New York City Council Joint Committee Hearing
Health and Fire & Criminal Justice Services Committees
Tuesday 2/23/10, 10:00 AM to 1:00 PM

NYC Council attendees:
Elizabeth Crowley, Queens, Chair, Fire & Criminal Justice Services Committee
Maria del Carmen Arroyo, Bronx, Chair, Health Committee
Committee Members
Lewis A. Fidler, Brooklyn Rose Mendez, Manhattan Albert Vann, Brooklyn
Vincent J. Gentile, Brooklyn Ydanis Rodriguez, Manhattan
Daniel J. Halloran, Queens Peter F. Valone, Jr, Queens

Testifying

John Peruggia, Chief, FDNY EMS Command
Panel #1
Marie Diglio, Executive Director-Operations, NYC Regional EMS Council
Louis Marshall, MD, NYC Regional Emergency Medical Advisory Council
Robin Vitale, American Heart Association
Panel #2
Ryan Gunning, Chairman, District 4, NYSVA&RA
Martin Grillo, Vice Chair, District 4, NYSVA&RA
James “Rocky” Robinson, Bed-Stuy VAC
Daniel Dominguez, Corona VAC
Panel #3
Alan Wolfe, Forest Hills VAC
Rafael Castellanos, Central Park Medical Unit
Michael Jones, MD, Central Park Medical Unit
Todd Reinglass, Central Park Medical Unit
Ted Rabinowitz, Glen Oaks VAC
Panel #4
Angel Acevedo, Throggs Neck VAC
Janet Perry, Secretary, District 4 reading statement from Gerry Gelbard, Glen Oaks VAC
Robert Dinnerstein, Attorney at Law
Written statements were submitted by:
Joseph P. Addabbo, Jr, NYS Senate, 15th SD Queens
Henry Ehrhardt, Vice President, NYS Volunteer Ambulance & Rescue Association
Joseph Magnus, Middle Village VAC

Testimony highlights
John Peruggia talked about keeping up standards such as HazMat awareness and NIMS training, random drug testing, criminal background checks, needing AVLs needed to know where available units were and defined shift hours and PPE. Said VACs were of limited use because of Operating Territory limits and said VAC log-ons in past were infrequent.
Marie Diglio indicated “inconceivable” why VACs not used.
Louis Marshall disagreed with FDNY about VACs goings towards ALS certification.
Ryan Gunning – see attached statement.
Martin Grillo – see attached statement.
Dominic Dominguez agreed with FDNY about not lowering standards.
Robert Dinnerstein indicated FDNY “inadvertently inaccurate” in testimony.
Councilwoman del Carmen Arroyo indicated through questions that she had issues with FDNY appeal of need for 2 EMT-Ps on 911 ambulances in NYC.
Councilman Halloran was previously a member of Bayside and Whitestone VACs.

Other attendees included Patrick J. Bahnken, President, Local 2507, EMTs, Paramedics and Inspectors Union, Anthony Logozzo, NYS DOH and representatives from volunteer agencies: Bed-Stuy, Bensonhurst, Central Park Medical Unit, Corona, Emergency Medical Rescue, Flushing, Forest Hills, Glendale, Glen Oaks, Jamaica Estates-Holliswood-South Bayside, NYPS Auxiliary Police, Ridgewood, Throggs Neck.

Results
Councilman Fidler secured agreement from Chief Peruggia to reestablish RCC logon. There appeared to be Council interest in moving FDNY toward more flexibility in required hours in proposed 911 contract for VACs,
partnering on training and using capital finds to purchase AVL and other communications equipment for VACs. Council members present seemed very supportive of community based volunteer ambulance squads.
FOR THE RECORD

Testimony by NYS Senator Joseph P. Addabbo, Jr., for the February 23, 2010, Hearing by Fire & Criminal Justice Committee Chair NYC Councilwoman Elizabeth Crowley

Why Queens’ Volunteer Ambulance Corps Should Be Linked to FDNY/EMS Hospital Ambulance Corps for the 9-1-1 Dispatch System

Recent announcements from the mayor concerning the FY 2011-12 city budget negotiations that become final this June, indicated that the city threatens to close some fire houses, including a Ridgewood fire house, and lay off some firefighters, as cost-saving measures. Federal and state funding streams also have been reduced for this fiscal year to alleviate budget shortfalls.

I join Councilwoman Elizabeth Crowley in fighting against these threatened closings, layoffs and funding reductions targeting our first responders, paid or unpaid.

I’d like to focus on our volunteer ambulance services today, which are vital to our Queens neighborhoods, particularly during the overnight hours, shifts that are shared by so many volunteers. The volunteer ambulance corps get a vast majority of their financial support from area residents and through government grants. In fact, the Woodhaven Richmond Hill VAC just held a pasta supper fundraiser, the first of many to come, to remain open.

Volunteer ambulance services respond to 10,000-15,000 emergencies annually in the city. There are from 17-20 volunteer ambulance services spread throughout Queens. Overall, 35 volunteer squads operate some 50 ambulances, mostly in Queens, Brooklyn and Staten Island to handle those thousands of emergency calls a year. Most in Queens have been operating for 35 years or more.

The volunteer medics who ride the units all have the same qualifications/certifications that any other medic units have. Many volunteers, in fact, are off-duty FDNY EMS medics. I should also note that all the volunteer ambulances responded on September 11, 2001. Let’s also be reminded that one 19-year-old medic from the Forest Hills vollies died inside the collapsing Twin Towers.

About a month ago, a NEW YORK POST article claimed the city’s 35 community-based volunteer ambulance organizations were “kicked off” the 9-1-1 system. Since then, the FDNY insists that recent changes to that 9-1-1 system concerning the volunteers are simply “clerical” and won’t have any impact on the ability to respond to emergency calls. The volunteers were previously given access to the system “as a courtesy” but were never dispatched to respond to emergency calls. Ms. Crowley and I, and several other local elected officials, are looking into the matter to ensure that public safety isn’t compromised by the change. I agree with Councilman Peter Vallone that a change that could impact response time to a fire or a medical emergency should not be done without the input of the public and City Council. He believes the volunteer fire and ambulance corps were definitely able to log into the 9-1-1 system, but now the FDNY is not sharing information in a way previously done. We all believe more information is needed.
about this rather puzzling issue involving safety at the resident’s expense, and we support Mr. Vallone’s call to discuss it with the new Fire Commissioner, Sal Cassano.

According to Ryan Gunning, President of the Glendale Volunteer Ambulance Corps, who is also chair of the NYS Volunteer Ambulance & Rescue Association-District 4, local volunteers have been “dealing with varied responses in their contacts with FDNY” since October 2009. “In 2001, the FDNY EMS issued a command order formalizing procedures for communication with volunteer fire and ambulance corps to maximize system utilization of available resources. That order was revoked over the past year without any notice to local groups,” said Gunning. He was interviewed by The Queens Forum recently and he wondered, “In this current economic crisis, should we really be cutting off contact with the free services of the volunteer EMS sector? We want better communications between FDNY and the vollies; we don’t want to supplant them—we want to supplement them.” I believe Mr. Gunning is right on the mark with this safety issue.

There are many areas in my district, for example, Hamilton Beach--a part of Howard Beach—that are geographically isolated; the residents rely on their volunteer fire and ambulance corps as a means of first response to any emergency. Similar isolated communities with local volunteer responders exist throughout Queens and the city.

Last year’s swine flu panic that began in Queens saw the FDNY and volunteer emergency responders establish a mutual aid partnership, during which some ambulances not generally included in the 9-1-1 system, were assigned to help respond to certain calls. This is evidence that the FDNY and the volunteer corps can co-exist to benefit our residents and the communities.

Though emergency calls are up, the total number of volunteer firefighters is down. Recently, I supported a New York State Senate bill sponsored by Sen. Neil D. Breslin (D-Albany), Chair of the Insurance Committee, which recognizes and rewards the public service of men and women volunteers in local fire or ambulance companies by permitting any public corporation to extend health services and insurance to volunteer firefighters and ambulance workers. It allows volunteers, many of whom have no insurance or pay very expensive premiums on their own, to receive affordable health coverage through their municipality. This bill passed the Senate and is currently in the Insurance Committee of the Assembly, placed on the Assembly’s Insurance Committee’s agenda for Tuesday, February 23.

For those fire departments and districts/ambulance companies facing recruitment shortages, this law would assist in recruiting men and women who wish to serve their communities while keeping health care affordable.

The volunteers not only save the city a lot of money, but many in Queens say they are seriously reducing response times in many instances. They are basic life support providers. With Queens losing three hospitals within the last year and with our residents about to witness a drastic reduction in services from our New York City Fire Department, the volunteer fire and ambulance corps are more important than ever to our people. This is not the time to ignore them or take them out of the 9-1-1 system.
TESTIMONY OF

FIRE DEPARTMENT OF NEW YORK

BEFORE THE CITY COUNCIL
COMMITTEES ON
FIRE & CRIMINAL JUSTICE SERVICES
AND
HEALTH

February 23, 2010
Introduction

Good morning, Chairpersons Crowley and Arroyo and Council Members. My name is John Peruggia and I am the Chief of Emergency Medical Service (EMS) Command of the New York City Fire Department (FDNY). Thank you for the opportunity to speak with you today about the community-based volunteer ambulances that serve various neighborhoods around the City.

Background

I began my career in the Emergency Medical Service (EMS) in 1983 as an Emergency Medical Technician (EMT). Over the past 26 years, I have increased my clinical knowledge and skills by obtaining my New York State Paramedic and New York City REMAC certifications and maintaining them since 1985. In 1989, I was promoted to Lieutenant and have served for the past 20 years continuing to gain knowledge and experience as I progressed through the ranks of supervision to Captain, Deputy Chief, Division Chief, Deputy Assistant Chief and finally to my appointment as Chief of EMS in July 2004.

Before I was employed by the City, I was an EMT with the Bensonhurst Volunteer Ambulance Corps for ten years and the Bay Ridge Volunteer Ambulance Corps for six years. During that period, I held several officer positions within those organizations, including serving on their Board of Directors. So, I am very familiar with operation of community-based volunteer ambulance companies and the valuable services they provide in their communities.

Since January 2001, community-based volunteer ambulances have had the ability to log into FDNY Computer Aided Dispatch (CAD) system. As I said, these ambulance
services certainly provide valuable service to the communities they serve, but they are not
now -- nor were they ever -- a part of the City's 911 Emergency Medical Service (EMS)
dispatch system and, as such, were not regularly dispatched to 911 calls. Only FDNY
ambulances and voluntary hospital-based ambulances, that by agreement participate in
the 911 system, respond to 911 EMS calls in New York City. For reasons I will explain
shortly, we discontinued the practice of allowing the community-based volunteer
ambulances to log into the EMSCAD last Fall.

Community-based Volunteer Ambulances

Last year, in response to requests from some community-based volunteer
companies, the FDNY began to explore the possibility of entering into an agreement to
allow them to participate in the 911 system. But our position remains the same: we
cannot lower our standards simply to include community-based units. They must adhere
to the same requirements as hospital-based 911-participating ambulances.

For example, all 911-system ambulances have Automated Vehicle Locator (AVL)
and Geographic Positioning System (GPS) technology, so that the EMSCAD system
knows their exact location and can recommend to an EMS Dispatcher the closest, most
appropriate unit to assign to an incident. Even if the volunteer units were to continue to
log into EMSCAD, both Dispatchers and the EMSCAD system would not know where
their units were located at any given time or whether and when they were available for
assignment.

In addition, most community-based volunteer ambulances in New York City do
not regularly operate around-the-clock; most usually operate during evening hours and on
weekends. We require all of the hospital-based ambulances that participate in the 911 EMS system to have defined availability and to adhere to other strict standards including:

- Staffing with New York State Emergency Medical Technicians (EMTs) or EMT/Paramedics with REMAC certification;
- Requiring certain training and education (e.g., Hazmat awareness and Incident Management training);
- Conducting criminal background checks and pre-hire and random drug tests of their personnel; and
- Requiring equipment beyond New York State-minimum requirements, such as Personal Protective Equipment and onboard mobile dispatch computer systems and radio communications.

This requirement of committed in-service operation and availability is critical in allowing us to properly manage EMS resources through an effective and efficient system of dynamic field deployment, matched to system performance indicators and historic call volume.

Community-based volunteer ambulance services, like all certified ambulance services, have a New York State operating certificate that defines the geographical area within which they are permitted to operate. New York State policy requires that an ambulance service be capable of providing service within its defined area before it provides service to another area pursuant to mutual aid agreements. Most volunteer ambulance services rarely operate more than one ambulance, and would therefore be of limited use to 911 EMS Dispatch, where system resources are routinely utilized for response not just to a particular geographic community. From time to time, we do request community-based volunteer ambulances for special events—such as the New York City Marathon or the Five-Boro Bike Tour—and large-scale disaster drills and as...
part of larger Mutual Aid activations. These ambulance services participate if they have the ability to provide ambulances beyond those required for the community in which they are authorized to operate.

Hospital-based EMS services, on the other hand, exist primarily to participate in the City's 911 EMS system, and therefore are not obligated to provide a unit to a defined community. They do have operating areas defined by the New York State Department of Health and have initial or primary deployments within their approved operating area. However, it is generally accepted that -- as a 911-system participant -- they can be dispatched to all areas of the City.

**CAD Policy**

As I mentioned, last Fall, the FDNY discontinued the practice of allowing the community-based volunteer ambulances to log into the EMSCAD. The FDNY did not make the change in its CAD policy to cut costs: it is cost-neutral. In fact, it would be costly for the City to create a system to track the community-based volunteer ambulance services and their activity separately. The new policy was implemented simply because the FDNY and the City have developed extensive mutual aid participant agreements since 9/11 for the purpose of defining resource capabilities and personnel qualifications, as outlined and required by the National Incident Management System (NIMS). Since volunteer ambulance services were not consistently tracked in EMSCAD, and their units were not being utilized for daily incidents, we felt there was no reason to continue the practice. Moreover, our data indicate that the volunteer ambulance companies, in actuality, rarely logged into CAD. Of the 44 volunteer services with identified radio/unit designations in the EMSCAD system, 27 logged on less than once a week in 2008 and 12
never logged in at all. The change will have no impact on FDNY EMS, the 911 system or community-based volunteer ambulances, which will continue to operate as they always have.

**Conclusion**

New York City is very well served by the vast and efficient pre-hospital EMS resources currently devoted to the 911 system. FDNY EMS is the biggest and busiest EMS system in the country and has experienced a 14 percent increase in life-threatening calls in the past decade.

During that time, EMS response to those medical emergencies has improved by 15 percent. EMS responded to a record 1,236,730 calls of all types/priorities in 2009 -- a 1.8 percent increase from 2008 -- and has continued to maintain response time below 6 minutes and 45 seconds to those incidents considered high-priority or potentially life-threatening. Additionally, we have achieved excellent results as a result of several initiatives to enhance survival and reduce morbidity from severe acute conditions such as stroke, heart attack and cardiac arrest. For example, pre-hospital cardiac arrest survival in New York City has more than doubled over the past five years and patients with a return of circulation prior to arrival at the hospital is fast approaching 50 percent.

Thank you for the opportunity to speak with you today and for your continuing support for the FDNY and its Emergency Medical Service.

I would be happy to answer your questions at this time.
FOR THE RECORD

Utilization of Community Volunteer Ambulance Services in NYC
NYC Council – Fire and Criminal Justice Committee
Testimony by Henry A. Ehrhardt, Vice President, NYS Volunteer
Ambulance & Rescue Association, Inc.
February 23, 2010

Introduction

Good morning Chairperson Crowley and members of the Fire and Criminal Justice Committee. My name is Henry Ehrhardt and I am the Vice President of the New York State Volunteer Ambulance and Rescue Association and a member of the Glen Oaks Volunteer Ambulance Corps in Eastern Queens. I have been involved in EMS for more than 25 years, having started with the Ridgewood Volunteer Ambulance Corps in Western Queens. I have served a member of the Regional EMS Council of NYC and the New York State Emergency Medical Services Council, where I served in various positions including a term as Chairperson. We would like to express our appreciation to the Council for reviewing this important issue.

EMS Agencies in NYS & Volunteer Sector in NYC

Permit me to provide a brief overview of EMS in New York State and then an outline of the community volunteer EMS sector in New York City. Throughout New York State there are more than 1,100 ambulance services. Of these just over 500 are fire department based, most of which are volunteer fire departments. Also, included in the total number are about 340 independent non-profit volunteer ambulance services. These services provide primary EMS coverage to cities, towns and villages around the state.

In New York City there are 27 community based volunteer ambulance services, three (3) college volunteer ambulance services and five (5) of the nine (9) volunteer fire departments in NYC operate ambulance services. These organizations, which are local community based not-for-profit organizations staffed with uncompensated volunteers, operate with more than 1000 volunteers (local city residents who are donating their time and effort) and 70 pieces apparatus (ambulances, fire trucks, rescue vehicles), including 50 ambulances across all five boroughs of the City. In addition, there is the Hatzalah Volunteer Ambulance Service, which operates its own system including about 50 ambulances.

All NYS Ambulance Services meet similar Equipment, Staffing & Training Standards and follow the same Medical Protocols

These are all New York State certified Ambulance Services, which means they meet the staffing and equipment standards set by the NYS Department of Health and the NYS Emergency Medical Services Council, the same as every other ambulance in New York City. Similarly all the volunteer services just like other ambulances operating in New York City follow protocols developed by the Regional Emergency Medical Services Council and the Regional Emergency Medical Advisory Committee for New York City.
The City's Volunteer EMS Sector & the 911 System

For many years, the city’s community-based volunteer EMS agencies have provided an invaluable service to their communities, our city and the EMS system at large. They provide additional day to day service to their communities and also are called upon for other citywide needs. Many local community volunteer agencies provided assistance during 9/11, blackouts, blizzards, aviation disasters, and times of system backlog. (Yes they have been called to respond to 911 calls – over the years I have gone on many such calls) Additionally, they serve as an important entry and training point for many younger city residents, introducing them to careers in health care and emergency services.

Historically, volunteer resources would “log in” with the respective Division Resource Coordination Center (RCC) and then call Emergency Medical Dispatch (EMD) via the Mutual Aid Radio System (MARS) desk to obtain hospital status and situational awareness. Rather suddenly, with no consultation, this procedure was ended in October 2009, with agencies only learning of this change in procedure when they attempted to “log in” to RCC at the beginning of their tour.

This “log in” procedure predates the much talked about 2001 operations order. In fact, it goes back in one form or another to at least the 1980’s when EMS in NYC was part of the Health & Hospitals Corporation. Since that time volunteers have been called upon not only to assist in city-wide special events, disasters and major MCI’s but also to assist with 911 calls during busy times. Over the years the number of these referrals has diminished. In part due to an increased number of 911 system units, but it is also because the system now reaches far greater distances to find a 911 system resource before it will refer a call to a community VAC.

For many years, the local Districts of our Association have been advocating to a myriad of city administrations and officials to make more effective use of the volunteer resource in the City’s day to day response to emergency calls. In the main, they are not seeking to supplant FDNY units but to establish a system that would solidly establish them as a truly effective secondary and supplemental resource that would be used on some routine basis.

The City’s Volunteer EMS Sector a Valuable Resource

A Platform for Training – Over the past three decades literally thousands of young people have clarified their career path and obtained training through the City’s Community Based Volunteer Emergency Service organizations. They have gone on to a variety of careers in both the health and emergency services fields. They offer an amazing opportunity for the young people of our city, similar to that provided by the many volunteer agencies in suburban areas.
Aid in Disasters and Critical Events – On September 11, 2001 you can be proud that the City's Volunteer Sector was among the first to step forward and answer the call. The attached report outlines some of the contributions of our City's Volunteer Emergency Service Providers on that tragic day. As you may know, one off-duty city volunteer ambulance member tragically lost his life. He was the youngest emergency service rescuer lost that day.

The City's Community Volunteer Ambulance Services have also assisted during major city-wide events, blackouts, blizzards and aviation disasters. They also provided stand-by EMS service at sites where flu shots were recently administered around the city as well as at numerous local special events and activities.

The next way to prepare and be ready for these types of events is some regular system interaction on a day to day basis. This familiarizes volunteer personnel and agency managers with system operation and issues, and yes it helps local squads maintain an added level of regular clinical activity. This will further help assure their continued variability.

Increased EMS Resource Availability and Reduce Response Times

Ambulance response times have recently been increasing in some cases and for some segments of calls. There are still times that New York City residents wait more than 6 minutes for an ambulance, indeed there are times, to be sure not a majority, where they may wait 30 minutes or more. Where and when community EMS resources are available, there more effective utilization could further reduce and in many cases eliminate those instances.

At the same time better utilization, enhanced coordination and communication could help to further reduce duplication of resources. When a local VAC needs ALS, it does not need a response by a fire truck, a BLS Ambulance and an ALS ambulance – yet that can happen under current practices. Similarly doesn’t it make sense to have direct communications and coordination with a local VAC who may be on-scene at a local community event (street fair, carnival, local marathon, etc) where it is likely that EMS calls may also come into the 911 system?

In summary the community volunteer EMS services of our city cover scores of neighborhoods throughout the city with a combined population of more than 1.8 million New Yorkers. We believe that better utilization of community based Volunteer Ambulance Services can further help assure that the residents, visitors, citizens, and constituents of the City of New York receive appropriate, and timely pre-hospital care resources during emergency medical events. By more effective partnering with these vital community based organizations, the City will further the effective utilization of Emergency Medical Service systems status management and enhance the coordination of resources, as well as interoperability and communications between the City's EMS system and the community volunteer ambulance sector. It will be a win, win all around at little or no additional cost to our City's taxpayers.
To: Fire and Criminal Justice Committee-NYC Council

Testimony by Ryan Gunning, NYSVARA, District 4

February 23, 2010

Good morning. I would like to take this opportunity to thank Council Member Crowley, Chair of the Fire and Criminal Justice Committee for calling this hearing on behalf of the New York State Volunteer Ambulance and Rescue Association (“NYSVARA”), District 4 and its membership. I would like to thank the members of this committee, the members of the council who are present here today, and a special thank you to those council members who have supported the district in this endeavor.

My name is Ryan Gunning. I am the Chairman of the NYSVARA, district 4, nyc region and am also the President of the Glendale Volunteer Ambulance Corps, in Queens. For the past 20 years I have dedicated myself to public service and to my community. This has included service as an Auxiliary Police Officer, a member of kiwanis, a member of the united states health and human services disaster medical assistance team, a law enforcement officer, an EMT, and an instructor in all those fields. I have been involved in the EMS system for over 18 years now both as a paid professional and a volunteer professional, and I currently serve as a member of the Regional Emergency Medical Services Council of New York City.

In New York City, as Chair of district 4, I represent 23 of the 28 Volunteer Ambulance Corps’, 9 Volunteer Fire Departments (5 of which have ambulance services), 3 college based Emergency Medical Service squads and 1 basic life support unit. All combined, covering an estimated 1.8 million people.

These agencies own and operate approximately 100 Ambulances and other emergency and specialty vehicles. These are all New York State certified Ambulance Services, which means they meet the staffing and equipment standards set forth by the NYS Department of Health and the NYS Emergency Medical Services Council, the same as every other ambulance in New York City. Similarly all the volunteer services just like other ambulances operating in New York City follow protocols developed by the Regional Emergency Medical Services Council and the New York State Department of Health.

For many years, the city’s community-based volunteer EMS agencies have provided an invaluable service to their communities, our city and the EMS system at large. They provide additional day to day services above that of which is offered by the municipality to their communities and have been called upon for other citywide needs. Many local community
Volunteer agencies provided assistance during 9/11, blackouts, blizzards, aviation disasters, and times of system backlog. Additionally, they serve as an important entry and training point for many younger city residents, introducing them to careers in health care and emergency services.

In fact, many of the people sitting in this room began their careers as volunteers. As well as, Chief Bob Hanafey, John Killkole, Captain Jerry Gelbard, the EMS Union President Patrick Banken, Marie Diglio and the respected Chief of the FDNY EMS John Peruggia himself, just to name a few.

I would like to point out that even Council Member Vacca was once a volunteer within the Volunteer EMS system.

So I ask, were the standards lowered for these current leaders of the EMS system when they began their careers? That is what the FDNY’s response was when asked by the chair of this committee how they intended to utilize the volunteer sector in the future.

It is fact, that in the early days of EMS, you could not work for the 911 system without having volunteer EMS experience, and many of us would not be where we are today if not for the volunteers.

Our volunteers are highly trained, and must meet the same requirements set forth by the NYS Department of Health as like any other EMT in New York State.

I wish to bring to your attention the reason for this hearing, but first let me give you a brief history of the MARS system and RCC as it pertains to the volunteer sector.

This is the contact point from which Volunteers notify the FDNY EMS that the volunteer unit is available for calls within their response area, and may request for additional resources if needed.

Historically, volunteer resources would “log in” with the respective Division Resource Coordination Center (RCC) and then call Emergency Medical Dispatch (EMD) via the Mutual Aid Radio System (MARS) desk to obtain hospital status and situational awareness.

While logged on, volunteer units were able to request additional resources, alert the EMD that they were on scene, leaving the scene, and give dispositions.

This “log in” procedure predates the much talked about 2001 operations order. In fact, it goes back in one form or another to at least the 1980’s when EMS in NYC was part of the Health & Hospitals Corporation, and would routinely forward 911 assignments to the volunteer EMS agencies for emergency response.
In addition, the volunteers have been called upon to assist in city-wide special events, disasters and major MCI’s.

The FDNY states that the volunteers were first given the ability to log into the CAD in January 2001. Pursuant to command order 2001-006 which states “In an effort to maximize system utilization of available resources, volunteer/community based ambulance units shall relay rundown information in a timely manner to the Resource Coordination Center......”.

So I ask another question. Is the removal of the ability of the volunteer sector to log into the CAD an effort to MINIMIZE system utilization of available resources?

What has precipitated this change in policy, is it temporary or permanent?

These changes that were unilaterally undertaken by the FDNY Emergency Medical Services in October 2009, changing policy, can pose a potential catastrophe for constituents serviced by the volunteer community based agencies. This change, in essence, cuts off the day-to-day communication between EMS and the volunteer sector and underutilizes their capabilities and resources.

At this time, we feel that there is currently a failure in the effective utilization of EMS system status management and the interoperability and coordination of resources on the part of the FDNY EMS. Besides being a vital part of providing quality patient care, this coordination of resources is also mandated by the New York State Department of Health, Department of Homeland Security, the National Incident Management system, and the New York City Incident Management System as mandated by the Mayor of the City of New York.

The FDNY has recently stated that the volunteers have only been utilized for special events, exercises and drills, or as part of mutual aid activation.

Historically, the FDNY EMS has assigned volunteer community based EMS agencies 911 calls on many occasions. Even as recently as this past summer and fall, volunteer units were utilized by the FDNY to handle 911 calls. These units were assigned FDNY EMS division radios, were given Ambulance designations, and were assigned throughout the City and handled multiple calls effectively and timely without incident, all without it necessary for them to have GPS or the Automated Vehicle Locator technology.

Furthermore, the FDNY provides this district with a quarterly report of all community based volunteer ambulance services log on and log off statuses as well as calls those squads were assigned to by the FDNY.
So, I sit here before this council concerned, as I am constantly hearing about hospitals downsizing and possibly closing, cuts being made to save money, in fact the FDNY recently cut 30 EMS tours. Yet, the FDNY is requesting that the Voluntary Hospitals add additional EMS resources. We are hearing about this amazing new computer system and call tracking system, yet since its inception, it has been blamed for almost a half dozen deaths.

The volunteer sector is being told that we can no longer operate in a system that has worked for decades and that our services are not needed by our city. We continue to be unfairly treated. It is perplexing that here it is that the FDNY is requesting additional resources from the voluntary hospitals to supplement the EMS system, while there is an untapped, already in place resource in the community based volunteer EMS sector. The decision and action by the Fire Department of ignoring the volunteer resources is counterproductive, dangerous, and may result in loss of life.

Yet these volunteers are still willing and asking to help supplement this EMS system. The volunteers, many of whom have professional careers, then find the time to volunteer, are being told that the city cannot lower its standards to allow us into the system. When in fact, the volunteers have helped mold the system into what it is today. These same volunteers were amongst the first EMTs in New York City, and offer a ready pool of trained pre-hospital care professionals who have helped increase the ranks of the FDNY EMS. These individuals today, still offer and volunteer countless hours to their communities and the city of New York in their time of need.

Which brings us to the following dilemma? The volunteer agencies are ready, willing and able to help support the FDNY EMS system, however, we are not looking to enter the system under the contract that the FDNY has proposed. We are not looking to replace existing units; we are only asking to be utilized efficiently to assure that the public, our neighbors, and your constituents, receive the appropriate resources in a timely manner. Not to mention, we are a resource that is readily available at little or no cost to the city's taxpayers to assist individuals in their times of medical crisis's.

As we move forward, we would like to actively work toward the better utilization of the community based volunteer agencies. First we would like the determination that was made in October 2009 to be carefully reviewed and replaced with a more effective model of regular communication and cooperation. Second, we would like to work cooperatively and effectively on developing an enhanced model that would provide for greater utilization of the volunteer sector resources.

The community volunteer agencies seek to supplement not supplant 911 system units.
In closing, I would like to make this point to you, since the inception of the FDNY, this agency has and continues to use volunteer fire department services on a regular consistent basis to handle 911 calls to this day. Doesn’t it seem logical that the FDNY EMS should also utilize volunteer Ambulance resources the same way FDNY utilizes VFD. This not only benefits the volunteers ambulance agencies and the FDNY, it will ultimately benefit the public. Which should be the main priority.

Thank you for the opportunity to speak to this council.

Respectfully
Ryan Gunning
Chairman, District 4
NYSVARA
February 23, 2010

Council Member Elizabeth Crowley
64-77 Dry Harbor Rd.
Middle Village, NY 11379

Dear Ms. Crowley:

My name is Joseph Magnus. I am Vice President and Treasurer at Middle Village Volunteer Ambulance Corps.

I was informed that a high ranking official in the New York City Fire Department recently gave orders to their EMS dispatchers not to forward any calls for medical help to the volunteer ambulances in the city. Ms. Crowley, since you are a young person you may not know as to why the volunteer ambulances came into existence. I would like to give you a little history lesson.

In 1972, if you had a need for an ambulance in New York City, you had to wait over two hours. Even then you were considered lucky, as in many cases the ambulance never came at all.

In those days, local residents and community leaders set up meetings with political leaders and demanded that something must be done to alleviate the problem with the ambulance service in the city. At the same time all over the city, volunteer ambulances came into existence.
In our community, Middle Village Volunteer Ambulance was formed, which to this day provides free ambulance service to anyone who lives, works or travels in our community.

Here are some highlights of Middle Village Volunteer Ambulance accomplishments:

We opened free ambulance service in our community in 1972.

We started to operate with two ambulances and over 200 volunteers. We provided ambulance service twenty-four hour per day and seven days per week.

I happened to be the first trained Emergency Medical Technician in our organization. I happened to be the only EMT in our organization to receive 100% on NYS EMT exam.

We responded to two airplane crashes at La Guardia Airport.

We responded to an airplane crash near Kennedy Airport.

We participated in many airplane crash training sessions at Kennedy Airport.

Since 1972, we have treated and transported over 40,000 people safely to hospitals.

At the World Trade Center, we arrived with two ambulances and three EMT's on each ambulance.
We treated and transported 44 patients to the hospital. We were there 6 days, twenty-four hours a day. In between each shift, we would get 5 hours break.

During 38 years of serving our community we traveled with our ambulances many miles without a single accident. We never had any lawsuits against us. Our record is unblemished. We are proud of our record.

To the FDNY official who is ready to prevent volunteer ambulance squads from working with him, I have only one thing to say. CLEAN UP YOUR HOUSE FIRST BEFORE YOU LOOK AT VOLUNTEERS. Many times when I read a newspaper, there is an article about NYC EMTs that paints an unfavorable picture. I would not want such articles being written about my colleagues.

Here I have article which was published last Thursday, February 19, on page 17 in the New York Post. The article states that a female caller in Manhattan called EMS for an ambulance advising them that her 6 year old son in Manhattan is very ill at 277 Avenue C.

EMS dispatched the ambulance to 277 Avenue C in Brooklyn. The mother of her ill son called again asking them to hurry up.

When the EMS realized that the call is in Manhattan and not in Brooklyn, then they dispatched the ambulance to Manhattan at 277 Avenue C.

Unfortunately, it was too late to help the little boy. When they arrived, he was dead.
Again, I like to point the finger at that FDNY chief who does not want volunteers to help the people in the city when they are ill.

Our volunteers have a consistent track record of providing quality service that goes above and beyond the call of duty to meet the needs of our community.

Two years ago, I had a stroke and cannot work on the ambulance anymore. However, I am still very active in my organization doing clerical work.

Thank you very much for listening.

Sincerely,

Joseph Magnus, Vice President and Treasurer
911 IN TRAGIC MIXUP

Wrong boro as tot dies

By GINGER ADAMS OTIS

A horrifying 911 bungle may have cost a young boy his life yesterday, sources told The Post.

Firefighters and medics rushed to a call of a 6-year-old boy in cardiac arrest at 277 Ave. C at 9:04 a.m. But they were sent to Avenue C in Brooklyn instead of Manhattan.

By the time paramedics reached the boy's apartment at 9:22 a.m. — 18 minutes after the family's 911 call — the child was dead, the sources said. The boy's name was not immediately released.

A woman who opened the door at the family's apartment last night said, "We can't talk about it."

A next-door neighbor, Nori Evoy, said what happened was "awful," adding, "He was the sweetest little kid."

A spokesman for the FDNY said the incident is "under review."

The NYPD said it received a 911 call from a hysterical woman who had given her address, but not the borough. Cops said that the operator tried to establish the cross streets, but the caller was too distraught to respond.

EMTs arrived at the Brooklyn address at 9:20 a.m. — and determined they were in the wrong place.

A dispatcher called the incoming number back and asked the mom where she was. "She said, 'I'm here ... he's bleeding from the nose,' and pleaded with them to hurry," a source said.

The dispatcher finally determined she was in Manhattan.

The NYPD said the woman called 911 again at 9:36 a.m. and told them where she was.

The child was dead by the time paramedics arrived six minutes later, sources said.

The NYPD said the incident was not related to problems that have plagued the controversial 911 Call Taking system, which went online last May.

Under that system, callers can speak only to 911 operators and not to fire dispatchers.

Union opponents of the unified system say it has led to a number of fatal blunders, including a Nov. 7 incident in which three men died in a Queens basement fire after a 911 dispatcher initially ordered six firetrucks to the wrong address. Later that month, firefighters were sent to the wrong address for a Brooklyn fire that killed two toddlers and their father.

The city said the tragedies were caused by glitches that had been worked out.
Testimony by Martin L. Grillo EMT-P, CIC - to the New York City Council, Health and Fire Criminal Justice Committee
February 23, 2010

Esteemed members of the City Council, Health and Fire Criminal Justice Committee and guests

My name is Martin Grillo. I am a NYC Paramedic and the Vice Chair of the NY State Ambulance and Rescue Association, District 4, which represents a large number of the Volunteer Ambulance Corps and Volunteer Fire Departments in New York City. I have been involved with Public Safety in the volunteer community for over 31 years,

I am here today to speak about the under utilization of the volunteer ambulance corps. This is an issue that impacts the health and welfare of our citizens, your constituents, and may have a significant public safety consequence for the citizens of City of New York.

In 1979, the NYC EMS (then run by the Health and Hospitals Corporation) formulated an agreement with the Volunteer ambulance corps. Per the Memorandum of Understanding, its purpose was, “to foster communication and cooperation among the emergency medical service provided in New York City”. The NYC EMS agreed to develop a Mutual Aid Radio System (MARS), in order to improve the communication between the corps and EMS and to supply and install mobile radios in the Volunteer Corp ambulances.

The agreement between the Volunteer ambulance corps was updated in 1990 and formalized EMS past practice, "to be able to contact EMS directly and dispatch the Corps to emergency calls if no EMS units were available". This agreement provided the Corps with the ability to contact EMS for various requests, such as: Hospital Diversions, Advanced Life Support backup, Basic Life Support backup, and to cancel further responses from EMS units that were unnecessary. Under this same agreement, EMS would coordinate the Corp’s responses to multiple casualty incidents and dispatch volunteer corps to 911 emergency calls as needed. The Corps in return would notify EMS of their operating status and agree to immediately dispatch ambulances when called, to provide treatment or transportation as needed.

Since 1996 when the FDNY took over the operations of EMS, there have been no updates to the MARS agreement, even though our Association and the ambulance corps have tried.

In early 2001, the FDNY EMS formalized procedures for the Volunteer Ambulance Services, to be able to log in and log off at the Fire Department’s Resource Coordination Center. The Command Order 01-006, indicated this was, “an effort to maximize system utilization of available resources.”
In October of 2009, Volunteer Ambulance Squads trying to contact RCC and MARS, were told that “log-ons could not be accepted”. Despite this very long standing working relationship, no one had notified the volunteer squads to explain the change.

At present, the FDNY EMS is not effectively managing its EMS resources. In order for this city to maximize the utilization of its available resources, it would require interoperability, incorporating the volunteer corps and fostering an atmosphere of cooperation in order to coordinate its resources to their full potential. Besides being a vital part of providing quality patient care, this coordination of resources is also mandated by the NYS Department of Health, Department of Homeland Security and the National Incident Management System.

Recently, requests have been made by the FDNY to add additional voluntary hospitals into the system. The fact that these types of requests are being made indicates that that additional resources are needed in order to handle calls in a timely manner.

The Volunteer Ambulance Corps and Volunteer Fire Departments can provide a formidable number of emergency resources for the FDNY EMS. There are a total of 41 Squads, which consist of:

28 Community Based Volunteer Ambulance Corps
9 Volunteer Fire Departments – 5 of which have ambulances
3 College Based Volunteer Ambulances
1 Basic Life Support (BLS) – First Response Unit

All combined, covering an estimated 1.8 million people of the City of New York

The Volunteer Corps own and maintain approximately 100 Ambulances and Emergency Vehicles. Our Ambulances are NYS DOH Certified and either meet or exceed the same rigorous standards that are required of the FDNY EMS Ambulances.

Being based in the communities we serve, we have a better understanding of their specific needs and have the Specialty Resources often required, such as Boats, 4x4 Ambulances, Bike units, etc. which assist in shortening response times and providing better patient care.

In fact, the Volunteers have been on the cutting edge of EMS technology. For example, the Volunteer ambulances were the first to carry Automatic External Defibrillators in New York City in the late 80’s.

Our Personnel are highly qualified and must meet the same state and city training requirements for Emergency Medical Technician and Paramedics as FDNY EMS
members. Our Volunteers recertify every three years. By comparison, FDNY EMS is in a 5 year, CME based, pilot recertification program. Under HHC NYC EMS you would not be considered for employment without prior VAC experience.

The Fire Department / Fire Suppression side is not unfamiliar with working with volunteers. The Volunteer Fire Departments, most of which predate the FDNY, are dispatched by Fire Alarm Dispatchers through the voice alarm and teleprinter computer system and communicate to the fire alarm dispatcher through the normal fire dept radio frequencies. They respond to emergency calls and work side by side with FDNY members. This long and mutually beneficial arrangement has kept the volunteer fire departments in the loop, some in excess of 100 years.

In closing, the Volunteer Ambulance Corps have shown in the past that they have been there for this city both in time of need, such as September 11th, and on a day-to-day basis. We continuously prove to be an asset to the city and the communities that we serve.

The Volunteer Corps have the equipment and personnel to provide a valuable resource for the FDNY, as well as willingness for a productive collaboration. We are not looking to replace any of the FDNY EMS resources. We would like to enhance the delivery of emergency medical care in our communities, to your constituents, and to provide the essential life saving / life sustaining services that keeps this city alive.

1.3
NYC Council Hearing on FDNY and its Utilization of Neighborhood Volunteer Ambulances
Testimony of Alan Wolfe
February 23, 2010

Good morning Chairperson Crowley and members of the New York City Council. Thank you for this opportunity to testify before your subcommittee today. I would like to begin by commending Council leaders for calling this hearing to learn about the New York City Fire Department’s utilization of the volunteer ambulance squads that serve the various communities of our city.

I would like to introduce myself by giving you a brief history of who I am and what I do. My name is Alan Wolfe and for the past 19 years I’ve dedicated myself to public service. This has included service as a New York City Auxiliary Police Officer, a teacher in the NYC public school system, an EMT, and currently as a Customs and Border Protection Officer for the United States Department of Homeland Security. Also, in the interest of public service, I’ve been involved with The Forest Hills Volunteer Ambulance Corps for the past 17 years, the last two of which I have served as its president. It is for this organization that I have requested time off from my job today to speak with you about an urgent matter.

That urgent matter is the relationship between the Volunteer EMS sector and the New York City Municipal EMS system, currently operated by the FDNY. There are currently 35 independent Volunteer EMS agencies within the city of New York. Each volunteer agency is community based and provides both emergency and non emergency services to their respective communities. In the past the Fire Department has enabled these volunteer units to logon with its dispatch system. This allowed the Fire Department to know which Volunteer units were available to respond to emergencies. It was this ability to logon to the Fire Department dispatch system that was recently discontinued by the Fire Department. It should also be noted that when volunteer units call the Fire Department to obtain specific information of an emergency, that information is being withheld. For example, there have been numerous occasions when a volunteer unit was present at the scene, called the Fire Department for an apartment number, was refused the information, and had to wait an additional 10 minutes or more for a municipal ambulance to arrive. For a patient who may be suffering a life threatening emergency this delay is unacceptable. The decision and action by the Fire Department of ignoring the volunteer sector and assigning more distant resources is counterproductive, dangerous, and may result in loss of life.
The Forest Hills Volunteer Ambulance Corps was established in 1971 and has been serving its community ever since without interruption. Over the years the municipal EMS system has grown a great deal to become a first class provider within the greatest city in the world. Our goal should be to continue to expand the quality and effectiveness of the system, especially during these difficult and uncertain economic times. The Forest Hills Volunteer Ambulance Corps along with its many volunteer partners stand ready to pull our own weight in our own communities. Our offer is to assist the Fire Department by responding to emergencies received by the City’s 911 system. This, however, can only be achieved with the cooperation of the Fire Department. This cooperation should include effective communication between the Volunteer and Municipal system, without placing any additional financial burden on the Volunteers.

We have been serving our community and New York City for 38 years now, and we will continue to serve for many years to come. I sit here before you, along with many of our fellow volunteer ambulance squads to make an extraordinary offer for our great city. We are now asking the City Council to help the Fire Department find an effective way to coordinate with the volunteer EMS sector in New York City.

I thank you for your time and assistance with this matter.
Good morning. My name is Michael Jones. I am the medical director of the Central Park Medical Unit, an all-volunteer ambulance service that serves the over 25 million visitors of Central Park community each year. I have been an emergency medical technician in New York City for almost 10 years. I am also an emergency medicine physician at Jacobi and Montefiore Medical Centers in the Bronx as well as a member of the board of directors of the Regional Emergency Medical Services Council of New York City, the state mandated oversight body for all EMS activities in New York City. My comments today reflect my personal opinion as well as that of the Central Park Medical Unit only.

I recently came across a news article entitled “Hazelwood Man Dies After 10 Calls to 911 Over Two Days”. The article relates the unfortunate events surrounding the death of Curtis Mitchell in Pittsburgh. The short of the story is that Mr. Mitchell contacted 911 on February 5, 2010 during a large snowstorm. Due to the weather conditions, EMS crews were repeatedly unable to respond to Mr. Mitchell because the system was overwhelmed with both the delay times being caused by the weather conditions as well as the increased call volumes. On February 6th, EMS crews were again dispatched, on three separate occasions, but were only able to get within blocks of his home and eventually turned back because the system was overwhelmed in calls and Mr. Mitchell was deemed a moderate priority patient. When medics finally arrived on February 7th, Mr. Mitchell was dead. This unfortunate situation could occur in any municipality, especially one without the luxury of additional resources in times of need.

I share this story because we have a commitment to the citizens of New York City to say, “Not here will something like this ever happen!” I would like to applaud the Fire Department for its stewardship of the Emergency Medical System in New York City and for, to my knowledge, not allowing a travesty such as Curtis Mitchell’s happen here.

I grew up in a town just north of New York City, where community volunteerism was the norm. As a young teenager, I awoke one morning to find my mother passed out on the floor of our kitchen, having suffered from what we later learned was a near fatal cardiac arrhythmia, a skip in her heartbeat. I called 911 and when the medic arrived not only did he take excellent care of my mother but having known me since I was probably 8 or 9 years old and on his son’s soccer team also helped me cope with my emotions. This is volunteerism at its best - members of a community coming together to assist in times of need, be them big or small.
Several years later, as a freshman at Columbia University I sought out a similar community based volunteer ambulance organization and discovered the Central Park Medical Unit. The same community based and personal interactions that helped me, and my family, years ago, I found again in a largely impersonal and overwhelming city. I am awed at the commitment and devotion of so many citizens who work hard to create organization that have such powerful impacts across NYC.

These two stories should highlight why my praise for the Fire Department and its leadership in EMS in New York City is now difficult to maintain in good conscience. This hearing today was scheduled to discuss the Fire Department's recent stated policy of minimal to non-utilization of the numerous volunteer ambulance resources throughout New York City. This policy is not recent; it isn't new. It is the ultimate culmination of a policy of non-cooperation, disrespect, and contempt of the volunteer ambulance services that to my knowledge stretches as far back as August 5, 2002. That specific date was the day I defibrillated an approximately 50-year-old otherwise healthy appearing gentleman on the northwest corner of the Great Lawn to a crowd of more than 200 spectators and then transported him to the closest hospital, where he ultimately expired. As a basic life support ambulance my call for assistance, properly routed through the mutual aid dispatch system, were unanswered by the Fire Department, and advanced life support care was not obtained until sometime later when through the assistance of the police department an urgent rush on a paramedic ambulance was routed to the appropriate dispatcher and not only was one advanced life support ambulance dispatched but another redundant basic life support ambulance arrived as well. I can point to numerous occasions where duplication of resources and failed cooperation with my own volunteer organization has continued to endanger the citizens of New York.

Curtis Mitchell died during a time of great stress on the Pittsburgh Emergency Medical System: a snowstorm that overwhelmed their resources. Not quite unlike New York City's recent snow emergencies or even the influenza hysteria that gripped the city last spring and summer, overwhelming the system, stressing emergency rooms to near breaking points and probably costing the city enormously. The community based volunteer ambulance services stood ready to assist and cooperate with the Fire Department, for free, at no charge to the city, might I add. Yet we were shunned by a cooperation system that doesn't work, isn't utilized on a daily basis and according to some Fire Department chiefs is no longer required and has finally been officially dismantled.

The Central Park Medical Unit prides itself on serving its community better than anyone else. Everyday we work alongside the police department, the parks department, the Central Park Conservancy, and act as stewards and ambassadors to the 20 million visitors of Central Park. We consistently arrive at the scene of an accident or ill individual at a state record time because of the intimate knowledge of our community. Much in the same way, my fellow volunteers serve their communities with pride and personal touch in much the same way the paramedic in
my hometown helped my mother and which cannot possibly be done by a municipal service such as the Fire Department.

I ask the City Council to consider two points. Why in an era when the city and country is grappling with one of the worst financial crises in its history would we shun organizations that are willing to do the same job, with a more personal touch, out of the goodness of their hearts, deep sense of community responsibility, and largely at no cost to the City of New York? And further, not if but WHEN the system is stressed to its breaking point again, whether it is the next September 11th, the Great Northeast Blackout, a snow emergency, or an influenza pandemic, or better, panic, how is the Fire Department alone going cope? How can they justify leaving capable resources on the sidelines, out of touch with dispatchers, unable to integrate into the overarching system and extend their caring hands beyond the small communities that we assist aand to the greater New York City public?

I would be happy to answer any questions that the honorable council members may have and would like to thank you for providing our communities the opportunity to voice our concerns.

About the Central Park Medical Unit, Inc.

The Central Park Medical Unit, Inc. is an all-volunteer emergency ambulance and rescue squad founded in 1975. CPMU’s volunteer EMT’s, paramedics, and physicians provide life-saving emergency medical care and treatment for individuals who become ill and injured within Central Park and the New York community. With the fastest response time in New York State, at just under three minutes, the Central Park Medical Unit is prepared to provide sick and injured park patrons with expert medical care completely free of charge. Further information can be found at www.cpmu.com.

About Michael P. Jones, MD

Dr. Michael P. Jones is a physician in the Department of Emergency Medicine at Jacobi Medical Center and also practices at Montefiore Medical Center. He received his bachelor’s degree specializing in Biological Sciences, with a focus on vertebrate morphology and physiology at Columbia University, and his medical degree at the Albert Einstein College of Medicine. He has been an adjunct instructor at Columbia University and is currently an Adjunct Instructor in Anatomy and Structural Biology at Albert Einstein. He is also an Emergency Medical Technician as well as Medical Director with the Central Park Medical Unit and has been awarded numerous citations by the New York City Police Department, the New York City Parks Department, the City Council, the Mayor’s Office, and other organizations. He also serves as a member of the board of directors of the Regional Emergency Medical Services Council of New York City.
Good Morning Esteem Members of the City Council,

My name is Rafael Castellanos. I am a native New Yorker born and raised in Spanish Harlem. I am also the President of the Central Park Medical Unit, which is most likely one of the most unique all volunteer ambulances in the U.S., and certainly in the City of New York.

New York City has provided municipal services such as police, fire, and ambulances for the better part of the last century. However, volunteer ambulance services still were formed in certain “niche” communities based upon urgent and special need. The unique nature of certain communities called for a dedicated ambulance to meet their needs. Central Park is undoubtedly the most distinctive in regards to geography, attractions, volume, and risks. In 1975 a dedicated group of volunteer medical professionals recognized that through no fault of the municipal services, Central Park was inadequately protected during certain times and required a dedicated ambulance. Although the beginnings were certainly humble, the Unit has grown to 3 ambulances, 2 specialty vehicles, and a bicycle unit for first response, which incidentally is larger than the EMS resources in many communities. We are an organization comprised of EMT’s who are also Physicians, Nurses, active and retired Police Officers, active and retired members of municipal EMS agencies (including the FDNY) as well as lawyers, actors, business professionals and students. This eclectic group shares one common bond, a love and dedication for the Central Park community, and a willingness to enhance the preparedness capabilities of the City of New York.

Our response time usually averages less than 3 minutes, a NYS record, is no coincidence. This is possible through responsible deployment of resources, an intimate knowledge of the park, and an outstanding partnership with the Central Park Precinct, the Parks Department, and the Central Park Conservancy. This has been achieved with only limited cooperation from the FDNY. One of the most valuable lessons learned from September 11th, 2001 was the need for communication to coordinate resources. The FDNY has taken the position that the certified volunteer EMS ambulances are not a valuable resource and therefore has chosen to eliminate any coordination rather than explore new and innovative ways of utilizing these ambulances in the most efficient means possible to the benefit of our particular communities. The FDNY provided the volunteer ambulances with MARS, or mutual aid radio system. This frequency, when and if actually manned by a dispatcher, never advised the volunteer ambulances of calls in their response area (even if our NYS certified ambulance was just minutes away), and rarely acknowledged our requests for additional resources when needed.
Our offers to respond and assist FDNY units at nearby incidents have been ignored as well. Unlike our suburban neighbors, volunteer ambulances in the city were never meant to replace municipal services, rather they were created and still exist as a supplement to ensure that adequate resources are available where and when necessary. I am hopeful that this new ill-conceived FDNY-EMS policy can be reversed, as it defies logic.

Volunteerism is as old as the farmers that first formed a force that freed us as a new country; it is as American as apple pie. It is one of the basic components to the fabric of this great nation. Being a volunteer is one of the aspects that has defined us uniquely as American, it has for our history severed as the glue that unites a community, makes friends out of strangers, crosses cultural, ethnic and religious boundaries with a common goal of providing a service to others, and to the communities we live in when both money and resources are scarce.

Volunteering teaches the value of giving of one’s self, it educates our youth in not only the skills required to do a job, but to the wisdom to recognize that a job needs doing, and the willingness to get the task done.

Members of these outstanding medical corps, have taken these values and gone on to continue to serve our communities in an additive way, as Doctors, Nurses, EMT’s, Paramedics, Police officers, Soldiers, as well as Firemen. These organizations are the training and breeding ground of the learned morals of selflessness, sacrifice, bravery, honor, and duty to serve, that comprise the very best in all of us.

We are here today, only because now we find that the very institution that now wants to even further remove us from this service, has seemed to forget that it itself was first assembled and based on the idea of community Volunteerism.

Dear Council Members, please take a moment to consider your past, and the lessons learned in your youth, and recognize what is at stake here. Our communities need us; the very people, who voted together so you could serve, need us, the future of America needs us. Please take a moment and help mend a bridge so we can continue to do our dedicated and valuable work.

About Rafael Castellanos
Rafael is a native New Yorker born and raised in what was Spanish Harlem. English is his second language. Today he is one the most highly respected real estate title insurance experts in New York State. Rafael is an active member of the community. He is an emergency medical technician and volunteer with the Central Park Medical Unit and was a former member of the United States Public Health Service, National Disaster Medical System, New York Disaster Medical Assistance Team. Mr. Castellanos currently serves as a member of the Board of Directors of the Regional Emergency Medical Services Council of New York City, Inc. and is President and Co-Chairman of the Board of the Central Park Medical Unit, Inc. (www.cppmu.com) an all volunteer ambulance squad which operates in the world’s busiest park in the heart of New York City. Mr. Castellanos has been affiliated with the Medical Unit for more than 30 years; he and his colleagues are in the business of saving lives and responding to the emergency needs of more than 25 million people who visit Central Park annually. The Medical Unit is staffed with 150 certified emergency medical technicians, paramedics and physicians who volunteer on weekends and special events. The Medical Unit has no paid staff. Their response time is usually under three minutes, the fastest in the State. Thousands of patients they see annually are never submitted an invoice for their medical care and/or transportation.
The injuries they encounter range from broken bones to heart attacks, but they also respond in times of major disasters, such as plane crashes, blackouts and the incidents at the World Trade Center in 1993 and 2001. For his volunteer efforts, Mr. Castellanos has received numerous commendations and citations from various New York City Mayors, the City Council and the New York Police Department. He has also been recognized by the City's media, including radio, television, and key newspapers. In an age when most people get satisfaction from breaking 80 on the golf course, or going three sets on the tennis court, Rafael Castellanos is getting his satisfaction by helping those in emergency need, saving lives and lessening the suffering of the sick and injured and by managing one of the most impressive volunteer emergency medical corps in the nation today.

Mr. Castellanos attended St Ignatius School, Loyola High School and earned Bachelor's degree from Fordham University and a Juris Doctor degree from Yeshiva University. Mr. Castellanos is married to his college sweetheart, lives in Manhattan with their two sons.
To the NYC Council – Fire and Criminal Justice Services Committee
From: Ted Rabinowitz, 1st Vice President, Glen Oaks Volunteer Ambulance Corps, Glen Oaks, Queens, NYC
Subject: Better Utilization of the Volunteer Ambulance Resource
February 23, 2010

Chairperson Crowley members of the Fire and Criminal Justice Committee, thank you for taking the time to look into this issue.

My name is Ted Rabinowitz, 1st Vice President and past President of the Glen Oaks Volunteer Ambulance Corps which serves Glen Oaks, Floral Park, Oakland Gardens, New Hyde Park, Bellerose and North Shore Towers in Eastern Queens. I wanted to bring to your attention a few interesting and important facts.

For more than 35 years, the Glen Oaks Volunteer Ambulance Corps a NYS Certified Ambulance Service has and continues to provide emergency service, in our community. The Corps with its volunteer members have responded to major incidents, including airline crashes, blizzards, blackouts, the recent gas explosion in our neighborhood, and the 2001 terrorist attack on the World Trade Center.

We also provide stand-by EMS services to events and activities in our community, including many of the events that take place at the Queens County Farm Museum.

Some time after Glen Oaks began operation, the New York City Health and Hospitals Corporation began providing EMS service. As you know this was then transferred to the NYC Fire Department. Since the HHC times, there has been some type of regular “log on” procedures to let the EMS system know when we have crews in-house and available (we also often have personnel available to respond from home to calls we may receive). We do have a mutual agreement and have been provided with the resources of the FDNY Resource Control Center either thru the phone or an assigned radio for the squad. We also have an original Memorandum of Understanding that goes back to the days when HHC was responsible for EMS. As explained we responded to major city incidents and events but over the years we have also been called, when “logged-on” for regular 911 calls when the system has been back-logged. The latter incidents have been less frequent in recent years due to more system units but also because the system reaches many miles for a unit before making a referral to a community based volunteer resource.

We have long believed that a better procedure was needed to enhance day-to-day communications and utilization not only of the Glen Oaks Volunteers, but other community based emergency service organizations in NYC. While the NYC 911 system is good, we
know there are times when units are being called from adjoining neighborhoods to answer calls when we are available and willing to assist. We also know that units are assigned to calls at community events where we are already on-scene. These instances call out for some way to enhance communication and better partner with available community based resources.

The Volunteer Emergency Service Sector has long been a training ground for personnel who go off to careers in health and emergency services. In the Case of Glen Oaks VAC we have scores of individuals who have continued to become physicians, nurses, paramedics, firefighters, police officers. A significant amount of 911 system EMT’s have come from and many have continued with the volunteer sector. Just to name a few: Chief Bob Hanafey, John Kilkoley, Judy Mella, David Billig, the late Lt. Marsha Slitzen, retired EMS Captain Jerry Gelbard and current EMS Union President Patrick Banken were all part of the Glen Oaks volunteer sector. I also know there were others, even many present at this meeting for the FDNY.

The Volunteers receive similar training, certification and operate under the same protocols, and use the same type of equipment as many other units in the 911 system. At no added cost to the city. They could be more available as a secondary/supplemental resource every time they have an in-house crew.

City Council members, David Weprin, and now Mark Weprin, State Senator Frank Padavan, Assembly Member Ann Carroza, all have recognized our ability at Glen Oaks VAC to serve as they continue to support us.

In summary the community volunteer EMS services of our city cover scores of neighborhoods throughout the city with a combined population of more than 1.8 million New Yorkers. We believe that better utilization of community based Volunteer Ambulance Services can further help assure that the residents, visitors, citizens, and constituents of the City of New York receive appropriate, and timely pre-hospital care resources during emergency medical events. By more effective partnering with these vital community based organizations, the City will further the effective utilization of available Emergency Medical Service resources and enhance the coordination of resources, as well as interoperability and communications between the City’s EMS system and the community volunteer ambulance sector. If this is done it will be a win, win all around at no additional cost to our City’s taxpayers.

Thank you for your time.
To: Fire and Criminal Justice Committee – NYC Council

Testimony by Jerry Gelbard, Glen Oaks VAC, Queens

February 23, 2010

Good morning and thank you for providing me with the opportunity to submit this written testimony on behalf of the community-based EMS community. Unfortunately, I have been called out of town on business and will not be able to deliver this testimony in person. It is my hope that one of my colleagues can deliver it on my behalf during today’s proceedings.

My name is Jerry Gelbard and I am a Certified Paramedic. I have proudly served with the Glen Oaks Volunteer Ambulance Corps in Eastern Queens for over 30 years. During my tenure, I have assumed many roles in the organization, including President and Operations Officer. I have remained here for the very same reason I joined—to help my community.

It was this interest in community and the desire to help people, that I developed the interest to explore a paid professional career in EMS. And so, for the past 26 years, I worked for this city’s 911 EMS system and just recently retired as a Captain.

A key point I would like to bring forward, is that without my volunteer interest and subsequent training, I would not have developed a career in EMS. All training for Emergency Medical Technicians was performed at the community-based level and you had to be an EMT before you could apply for the municipal system. In fact, many, if not most, of the trainers were volunteer organization-based, as is today. To date, entrance into the FDNY EMS still requires training at the EMT level. The volunteer agencies provide just that—and experience too.

It is understood that the cadre of calls that the municipal-run system is far greater overall than that of any one VAC, however, the professionalism and intent to help the community is equal. I am sure that a volunteer agency that provides a relatively steady volume of assistance in their community would be equally capable as their counterpart in the municipal system.

In the end, it is about the individual that calls for EMS assistance and their need for access to the most expeditious mode of EMS response possible. It should not be bound by the markings on the side of the ambulance. I am sure that the person suffering from a severe allergic reaction or heart attack would agree. Although many in the community support the local VACs, in time of panic and excitement however, they are quick to remember 911 vs. a ten-digit agency telephone number to call. Should this situation exclude or prevent them from receiving care from the local VAC?

It is also of interest to note that many of the volunteer agencies were on the forefront of implementing new technology and medication administration at the EMT-Basic level.
For example, Automatic External Defibrillators as well as Epinephrine Auto injectors for patients with allergic reactions were in place and being used by the City’s Community VAC’s before the 911 EMS system.

Utilization of the volunteer community-based EMS agencies in this city to supplement the ever-increasing volume of annual 911-received requests is smart, prudent and life-saving. Why should a patient have to wait 6-10 minutes for any ambulance, when there is one only 2-4 minutes away? The volunteer agencies work in a committed territory and are most often central to any response in their area. They are also very familiar with the area’s geography, something provider’s from adjoining 911 system units may not be. The VACs already possess FDNY EMS CAD system identifiers, thereby making them easily identifiable to the communications system for system status updates and dispatch as needed. The technology issues, if there are any, can be worked out. All that is needed is a willingness and interest to embrace the community volunteer ambulance services.

As we continue through this new decade, we should look toward improving what, I believe, has developed into a great citywide EMS system by implementing a “true” and viable Volunteer EMS component. Dating back to the 9/11 commission and continuing from a Homeland Security standpoint, Interoperability, Integration and Information Sharing are the key components to achieving success in a Public Safety environment. Currently, the volunteer sector is not part of that loop and since they are likely to respond to direct calls or come across real-time incidents that will necessitate a global response, it would be sensible to incorporate them on a daily operational level. They always say that a group that trains and works together are the best prepared. Should we offer any less to our residents, business and tourists that traverse our great city?

Again, thank you for this opportunity.

Respectfully submitted for your review
Thank you for allowing me to speak with you this morning. My name is Todd Reinglass and I am a Vice President of the Central Park Medical Unit. My tenure with this great volunteer organization began soon after 9/11. Living in New York City during this historic tragedy left me with an incredible desire to help in times of need. I immediately enrolled in a course to become certified as a NY State Emergency Medical Technician. This is one of the best decisions I have made. I grew up in Canton, Ohio where my father and grandfather practiced as physicians. At a young age I learned about the power of giving back to one’s community. I was pleasantly surprised to learn that I could volunteer in New York City in a way that allowed me to save lives and make a difference. The recent decision by the New York City Fire Department to marginalize or eliminate the volunteer agencies was saddening, but not surprising. There has been limited cooperation between FDNY EMS and volunteer ambulance corps for the past number of years. This is unfortunate, as there are tremendous opportunities for synergy among these institutions. Volunteer agencies get the most recognition during times of great need, but we are out there every day. The system has been strapped numerous times during the past 10 years, either from natural disasters like snowstorms, extensive blackouts or worse, acts of terrorism. The volunteer ambulances pick up the slack and respond to the jobs to which FDNY cannot respond. This saves lives and does so at no cost to the city. How anyone could move against cooperation like this is beyond me.

The Central Park Medical Unit is made up of 150 volunteers. Our members are doctors, lawyers, teachers, students, actors, accountants, business owners, chefs, nurses and more. These people come from diverse backgrounds, yet have one common bond – the desire to help people in their times of most dire need. In many ways, our members are a representative cross-section of this great city. I am awed and inspired at the level of dedication, compassion and commitment our members demonstrate each and every time they take time away from their families and careers to serve the citizens of New York City. They care about their community and are able to make a difference. We have among the fastest response times in New York State. We are often the first ambulance on scene. This allows us to triage, treat and transport patients to hospitals, often before anyone else arrives. Simply put, this saves lives. I have found unconscious patients lying on the ground, initiated CPR and saved lives. For critical patients, rapid response is the difference between life and death. How can the work we do be a disservice to the city when we can quantify our impact in number of lives saved?
We are vibrant members of our community. We pride ourselves on the highest quality training we continually provide our membership. Many of our members go on to become EMTs and Paramedics for FDNY and other private agencies. Others, like my colleague Dr. Jones have graduated medical school and practice medicine in city hospitals. This is good for our city. We also reach out to the community to provide CPR training, teach individuals how to use automated external defibrillators, and participate in health fairs to take blood pressures, blood sugars and discuss healthy eating habits. We do all of this because we care – we care about serving this great city in times of need, large or small.

We should not be talking about ways to dismantle organizations that provide so much good at no cost to the city. We should be discussing ways to foster collaboration and improved relations. New York City is blessed with strong Police, Fire and EMS resources. They risk their lives each and every day. There must be a way to include volunteer ambulances to improve the system. How can more resources, with comparable training and equipment, at no added cost to the city not make things better?

This country has persevered because so many citizens have contributed and made a difference throughout our history. This passion for service extends to today with President Obama's commitment to helping Americans serve their country through volunteerism. In fact, just 10 days ago the US Senate unanimously approved the nation's new CEO of the Corporation for National and Community Service. Given the tribulations of the past couple of years, all Americans must participate in our nations recovery and renewal by serving in our communities. Devastating the commitment and contributions of so many ambulance volunteers dedicated to improving the quality of life within our city would be a travesty of epic proportions. Now is a time to find ways to build, not destroy.

Thank you for your time.
Good morning. My name is Robin Vitale, Senior Director of Advocacy for the American Heart Association/American Stroke Association. On behalf of the AHA, I appreciate the opportunity to provide testimony to the members of the Council Committee on Fire and Criminal Justice Services and Committee on Health regarding the Fire Department of New York and its utilization of Volunteer Ambulance Corps in our neighborhoods.

The American Heart Association is the largest volunteer organization in the world dedicated to building healthier lives, free from heart disease and stroke – the number one and number three causes of death nationally.

Our organization maintains that a community’s emergency response system should be rapid, efficient and comprehensive as a fundamental component to our mission. Indeed, early access to emergency medical services (EMS) is the first link in the AHA’s Chain of Survival. In the case of cardiovascular diseases and stroke, time equals heart muscle or brain. In other words, for every moment that an artery is blocked to the heart, more heart muscle dies. The same dire circumstances exist for stroke; meaning that every moment an artery is blocked to the brain, more brain tissue is destroyed. If EMS response is delayed for any reason, a victim’s chance of surviving a heart-related emergency or stroke is greatly diminished.

According to the NY State Department of Health, for every mortality due to cardiovascular diseases, there are approximately 18 people living with one of these conditions. For stroke, the ratio is a bit more dramatic, with 35 survivors for every fatality. These numbers show the great potential for the future need of emergency services in our city. When considering the probability that even more citizens are struggling with undiagnosed risk factors of heart disease and stroke, the necessity for a well-coordinated emergency response team becomes even more apparent.

In addition, regional systems of care have provided a tremendous benefit for survivors of stroke, ST-elevated myocardial infarction and traumatic injury. Indeed, this success has motivated a policy statement in the American Heart Association’s journal Circulation, published recently in January 2010. This journal report discusses the need for a similar approach to promote better patient outcomes for out-of-hospital cardiac arrest. These regional systems of care mandate a well-coordinated, comprehensive emergency medical response system. Systems of care are only as strong as their weakest link. It’s vitally important that all community partners maintain appropriate protocols and support is provided to all EMS responders in order to ensure time-sensitive diagnosis and that scientifically-proven quality treatment is delivered.
In order to sustain or improve NYC residents’ probability of survival of these vascular emergencies, the AHA applauds the Council’s intention to foster an open dialogue among the Fire Department of New York’s (FDNY) EMS leadership and the community partners of the many Volunteer Ambulance Corps who serve to supplement the emergency response in approximately 35 neighborhoods. We consider both entities to be heroes on the front line of cardiovascular emergency defense.

Every neighborhood within each borough of New York City is distinct. The unique needs of each community must be prioritized, and it would be dangerous to propose a one-size-fits-all approach. Each neighborhood should be able to exemplify a comprehensive and supported EMS system, with the proper utilization of evidence-based guidelines. Abrupt disruptions to either response protocols or sources of funding without careful preparation to accommodate those changes may easily result in compromised care to NYC residents.

With the threat of hospital closings perennially on the city’s radar screen due to the economy, plus the city budget negotiations that may impact twenty fire companies, adequate response times must be a paramount concern for the public health standard in New York. The AHA urges the Council and the FDNY leadership to carefully evaluate the impact of EMS budget reductions and changes to dispatch communication so that we can ensure that our communities remain able to appropriately treat cardiac and stroke emergencies in a timely manner.

In closing, the AHA maintains that rapid response by EMS is a vital component to surviving cardiac and stroke emergencies. Our organization looks forward to the continued efforts from both professional and volunteer partners in order to secure the most efficient, quick and comprehensive emergency response for our city. The American Heart Association, as a preeminent leader in the development of the evidence-based criteria for strong regional systems of care, is more than willing to assist our EMS partners to achieve this goal.

Submitted by,
Robin Vitale
Senior Director, Advocacy
American Heart Association / American Stroke Association
122 East 42nd Street, 16th Floor, New York, NY 10168

1 http://www.health.state.ny.us/nysdoh/chronic_disease/cardiovascular/burdenofcvdinnys.pdf
2 http://circ.ahajournals.org/cgi/content/full/121/5/709
nothing. Not receiving calls kills volunteerism. During the 1990s there were 44 volunteer ambulance agencies operating in the City of New York; now there are 36. FDNY states that volunteers are not available for calls, but that is not true. Some volunteer agencies are available 24/7, most are available for several shifts per week—mostly evening and weekend shifts because volunteers have other full-time jobs. The reason that most volunteers cannot run 24/7 is because they are not getting called by FDNY. No calls equals no recruits, no recruits equals no shifts. If FDNY would give calls to volunteers, there would be more volunteers to staff more shifts.

You will hear multiple and varied reasons for preventing the EMTs and Paramedics on community ambulances from responding to calls for help via our City’s 9-1-1 system. None of them are valid. We have encountered what can best be described as a proprietary stance on the part of our city’s municipal EMS provider which appears to be protecting its turf rather than working to ensure that our citizens are served.

Current technology allows for the inclusion of additional units into FDNY Computer Aided Dispatch system. There is no reason not to use a community-based ambulance even if it is only for 2–3 shifts a week.

FDNY keeps saying that GPS is required for all ambulances to participate in the 911 system. For the record, this has never been a barrier for past participation. Also, since community ambulances want to remain in their neighborhoods, unlike municipal; ambulances which can travel from Bronx to Staten Island, a GPS is unnecessary. But even if FDNY absolutely demanded this, it would not be an impossible requirement—especially with the help of City Council.

FDNY states that volunteer EMTs and Paramedics are not trained up to the level of FDNY EMTs and Paramedics. This is a smoke and mirrors argument because agencies other than FDNY already participate in our City’s 911 System—hospital based and proprietary agencies respond to 911 calls and have been responding to 911 calls longer than the municipal EMS provider. Before they are hired by FDNY, EMTs and Paramedics receive the same training to achieve the same certifications. If funding were available, the Regional EMS Council could assist with any additional training required by FDNY. REMSCO has already done this in the areas of HAZMAT Awareness and Infection Control. Another avenue for training is drilling, which in the past included the volunteer sector—except that FDNY generally left the volunteers at the sidelines, refusing to allow them hands-on participation. Also, it must not be forgotten that many volunteers also work within the 911 system as EMTs and Paramedics for the municipal, hospital and proprietary sectors, and are already trained to FDNY requirements. FDNY seems to think that all these EMTs and Paramedics who work everyday on a 911 ambulance lose this knowledge when they step into a volunteer ambulance.

Another piece of information is that when a community ambulance is on the scene of a call and requires Advanced Life Support for a critical patient, FDNY has directed ambulance personnel on the scene to dial 911 and call for help, rather than communicate directly with the FDNY. This wastes valuable time while the call moves from PD operator to FDNY operator to FDNY dispatcher—who will most often send a basic life support ambulance when one is already on scene, removing another needed resource unnecessarily from the 911 system. To require an ambulance unit on scene, providing critical patient care to dial 911 for ALS back-up creates a potential for patient harm.

Volunteers have no interest or desire to replace municipal ambulances that operate in their communities. Community ambulances want to supplement those municipal ambulances to make sure their neighbors and family and friends get swift response to their calls for help. Volunteers want to serve their own communities, not expand their operating territories.

In summary, there are no true barriers to having an inclusive EMS System in NYC. Not using valuable volunteer resources wastes money and in the worst cases, wastes lives. It is time to put aside turf issues and move towards a system that helps everyone. The Regional EMS Council has been attempting to work with FDNY and members of volunteer leadership on an agreement to utilize community-based volunteer ambulance services in the 911 System. We ask this committee to assist us in making this agreement a reality. There will be no losers, only winners if this can be achieved.

Thank you for your time.
Honorable Chairpersons and City Council members. Thank you for the opportunity to speak on behalf of this very important issue. My name is Marie Diglio. I have been the Executive Director for Operations of the Regional Emergency Medical Services Council of NYC for 17 years. Before that, I worked 11 years for the NYC Emergency Medical Service, first as a Paramedic and later as an administrator. I am here today to speak in favor of our volunteers participating as full members of our City’s 9-1-1 system.

Let me tell you a little about myself. While in college I began volunteering for a volunteer ambulance squad. I found that I enjoyed EMS and was recommended for an Emergency Medical Technician (EMT) class – at the time, only persons with experience volunteering for a community ambulance service could participate in an EMT class. After completing the class, and later college, I began working for a private ambulance service. Finally, I was hired by the former NYC-EMS as an EMT, and afterwards graduated from Bellevue Hospital’s first paramedic course. Of all my achievements, I am most proud of having been a paramedic for the finest EMS system in the world.

My past service to this City includes being a provider of emergency care since the late 70’s, being an EMS instructor, 911 call receiving operator, working on special events and as part of dignitary protection units. I have overseen the review and improvements of our city’s emergency departments and specialty care centers. I have been instrumental in creating a single set of prehospital protocols which all EMS providers in this city now use everyday. I have assisted with preparing for and participating in large scale drills, I have helped to train and equipment our non-municipal providers to deal with large scale disasters – both natural and manmade. I have been able to do all these things to help our City because I was once a volunteer on a community ambulance service.

Our volunteer ambulance agencies have been a source for some of our best prehospital providers; people who have developed a passion for emergency medical services because of a true desire to help their fellow human beings. I find that we have to remind many of our current municipal EMS leaders that they were once volunteers.

Please do not allow discussion on “what was, or what the procedure used to be” to cloud the reality that there are 36 volunteer ambulance agencies functioning in this city, with over 2000 EMTs and Paramedics staffing more than 127 ambulances. That is the reality. We have this massive resource available and for some inconceivable reason it is not being utilized to the fullest extent possible.

Chairperson Elizabeth Crowley, City Council members Daniel Halloran III and Peter Vallone, Jr. – 20 of the 36 volunteer ambulance agencies are in Queens. Glen Oaks and Glendale, Forest Hills and Broad Channel, Woodhaven and Bayside Community are among those volunteer agencies. Council members from Brooklyn: Matthieu Eugene and Vincent Gentile – there are 10 volunteer agencies operating in Brooklyn, including Bed-Sty, BRAVO, Flatlands and Gerritsen Beach. Council member Ydanis Rodriguez – there are two volunteer ambulance squads in Manhattan – Central Park Medical Unit and Columbia University. Bronx has 2 volunteer agencies: Throgs Neck and Fordham University, which fall under the purview of Council members Maria del Carmen-Arroyo, Helen Foster, and Joel Rivera. Finally, Council woman Debbie Rose, from my home borough of Staten Island, we have two wonderful volunteer squads – North Shore and Volunteer Heart.

The difference between volunteers and career EMS is time on the street – experience that is being denied to valuable and capable persons for no valid reasons. Some volunteer agencies are shutting their doors because they are unable to recruit because new recruits do not want to sit in an ambulance and do...
Lewis W. Marshall Jr., MD, JD

Comments presented to the Committee on Fire and Criminal Justice Services jointly with the Committee on Health

Oversight: The FDNY and its Utilization of Neighborhood Volunteer Ambulances.

February 23, 2010

Council Chambers, City Hall, New York, NY

Good Morning, I thank the Chairpersons of the Committees and the Committee members for their time in reviewing this most important topic. My name is Dr. Lewis Marshall. I have been involved in EMS since 1992 when I began teaching in the EMS academy. Since that time I have served in several capacities within EMS including Chair of the Regional EMS certification and credentialing committee responsible for setting testing standards to become a NYC certified Paramedic. I served as a Medical Director of the NYC Fire Department Bureau of EMS. I represent NYC as the representative to the NY State EMS Advisory Committee (SEMAC) and as the Chair of the NYS Medical Standards Committee, setting the standards for prehospital care for New York State. For the past six years I have served as the Chairman of the New York City Regional Emergency Medical Advisory Committee. AKA – REMAC. The NYC REMAC is responsible for and has authority under Article 30 of the NYS Public Health Law to develop policies, procedures, and triage, treatment, and transportation protocols which are consistent with the standards of the state emergency medical advisory committee and which address specific local conditions, coordinate the development of regional medical control systems, and participate in quality improvement activities addressing system-wide concerns. This topic is one of those system-wide issues.

This morning you will no doubt hear many opinions about how to improve our EMS system. You may hear about the use of technology in ambulances, training issues related to perceived differences between providers in the different segments of our system. You will hear how our city will be best served by an inclusive EMS system. This I agree with. The question is how to make our system more inclusive. Specifically, how do we make the 911 segment of our system more inclusive and more effective.
The NYC EMS system is the largest EMS system in this country perhaps the world. We have 78 ambulance services serving our city. The EMS system includes four segments, the municipal, the volunteer, the voluntary or hospital based and the proprietary ambulance services. Each segment of our system serves a purpose. The 911 segment of our system includes the municipal and the voluntary hospital based ambulance services administered by the Fire Department. In 2009, the 911-system segment responded to 1,236,730 calls for assistance and did so in an average time of 08:27. 444,920 of those were life threatening including cardiac arrest and choking, known as segment 1-3 calls. Response time to those critical calls averaged 06:41. This year is looking no different. In January there were 101,365 calls with an average response time of 08:12 and 37,652 of those were life threatening with an average response time of 06:36. The other segments likewise respond and transport to a huge number of calls. Our system is comprised of over 2,000 paramedics and 6,000 EMTs. We provide emergency transport, interfacility transport, we have tactical paramedics with the NYC Police Department and we have special teams with FDNY for high rescue and closed space rescue. Each with their own medical protocols.

Can we do better? Absolutely!

I am sure that this morning you will hear about past and current systems that allow volunteer services to participate in the 911 segment of our system. You will hear about draft contracts that are in the process of being reviewed. You will hear opinions supporting and objecting to volunteer participation in the 911 segment of our system.

I propose that the NYC REMAC work with the Regional Council and the FDNY to continue to improve our system. I thank you for your time and consideration in this most important matter. Providing prehospital care to the millions of citizens and visitors to our city is a complicated task that requires us all to work together toward solutions. Finally, I would like to invite you to attend a REMAC or REMSCO meeting and also to view our meetings that are webcast and available through the REMSCO website.

Thank you again for your time and consideration. I will be happy to answer any questions you may have.
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Address: 5/L

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Address: P.O. Box 940 Gynecology, NY NY 10028

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I represent: American Heart Association
Address: Same

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Name: Janet Perry - Emergency Medical
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City: New York
State: NY
I represent: Terry Gellhard - Glen Oaks
Address: 190 Volunteer Ambulance

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I represent: Bed-Stuy Volunteer Ambulance
Address: 

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(PLEASE PRINT)
Name: Ryan Cunningham
Address: 
I represent: NYC Volunteer Ambulance Rescue Assoc.
Address: 10808 86291 Ridgewood, NY District 4

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Name: Robert Dewhurst Esq
Address: 16 Cross Bow Lane 3rd Fl
I represent: Volunteer Ambulance Corps
& the public
Address: ______________________

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Name: Alan Wolfe
Address: PO Box 40147 Howard Beach NY 11414
I represent: Forest Hills Volunteer Ambulance Corps
Address: 99-77 Metropolitan Ave, Forest Hills NY

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Name: Chief John Peruggia
Address: NYC Fire Department
I represent: EMS
Address: ______________________

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Name: Daniel Dominguez
Address: 1014 35 67th Ave Corona, NY
I represent: Corona Ambulance
Address: 

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Name: Marie Dipilo
Address: Regional Ems Council NYC
I represent: Regional Ems Council NYC
Address: 

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Name: MARTIN GURUD
Address: 102 BOX 116 HOWARD BEACH NY 11414
I represent: 1450 4 7th
Address: 

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Name: Ted Rabinowitz
Address: 
I represent: Glen Oaks Volunteer Amb
Address: 

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