match and transport patients in real time, and
4 considerations related to medical records,
5 medication, and communication with families.

6 Hospitals work in coordination with The Greater New
7 York Hospital Association and city agencies such as
8 FDNY, NYC Emergency Management, and New York City
9 Department of Health and Mental Hygiene on evacuation
10 planning and broader emergency planning.

11 GNYHA works closely with all New York City
12 hospitals and multiple response agencies. We have a
13 permanent seat New York City's Emergency Operations
14 Center. We participate in health care coordination
15 bodies, including Emergency Support Function-8 and
16 the New York City Healthcare Coalition.

17 SERGEANT AT ARMS: Time.

18 JENNA MANDEL-RICCI: We continuously update all
19 of our members on changes to agency plans, provide
20 opportunities for sharing in best practices, and lead
21 efforts to improve regional processes.

22 We also host a regional information sharing and
23 situational awareness system called Sit Stat, and we
24 closely coordinate with Health + Hospitals on this.

25 During extreme weather events, we survey New York
City hospitals about impacts using pre-developed sets

1
2 of questions. This system provides all stakeholders
3 with visibility on how hospitals are doing.

4 The morning after the remnants of Hurricane Ida
5 impacted New York City, we quickly deployed a post-
6 landfall coastal storm survey to all our New York
7 City members in coordination with Health + Hospitals
8 and determined that very few hospitals were
9 significantly impacted. For those that were, we
10 discerned the nature of the impact -- such as IT
11 outages or flooding of operating rooms -- and then
12 contacted hospital leadership to gather more details,
13 provide assistance, and connect them to key response
14 partners as necessary.

15 If a weather event is forecast to impact New York
16 City, New York City Emergency Management, as you
17 heard, will host a series of citywide coordination
18 calls that always involve a forecast from the
19 National Weather Service. Based on the forecast NYCEM
20 may activate a citywide plan and other resources.
21 NYCEM will then make decisions about activation of
22 the Emergency Operations Center, the schedule, and
23 the agencies that must be present. And, we in turn
24 communicate all information about forecast and
25

1
2 citywide actions to our member hospitals via special
3 weather bulletin.

4 Hospitals then, based in their own monitoring
5 processes and information provided by us and NYCEM,
6 may decide to activate an incident management team or
7 hospital command center. The hospital will the
8 follow internal plans and protocols, and will likely
9 take precautionary actions such as checking
10 generators, having extra supplies delivered, and
11 calling in additional staff.

12 The hospital will also complete surveys requested
13 by GNYHA and New York State Department of Health.
14 Based on the emergency plan that is activated,
15 hospitals will be instructed on which agencies to
16 call for assistance.

17 Continuous improvement is a key tenant of
18 emergency preparedness and response. After every
19 real event and training exercise, there is a process
20 to determine what worked and what did not -- the goal
21 of updating plans to address shortcomings. This
22 process helps New York City hospitals ensure that
23 they can fulfill their critical function no matter
24 the weather.

2 Thank you for the opportunity to testify on this
3 important issue; and I am happy to answer any
4 questions you may have.

5 COMMITTEE COUNSEL: Thank you so much for your
6 testimony.

7 I'm now going to turn it over to questions from
8 Chair Rivera.

9 CHAIRPERSON RIVERA: Hi, good morning. Thank you
10 so much for being here, I really appreciate, uh, some
11 of the details in your testimony.

12 I know that, you know, Greater New York and
13 Health + Hospitals are a part of the organizations
14 responsible for supporting health and medical
15 services, during a weather emergency including, as
16 you mentioned facilitating calls and coordinate
17 resource requests. So, what does this coordination
18 look like on the ground? For example -- and you gave
19 us a little kind of insight, a preview, of what that
20 would be -- but, how was the coordination with
21 organizations during our recent hurricane, Hurricane
22 Ida?

23 JENNA MANDEL-RICCI: So, thank you for that
24 question, and thanks for this opportunity.

2 So, I mentioned that the morning after Ida, we
3 fielded a survey, which is our normal procedure.
4 And, we quickly received back information from our
5 members, and then we were able to discern that we had
6 a couple of members (INAUDIBLE 56:15) for example
7 mentioned earlier, The Richmond University Medical
8 Center.

9 Even before we did the survey, I got a call from
10 their emergency manager who let me know what was
11 going on at that facility. And, Chair Borelli, I
12 know you're... that's your borough. Uhm, and, so we
13 were able to discern what was going on with them. I
14 was able to make contact with folks at the fire
15 department, because for a brief time, they were on
16 diversion because their emergency department had some
17 flooding. Uhm, was also able to contact New York
18 City Emergency Management, talked with Rob. We were
19 able to kind of figure out what was going on, and
20 that they had a vendor coming over to Richmond
21 University Medical Center to help us with some really
22 de-watering that needed to happen.

23 So, what was great about it was we were able to
24 very quickly figure out everyone who was fine -- all
25 the hospitals that were fine and weren't having

1 impacts and those that were. And, we were really
2 able to focus our efforts on making sure that those
3 hospitals that were having impacts got the support
4 they needed to be back up and running as soon as
5 possible.
6

7 So, that's for of the... A lot of it is...is
8 phone calls, and relationships, and making sure folks
9 have what they need to get back to business.

10 CHAIRPERSON RIVERA: So, in terms of weather
11 related, uh, like, emergency functions, you'll say
12 that probably a lot of your communication is just
13 direct, right? You said phone calls. I'm sure
14 there's, like, a text message system, emails?

15 JENNA MANDEL-RICCI: Yes, and... And, another
16 good example, uhm, is all of us have spoken about the
17 Emergency Operations Center, uhm, and that used to
18 always be a physical place. Now we do a lot of it
19 virtually, of course.

20 So, a very common thing during winter weather
21 emergencies, is there's a bunch of snow in the
22 ambulance bay, and ambulances can't get to where they
23 need to get to. So, a hospital will call us, give us
24 the coordinates, and then we can walk over or call,
25 uh, Sanitation and make sure that that particular

1
2 place is prioritized to have snow removal. Because,
3 obviously, these are critical... This is critical
4 infrastructure, so it always goes to the top of the
5 list. So, it's working through very real issues.

6 Another very common one was is, uhm, staff having
7 trouble getting to work, so we work very closely with
8 NYPD , and all of our other partners, to ensure that
9 if there's travel bans, for example, that there's an
10 exemption for healthcare workers. Things like that.

11 CHAIRPERSON RIVERA: Thanks, and, uh, my last
12 question is, I know every hospital in New York City
13 has to submit an evacuation plan to the New York
14 State Department of Health, so what must be included
15 in these plans?

16 And, I guess, what I really want to know is, how
17 involved is the process of developing them?

18 JENNA MANDEL-RICCI: So, uhm, that is true that
19 they have to submit the plan to the New York State
20 Department of Health, in addition, and kind of the
21 bigger master that they answer to even above that, is
22 The Center for Medicare and Medicaid Services and
23 Joint Commission. And, there are very detailed, uhm,
24 standards and regulations around emergency planning.
25 And, obviously, evacuation planning is a big piece of

1 that. And, Dr. Iavicoli touched on this earlier. You
2 have to have a plan not only if you have like a small
3 ... Let's say there's something called, uhm, there's
4 full evacuations and then there's partial
5 evacuations. For example, a couple of weeks ago, you
6 may recall there was a fire at Saint John's Episcopal
7 in Queens. And, that just required an evacuation of
8 a couple of floors of the hospital to other floors.
9 So, hospitals have very good plans in place.
10 Because, obviously moving patients is a really big
11 deal. These are very sick people. So, moving
12 patients from one floor to another -- and, then you
13 also have to have plans in place for a full
14 evacuation. And, that includes all kinds of details
15 around how you prepare your patients for evacuation,
16 medical documentation; how you're going to manage
17 communication with the families; how you're going to
18 match that patient with a bed at another appropriate
19 facility; how that communication will work. So, all
20 of those pieces, uhm, are worked out ahead of time
21 and regularly tested and trained on as well.

23 CHAIRPERSON RIVERA: Thank you I appreciate that.

24 Uhm, I think I'm all set with questions. I'll
25 turn it over to my co-chair, if you have anything.

1
2 CHAIRPERSON BORELLI: Uh, yes, thank you very much
3 for testifying. Uhm, it's nice to, uh, hear The
4 Greater New York Hospital Association, uh, I was a
5 former member of this state legislator's health
6 committee, and you guys were so omnipresent in my
7 life there for three years, uh, and, uh, I haven't
8 had that much exposure to you since (BACKGROUND
9 NOISE) (INAUDIBLE 01:00:51) so, thank you.

10 Uhm, I sort of want to, you know, pretend like
11 we're in the trust tree and talk about, uhm, the cost
12 of healthcare -- and obviously the cost or preparing
13 for storms and other emergency procedures, there's a
14 cost on your members on that. Do you think there's
15 way for the city to take over some responsibilities
16 from the private hospital systems in terms of
17 equipment and resources, uh, and protocols that could
18 shift some of the burden to the public sector from
19 your members and thus save them money?

20 In other words, what could we be doing better for
21 you guys?

22 JENNA MANDEL-RICCI: Uhm, thank you so much for
23 that question.

24 I'd like the wheel... the wheels are turning, and
25 I feel like I need a little bit of time to, uhm, to

1
2 respond to that. Uhm, and I might like to take that
3 back and get back to you.

4 I think what works really well is when the...
5 there's, uh, in... In... in general with emergency
6 preparedness and response, and COVID is obviously a
7 phenomenal example of this, is hospitals and health
8 systems, uhm, have a lot of assets within them, and
9 their ability to be able to depend upon those assets
10 and plan around that is incredibly helpful. And,
11 it's really the coordination pieces that are the most
12 complex. Uhm, and I think.... Yeah, let me... I
13 mean, I think it's an excellent question, and I'd
14 love to take that back to our team here... (CROSS-
15 TALK)

16 CHAIRPERSON BORELLI: (INAUDIBLE 01:02:24)

17 Richmond University Medical Center had a vendor on
18 contract to alleviate flooding. You know, is there a
19 need for, uh, Rumsey, as a hospital, to have a
20 contact like that when New York City Emergency
21 Management could be the contract provider for a
22 number of hospitals -- perhaps borough based -- and
23 then just, again, maybe that's a small amount of per
24 year, uhm, but just cutting back on the costs for
25 emergency preparation?

2 JENNA MANDEL-RICCI: So, if you don't mind, I
3 think Rob and Megan are still on, and they may be in
4 a better position to answer that question. I
5 don't... I can't speak to how the city does
6 contracts -- you know, specialty contracting. I do
7 know they have... they have thought about, uhm, the
8 kinds of services that we need and often do have city
9 contracts available. I can't actually speak to how
10 that... for example that de-watering vendor, uhm,
11 who they were contracted with and how that went.
12 But, perhaps Rob or Megan could.

13 Are you all there?

14 CHAIRPERSON BORELLI: They must have signed off.
15 But, either way, thank you very much... (CROSS-TALK)

16 JENNA MANDEL-RICCI: Okay...

17 CHAIRPERSON BORELLI: Nice hearing, uh, your
18 testimony, and look forward to always working with
19 you guys.

20 JENNA MANDEL-RICCI: Uhm, Chair Borelli, I would
21 say, you know, one thing, and this more of a federal
22 issue, is... And, again, just... Just to make the
23 council aware, there's this conundrum in emergency
24 management where a lot of the systems are set up so
25 that you get paid back after the event happens.

1 Right? The entire FEMA system is based on -- there's
2 an event and you have to put out money, and then you
3 get paid back. There's not... And, for a long time,
4 at the federal level, there's a been a push to have a
5 public health emergency fund that is more, uhm...
6 that can be spent easier and can be... can be spent
7 towards response in a faster way. So, I think that
8 may be an aspect of the question that you're asking?
9 Uhm, it's really that we've had this system for a
10 long time where you get paid back after the fact.
11 Uhm, and... As... Or, maybe you get dollars to
12 increase your capabilities for the next event, but it
13 doesn't all kind of work together. We... We've done
14 some write-ups around things like this, and I'd be
15 happy to share them with you.
16

17 CHAIRPERSON BORELLI: Uh, yeah, and I'd definitely
18 be interested to hear, I mean... So, it sounds
19 like... (PHONE RINGING) First of all, sorry about
20 my... my... I guess my car warranty is up or
21 something... Uhm, (PHONE RINGING), it would be
22 helpful for us, then, to be in a position to (PHONE
23 RINGING) of whatever outstanding cash needs are
24 there, rather than the hospitals themselves, uhm,
25 spending a lot of their liquid cash in an emergency.

1 Is that essentially (INAUDIBLE 01:0512)... (CROSS-
2 TALK)

3
4 JENNA MANDEL-RICCI: Uhm, it... It's... It...
5 It's probably more complicated than that, and I'm not
6 the... the best person to talk about this from our
7 team. But, we have some very smart finance folks.
8 It's really that the way that we reimburse... it...
9 It's a reimbursement based process. In this country
10 in general, uhm, for emergencies, and for example,
11 during Ebola, if you recall, a number of our
12 hospitals built these very sophisticated, complicated
13 biocontainment units. And, then we really had to
14 advocate and fight like hell to get them paid back
15 for doing that -- because, the levers that are
16 available are not very flexible. Uhm, and they're
17 really based on capital costs and other things.

18 And, it's... It... We need a more nimble
19 system -- given climate change, given infectious
20 disease outbreaks -- that allows the healthcare
21 system to be more nimble. The system itself is
22 nimble, but payment structures are not nimble. I
23 think that's a fair assessment.

24 CHAIRPERSON BORELLI: I... I... We have no
25 public hospital on Staten Island, so we have used,

1 uh, our council and our city budgets, uh, to try to
2 outfit our private hospital systems with equipment.
3 And, I mean, just the capital process for that, it is
4 extremely burdensome to give Staten Islanders some
5 public resources.
6

7 So, I... I definitely thank you, uh, and
8 appreciate your comments, and I have no further ones.

9 JENNA MANDEL-RICCI: Thank you.

10 COMMITTEE COUNSEL: Thank you Chair Borelli.

11 Uhm, quickly, just reminding council members, if
12 they have questions, they can use the Zoom Raise Hand
13 Function.

14 I'm going to turn it back to Chair Rivera.

15 CHAIRPERSON RIVERA: Thanks again. I just... One
16 last question, how do hospitals communicate with
17 patients and communities during emergencies?

18 I think she has to be unmuted, yeah.

19 JENNA MANDEL-RICCI: I'm sorry, Chair Rivera, I
20 was trying to unmute myself. Can you repeat the
21 questions?

22 CHAIRPERSON RIVERA: Sure, and I just said how do
23 hospitals communicate with patients and communities
24 during emergencies?
25

2 JENNA MANDEL-RICCI: Uhm, I... I cannot speak
3 directly to this, because we're a little bit far
4 removed. But, I can tell you that as part of The
5 Joint Commission Standards and the CMS regulations,
6 that communication with families is a key, uhm,
7 expectation. And, that can be everything from making
8 information available on the website to having a
9 process in place for, like, a phone bank. And, then
10 obviously doing our communication. And, that's a
11 really critically important if you're starting to
12 move patients. Obviously those family members need
13 to know where their family... where their loved one
14 has been moved, and how to be in contact with the new
15 care team. So, a lot of effort has been put in to
16 those communication plans.

17 CHAIRPERSON RIVERA: I appreciate that very much.
18 And, I know the... The one thing is that we
19 definitely want to see, uh, the materials about a
20 public fund instead of relying on reimbursement.

21 So, thank you for re... (CROSS-TALK)

22 JENNA MANDEL-RICCI: Sure.

23 CHAIRPERSON RIVERA: Thank you for being here, uh,
24 and for your testimony. And, with that, I'll turn it
25 back over, uh, to committee counsel. Thank you.

1
2 COMMITTEE COUNSEL: Thank you, Chair.

3 Uhm, just confirming there are no further
4 questions. I see no hands, so, uhm, I'd like to
5 thank this panel for their testimony.

6 Uhm, at this time, we, uhm, have concluded public
7 testimonial. Uhm, if we have inadvertently missed
8 anyone that has registered to testify today, and has
9 yet to be called, please use the Zoom Raise Hand
10 Function now, and you'll be called on in the order in
11 which you have raised your hand.

12 Okay, seeing no hands, I'm gonna turn it back to
13 Chair Rivera and Chair Borelli for closing remarks.

14 Chair Rivera?

15 CHAIRPERSON RIVERA: I just want to thank
16 everyone, uh, for being here, and for their
17 testimony, for making this hearing possible. You
18 know, as I mentioned, twenty percent of the city's
19 hospital beds are in or near flood zones. And, with
20 climate change accelerating, uh, these types of
21 dramatic events and disasters, uh, we certainly want
22 to be helpful and supportive to our hospital systems
23 as well as every agency involved with fire and
24 emergency medical services.

2 So, thanks to everyone, of course, and... And, a
3 special thank you to, uhm, my co-chair Borelli.

4 I don't know, uh, Chair Borelli, if you want to
5 say anything in closing before we adjourn?

6 CHAIRPERSON BORELLI: I'll just associate with
7 myself with the comments that you had made, because
8 they were so eloquently done. Thank you.

9 CHAIRPERSON RIVERA: Go Red Foxes.

10 Alright, well, thanks everyone. Uh, I guess...
11 And, with that I will, uh, adjourn the hearing.

12 Have a great day.

13 (END OF HEARING)

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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 November 12, 2021