



**Joint Hearing before the New York City Council
Committee on Health/Committee on Parks & Recreation
Legislative Hearing: Int. 189 (AEDs for Youth Softball Leagues)**

April 16, 2018

Testimony By: Liam Kavanagh, First Deputy Commissioner

Good morning, Chair Grodenchik, Chair Levine, and members of the Parks & Recreation and Health Committees, I am Liam Kavanagh, First Deputy Commissioner at the New York City Department of Parks & Recreation, and I'm joined here today by Matt Drury, our Director of Government Relations. Thank you for inviting me to testify today regarding Intro 189, which would require defibrillators at softball fields where youth leagues play.

At NYC Parks, the safety of our park patrons is always first and foremost on our minds, especially those participating in youth sports. We agree with the Council that trained individuals with the necessary equipment to intervene in emergency situations can help save lives. We are pleased to report that we are comprehensively fulfilling our responsibilities, in accordance with Local Law 57 of 2016, which mandates the distribution of Automatic External Defibrillator units, also known as AEDs, and the provision of training courses to benefit youth leagues that play and practice baseball on City ballfields under its jurisdiction.

This was no minor feat, as building and executing this program required a substantial administrative and organizational effort on the part of the agency, in coordination with various stakeholders. Since the Local Law took effect in advance of the Spring 2017 youth baseball season, we have engaged over 200 youth baseball leagues, distributed over 1,500 AEDs, and facilitated AED training for over 3,000 adults. The AED program was recently audited by the City Comptroller's office, and the agency received positive feedback and was determined to be in compliance with Local Law. We'll take a moment to briefly describe the current process for AED distribution and training, so you can better understand the scale and complexity of this undertaking.

To ensure that there is at least one qualified adult present at league games and practices who has successfully completed an AED training course, Parks coordinates with a vendor with experience working with the American Heart Association to provide training at no cost to the youth leagues. The trainings, which have been held primarily at Parks-operated recreation centers, are offered at various times, including evenings and weekends, to help accommodate coaches' schedules. The certification received from the training is issued by the American Heart Association and is valid for two years, at which time it can be renewed by receiving additional training.

While training is ongoing, Parks allocates a previously-determined number of AEDs to each league, depending on the league's size and particular needs. Each AED is registered by serial number and given a Parks-issued property ID label which is affixed to the unit, which allows us to track each unit back to a specific league and/or team, and leagues are instructed to contact the agency in the event that a device is discharged for use in a medical emergency, as the device would require recalibration. In the inaugural 2017 season, no AEDs were reported to have been used by the leagues in an emergency situation.

To ensure compliance with local law, we refrain from issuing permits to youth baseball leagues for the use of Parks ballfields until the league certifies that it will comply with the obligations of the AED program. Throughout the inaugural season of the program, our Parks Enforcement Patrol focused their enforcement efforts on education for the youth baseball leagues regarding the new local law at our ballfields citywide. Our PEP Officers distributed information and provided reminders to youth teams and coaches regarding the new mandates, and we will continue to work with the youth leagues to ensure proper compliance as this year's season begins.

Turning now towards the proposed legislation, as currently drafted, Intro 189 would compel youth softball leagues to adopt the requirements of Local Law 57 of 2016, and would mandate the distribution of AED units and the provision of training courses to the youth leagues that play and practice softball on the City's ballfields under its jurisdiction. To provide some context, youth softball is quite popular-- Parks permitted



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approximately 61,000 hours of youth softball in 2017, roughly 40% of the permit hours granted for youth baseball leagues. Parks issues permits to roughly 100 youth softball leagues, which equates to approximately 500 teams citywide. The majority of youth softball is played in Brooklyn and Queens, though some overlap exists, with leagues that offer both youth baseball and youth softball.

We appreciate the intent of this legislation, though it should be made clear that expanding the AED program to include youth softball would have a considerable administrative and fiscal impact. As such, this legislation should be discussed and considered in the broader context of the budget process, in coordination with the Administration. We remain open to exploring options to make sure that additional youth league sports participants have appropriate access to life-saving training and equipment in the case of an emergency.

We thank the Council for its leadership on this issue and look forward to working with all of you as we help preserve a healthier and safer future for New York City's youth. Thank you for allowing me to testify before you today and I will be happy to answer any questions that you may have.



Founders Affiliate
122 East 42nd Street, 18th Floor | New York, NY 10168
www.heart.org

Testimony of the American Heart Association | American Stroke Association

Before the New York City Council Committee on Health jointly with Committee on Parks and Recreation regarding Int No 189, a proposal to amend the administrative code of the city of New York, in relation to requiring defibrillators at softball fields where youth leagues play.

April 16, 2018

Robin Vitale, Vice President, Health Strategies
American Heart Association | American Stroke Association
New York City

Members of the Committees on Health and Parks and Recreation:

On behalf of the American Heart Association, thank you for this opportunity to discuss the Council's goals regarding expanded placement of automated external defibrillators (AEDs) so that these lifesaving devices can be accessible during a cardiac emergency. As the largest, voluntary-led and science-based organization focused on the mission to save lives from heart disease and stroke, the American Heart Association advocates for a strong Chain of Survival in communities in order to increase a victim's chances of surviving sudden cardiac arrest. This Chain of Survival includes initiation of 911, early access to CPR, the use of an AED and quick response by EMS.

Sudden cardiac arrest occurs when electrical impulses in the heart become rapid or chaotic, which causes the heart to suddenly stop beating. It can happen to anyone at any time for a variety of reasons. It is not the same thing as a heart attack. A heart attack occurs when the blood supply to part of the heart muscle is blocked. However, a heart attack may cause cardiac arrest.

The chest compressions of CPR will move oxygenated blood around the body allowing a victim's organs to remain viable until EMS arrives. However, chest compressions alone will likely not restart a heart that has gone into arrest. This is the role of the automated external defibrillator. AEDs are computerized devices with audio prompts that guide the user through the critical steps of operation. The equipment is essentially fool-proof and will not activate unless a true cardiac emergency exists. The individual attending to the victim turns the AED on and attaches it with

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adhesive electrodes or pads. The AED automatically records and analyzes the victim's cardiac rhythm. If a shock is indicated as necessary, the AED charges to the appropriate energy level and prompts the rescuer to deliver a shock. If the device is fully automated and a shock is indicated, the AED can deliver a shock without further action by the rescuer. The device updates the responders after the shock is administered so chest compressions can be quickly resumed.

There are numerous causes of cardiac arrest. Specific to Int No 189, commotio cordis occurs when a blunt impact to the chest causes ventricular fibrillation resulting in the stopping of your heart beat. This most often occurs in athletes when their chests are hit with a ball at precisely the wrong time. It is a tragic set of random circumstances that victimizes these athletes, most of whom have no underlying cardiac condition and are otherwise healthy.

While commotio cordis is a compelling concern, it is relatively rare in relation to the broader categories of sudden cardiac arrest. Each year, more than 350,000 emergency medical services-assessed out-of-hospital cardiac arrests occur in the United States.¹ In the US National Registry of Sudden Death in Athletes from 1980 to 2011, there were 1306 incidents of sudden cardiac death in young athletes participating in organized sports. The most common causes were hypertrophic cardiomyopathy (36%), coronary artery anomalies (19%), myocarditis (7%), ARVC (5%), CAD (4%), and commotio cordis (3%).² To the broader population, causes of cardiac arrest include the aforementioned heart attack, scarring or enlargement of the heart due to other cardiac conditions, genetic abnormalities of the heart such as Wolff-Parkinson White or Long QT syndromes, as well as drowning, electrical shock, recreational drug use, and other risk factors. .

Sudden cardiac arrests most often occur at home (68.5%), followed by public settings (21%) and nursing homes (10.5%).³ While cardiac arrest cannot necessarily be prevented, it is largely reversible in most cases provided an effective response plan is in place.⁴ The American Heart Association encourages our city leadership to consider a response plan for all New Yorkers that allows bystanders access to AEDs whenever needed. By mandating that AEDs be placed in athletic fields, as well as parks, ferry terminals, nursing homes, senior centers, golf courses, stadiums and certain health clubs, in addition to other locations required by state law, New York City is providing a network of opportunity whereby we can potentially save more lives. We encourage an effort that will provide linkages among these many site locations while considering any remaining gaps that could weaken response.

Approximately 11% percent of victims survive sudden cardiac arrest.⁵ For every minute that passes without CPR being administered, the chance of a victim's surviving cardiac arrest

¹ http://www.heart.org/HEARTORG/Conditions/More/CardiacArrest/About-Cardiac-Arrest_UCM_307905_Article.jsp#.WtK7H62ovDc

² Maron BJ, Haas TS, Ahluwalia A, Murphy CJ, Garberich RF. Demographics and epidemiology of sudden deaths in young competitive athletes: from the United States national registry. *Am J Med.* 2016;129:1170–1177. doi: 10.1016/j.amjmed.2016.02.031.

³ Centers for Disease Control and Prevention. 2015 Cardiac Arrest Registry to Enhance Survival (CARES) National Summary Report. <https://mycares.net/sitepages/uploads/2016/2015%20Non-Traumatic%20National%20Summary%20Report.pdf>. Accessed August 13, 2016.

⁴ http://www.heart.org/HEARTORG/Conditions/HeartAttack/AboutHeartAttacks/Heart-Attack-or-Sudden-Cardiac-Arrest-How-Are-They-Different_UCM_440804_Article.jsp#.WtQLva2ovDc

⁵ Centers for Disease Control and Prevention. 2015 Cardiac Arrest Registry to Enhance Survival (CARES) National Summary Report. <https://mycares.net/sitepages/uploads/2016/2015%20Non-Traumatic%20National%20Summary%20Report.pdf>. Accessed August 13, 2016.

decreases by 10%.⁶ Effective bystander CPR, including the use of an AED, provided immediately after cardiac arrest occurs can double or triple a victim's chance of survival, but only 41 percent of cardiac arrest victims receive CPR from a bystander.⁷ Overall, only about 2% of victims receive a shock from an AED prior to EMS arrival.⁸ African-Americans are almost twice as likely as Caucasians to experience cardiac arrest at home, work or in another public location. Yet their survival rates are twice as poor as for their white counterparts.⁹ Bystanders are less likely to initiate CPR for people with sudden cardiac arrest in low-income Black or Hispanic neighborhoods than in high-income white neighborhoods.^{10,11}

Working to address this disparity, the AHA worked to pass a New York State Chancellor's Regulation in 2015 that requires every high school student be trained in Hands-Only CPR and the use of an AED prior to graduation.¹² While certification is still mandated by expected rescuers, this layperson-focused, simple training is intended to promote bystander response across all barriers. It is expected that our general population will begin to take a more active role in response to cardiac arrest victims in our city. Akin to the knowledge of using a fire extinguisher, the AHA hopes to increase the awareness of available automated external defibrillators and encourage their use in the case of a cardiac emergency.

This increase in knowledge for bystander training, coupled with the broadening availability of AEDs for layperson use promises to dramatically improve response to victims in cardiac arrest. The American Heart Association is grateful for the leadership of our New York City Council and appreciates the opportunity to work with our champions in order to improve access to AEDs for all victims of cardiac arrest in our city. By reviewing the locations being required to host an AED and consider remaining gaps for future placement in a way that permits widespread access, we are certain lives will be saved.

⁶ Go, AS, et al. Heart Disease and Stroke Statistics -- 2013 Update: A Report From the American Heart Association. *Circulation*. December 12, 2012.

⁷ Girotra S, van Diepen S, Nallamothu BK, Carrel M, Vellano K, Anderson ML, McNally B, Abella BS, Sasson C, Chan PS; in collaboration with the CARES Surveillance Group and the HeartRescue Project. Regional variation in out-of-hospital cardiac arrest survival in the United States. *Circulation*. 2016;133:2159–2168. doi: 10.1161/CIRCULATIONAHA.115.018175

⁸ <http://circ.ahajournals.org/content/circulationaha/early/2018/01/30/CIR.0000000000000558.full.pdf>

⁹ *Circulation*. 2010; 122: S676-S684 doi: 10.1161/CIRCULATIONAHA.110.970913v

¹⁰ Sasson C, Magid DJ, Chan P, Root ED, McNally BF, Kellermann AL, Haukoos JS. Association of neighborhood characteristics with bystander initiated CPR. *N Engl J Med*. 2012;367:1607–1615.

¹¹ Moon S, Bobrow BJ, Vadeboncoeur TF, Kortuem W, Kisakye M, Sasson C, Stolz U, Spaite DW. Disparities in bystander CPR provision and survival from out-of-hospital cardiac arrest according to neighborhood ethnicity. *Am J Emerg Med*. 2014;32:1041–1045. doi: 10.1016/j.ajem.2014.06.019.

¹² <http://www.counsel.nysed.gov/common/counsel/files/rulesandregs/100.2%28c%29%2811%29%20TERMS.pdf>



INCIDENCE OF SUDDEN CARDIAC ARREST IN YOUTH STATISTICAL STUDIES AND RESEARCH

Various studies have been conducted on the incidence of Sudden Cardiac Arrest (SCA) in youth, however, they have been based on different criteria and therefore produced different results. For example, it is reported that:

- 8,800 fatalities from sudden cardiac arrest in children under age 18. Heart Disease and Stroke Statistics--2014 Update: A Report from the American Heart Association. Source: Resuscitation Outcomes Consortium Investigators
- SCA is a leading cause of sudden death in young people, with about 5,700 cases reported in children each year according to the American Heart Association. DOI:10.1161/CIRCULATIONAHA.109.192667 Circulation published online Dec 17, 2009
- 2,478 cases of death caused by cardiovascular diseases under age 24; over half were in the 15-24 age group. National Vital Statistics Report Volume 56, Number 10 Data for 2005, Published April 24, 2008
- An estimated 14,000 children and infants die annually from Sudden Cardiac Death (SCD) according to the Heart Rhythm Society in May 2004.
- SCA is estimated to affect up to 7,000 young people annually according to the Pediatric Clinics of North America Journal #1999; 46(2):221-234

NOTE: Presently, there is no mandatory and systematic national registry in place for SCA/SCD in youth by credible sources such as medical facilities, medical examiners and coroners to a central national database of SCD in youth. In 2013, the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) announced the creation of a pilot program - Sudden Death in the Young Registry. Data collection will begin in early 2015.



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COMMOTIO CORDIS

What is Commotio Cordis?

- Commotio cordis, Latin for “commotion or disturbance of the heart” is caused by a blunt trauma to the area of the chest directly over the heart during a precise moment of the heart’s cycle, leading to sudden cardiac arrest. Commotio cordis is usually caused by a baseball, lacrosse ball, hockey puck, fist, shoulder or knee.

Who is at risk?

- Commotio cordis can happen to anyone, but research has shown that young males 10-15 years old are most at risk.
- Commercially available chest protectors provide little or no protection, thus creating a false sense of security. Chest protectors are designed primarily to protect a child from soft tissue damage and bone injury on impact, not as protection from the potentially fatal heart rhythm that can also occur as a result.

What can you do to protect youth from Commotio Cordis?

- Recognize commotio cordis and initiate the cardiac chain of survival immediately.
- Have an accessible Automated External Defibrillator (AED) at all athletic events and practices. Defibrillation (use of AED) is the only effective treatment for commotio cordis.
- Ensure that coaches, umpires, trainers, and parents are trained in cardio-pulmonary resuscitation (CPR) and AED use.
- Have an Emergency Action Plan (EAP) in place that includes the cardiac chain of survival and is practiced at least annually.
- Coaches and parents should teach youth the proper playing and position techniques through controlled practice sessions to protect themselves against chest injuries.

For More Information, visit www.parentheartwatch.org or call 1-800-717-5828

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SUDDEN CARDIAC ARREST IN YOUTH

What is Sudden Cardiac Arrest (SCA)?

- SCA is the condition in which the heart unexpectedly ceases to function. Often this is because of irregular and rapid quivering of the heart's lower pumping chambers (ventricles) called ventricular fibrillation. When this occurs, blood stops flowing to the brain and other vital organs, causing loss of consciousness or seizure-like activity in seconds. If not treated within minutes, SCA results in death.

Resuscitation from SCA

- The normal rhythm of the heart can only be restored with defibrillation through an electrical shock that is safely delivered to the chest by an automated external defibrillator (AED).

Who is at risk for SCA?

- SCA can strike persons of any age, gender or race, including those that seem in good health and at peak physical fitness
- Most youth with undetected heart conditions typically appear very healthy
- Many youth never exhibit any signs or symptoms until SCA occurs
- SCA is the leading cause of death in young athletes

Warning Signs & Symptoms of SCA:

- Fainting (syncope) or seizure during or after physical activity
- Dizziness / lightheadedness during or after physical activity
- Fainting or seizure resulting from emotional excitement, emotional distress or startle
- Unexplained fainting or seizures
- Chest pain or discomfort / racing heartbeat
- Unusual shortness of breath
- Unusual fatigue / tiredness
- Family history of heart disease
- Family history of unexpected sudden death during physical activity or during a seizure, or any other unexplained sudden death of an otherwise healthy family member under age 50

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CONT. SUDDEN CARDIAC ARREST IN YOUTH

Most Common Causes of SCA in Seemingly Healthy Youth:

Structural

- Hypertrophic Cardiomyopathy (HCM)
- Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Congenital Coronary Artery Abnormalities (CAA)
- Dilated Cardiomyopathy (DCM)
- Marfan Syndrome
- Mitral Valve Prolapse (MVP)

Electrical

- Long Q-T Syndrome (LQTS)
- Wolff-Parkinson-White Syndrome (WPW)
- Brugada Syndrome
- Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)

Other

- Drugs or Stimulants

All Youth Are At Risk While At Play:

- **Comotio Cordis** is a condition that causes SCA if a blow to the chest occurs at a critical point when the heart is electrically recharging. It can occur with impact of very little force. It is usually caused by a baseball, lacrosse ball, or hockey puck despite the use of a chest protector.
- Chest protectors are designed primarily to protect a child from soft tissue damage and bone injury on impact; not as protection from the potentially fatal heart rhythm that can occur as a result of impact. Wearing a chest protector, thus, creates a false sense of security.

Prevention:

- Knowledge of personal and family health history
- Cardiac screenings for early detection of risk factors and conditions associated with SCA
- Learn Cardiopulmonary Resuscitation (CPR) and how to use an AED

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West Side Little League

April 16th, 2018

My name is Debbie Kling and I am President of the West Side Little League (WSLL) on the Upper West Side of Manhattan—one of the largest Little Leagues in the City.

Based on my personal experience and internet research, I know that incidents of cardiac arrest from being struck by a baseball are very rare. In my 25 years with the West Side Little League—during which an estimated 35,000 children have played—there has never been a case of this happening. And, I have never heard of such a case in any of the other Little Leagues in District 23—an area covering all of Manhattan and southwest Bronx.

Regardless, the West Side Little League has been in complete compliance with Local Law 57 since its adoption in 2017. 107 of our coaches became certified in CPR in 2017 and 2018 and every team has at least one certified coach and one AED, which is brought to every game and practice. Our League has over 80 issued AEDs. I want to mention how helpful Danielle King and Melissa Pitre of the Parks Department have been in helping us comply with this Law.

The WSLL has even gone one step further by requiring AEDs at our Girls Softball games and practices. The reason is that most of our Girls Softball teams use the 12", 7 oz HARD softball which can pack a wallop like a baseball. Let me put it this way, there's nothing SOFT about Little League Girls Softball!

While research shows that cardiac events happen much more often to boys than girls (with lacrosse and hockey being cited in addition to baseball), I believe Local Law 57 should be expanded to include Girls Softball teams, as well.

I would however ask if there is a way to have the AED's permanently and securely stationed at or near City ballfields rather than requiring individual coaches to carry and care for them. Our teams play on 14 fields in four parks--most abutting or close enough to each other to share AEDs.

Would it be possible for the Parks Department to provide a way to safely and securely install some kind of locked protective case for the AED at or near each field (perhaps locked to the dugout fence with combination locks given out to authorized Permit holders)?

For a rare eventuality like cardiac arrest from a baseball, it does seem excessive to require volunteer coaches—hard to recruit and already physically burdened by bats and balls and protective gear for catchers and batters—to lug 7 ½ pound AEDs to and from fields for every game and practice. It would also be a blessing to have more qualified personnel share the responsibility for their care and upkeep.

And, I would expect it would be cheaper for the City to install AEDs on the fields. Just for the WSLL alone that would mean 14 or fewer AED's as opposed to over 80.

Thank you for allowing me to testify on this issue.

Sincerely,

Debbie Kling—President West Side Little League debbiekleekling@aol.com

917-951-3081

**Testimony of Peter Stein,
Joint Committee on Health and Parks and Recreation
President, Local 508, NYC Lifeguards,
District Council 37, AFSCME, AFL-CIO
April 16, 2018**

RE: Intro 0189-2018

Thank you members of the Council. My name is Peter Stein. I'm president of Local 508, New York City Lifeguards. I'm here today to speak about safety in our parks and pools. My members, New York City's lifeguards, ensure the safety of New York City's pools and beaches, which provide millions of New Yorkers with safe recreation annually.

Earlier this year Messrs. Matteo and Brannan introduced Intro 0189-2018, a bill that would require the City to provide automatic external defibrillators to youth softball leagues playing on City-owned land at no cost.

These leagues would be required to bring an AED to every game and practice, and to make efforts to ensure that a trained coach or umpire is present as well. In 2016, Council member Matteo authored and the Council passed legislation that would require the City of New York to provide free automated external defibrillators for any youth baseball league that has games and practices

on City-owned fields. That law was passed in the aftermath of an unfortunate accident in which a youngster was hit by a ball during a baseball game.

Fortunately, the boy was not seriously hurt.

Understandably wanting to enhance safety at baseball games on Parks property, Council member Matteo was able to work with his Council colleagues to pass a local law mandating the presence of 2 Automatic External Defibrillator (AED) devices at a game as well as the presence of a trained coach or umpire in the use of an AED at a game.

As lifeguards and first responders we support the mandated presence of AEDs plus trained users at baseball and softball games. With the enactment of Intro 0189-2018, consider that, a baseball or softball game in a City park or playground will have multiple AEDs and an umpire and coaches from each team trained in their use, all in support of 2 teams that typically will have 15-20 members each, or a total of about 30-40 boys and girls, plus coaches, and spectators in attendance. We believe that not many more than 100 - 125 people, in total, are in attendance at a typical ball game, while far fewer, often a mere handful, are in attendance at a practice.

Let me be clear; as a lifeguard, first responder and water safety professional with 50 years of professional experience, I support enhanced, legislatively mandated safety measures at ball games in City parks.

By comparison, consider, for example, Astoria Park Pool, which is heavily used and during a typical summer Sunday will have thousands of visitors, but with far fewer mandated AEDs and trained lifeguards relative to the number of visitors they must protect as compared to the number of attendees at softball and baseball games at City fields. The same holds true for all other City pools (and beaches) as well.

While we are fully supportive of having AEDs and coaches trained to use them at ball games on City fields, we believe it is vitally important that lifeguards – who are, after all, first responders in water safety, responsible for the safety of thousands of people at a time -- also have sufficient equipment – including, specifically, AEDs – and be trained in their use, because lifeguards at pools and beaches serve much, much larger populations.

We believe that, no less than players, parents and coaches at a ball game on City fields, pool goers and beach goers need and deserve the protection

afforded by legislatively mandated AEDs and trained lifeguards who, after all, ARE first responders.

Respectfully, we ask the Council to work with us to craft a legislative remedy that will mandate AEDs at City (municipal) pools and beaches, in sufficient numbers, and with lifeguards trained in the use of such equipment.

Thank you for your time today. I will be glad to answer any questions.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 4/16/18

(PLEASE PRINT)

Name: Peter Stein

Address: 125 Barclay Street NY NY 10007

I represent: President, Local 508, DC37

Address: (Lifeguard Supervisors)

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in favor in opposition

Date: 4-16-2018

(PLEASE PRINT)

Name: Robin Vitale

Address: 122 E. 42nd Street

I represent: American Heart Association

Address: _____

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Appearance Card

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I intend to appear and speak on Int. No. ~~116~~ 0189 Res. No. _____

in favor in opposition

Date: 4/16

(PLEASE PRINT)

Name: Debbie Kling

Address: 515 West End Ave-16C

I represent: West Side Little League

Address: c/o Kling (Above)

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 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Javier Rodriguez
Address: 125 Barclay St
I represent: DC 37 Local 508
Address: _____

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I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 4-16-18

(PLEASE PRINT)

Name: Peter Stein
Address: 125 Barclay St NYC
I represent: DC 37 Local 508
Address: 125 Barclay St

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Name: Math Drury
Address: _____
I represent: NYC Parks
Address: 830 Fifth Ave.

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 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Liam Kavanaugh, First Deputy Commissioner

Address: _____

I represent: NYC Parks

Address: 830 Fifth Ave.

Please complete this card and return to the Sergeant-at-Arms

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Appearance Card

I intend to appear and speak on Int. No. 189 Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Karen Accompara

Address: 76 Dogwood Lane

I represent: Louis Accompara Foundation

Address: Parent Heart Watch

Please complete this card and return to the Sergeant-at-Arms