



November 1, 2024
Testimony of Michael Fields, Chief of EMS, FDNY
City Council Oversight Hearing: EMS Response Times

Good morning Chair Ariola, Chair Brewer, Chair Narcisse, and members of the Fire & Emergency Management Committee, the Committee on Oversight, and the Committee on Hospitals. My name is Michael Fields and I am the Chief of Emergency Medical Services at the New York City Fire Department. I am joined by Evan Sucheki, Chief of Fleet Services, and Rebecca Mason, Assistant Commissioner for FDNY's Management and Planning unit. I am grateful for the opportunity to speak with you today about EMS response times and actions that we are taking at the Fire Department to improve.

In recent years, EMS response times have increased. In the year before COVID 19 – FY20 – the average response time of ambulances' dispatch and travel to life-threatening medical emergencies was 7 minutes and 37 seconds. During the pandemic – with more units on the street and far less traffic – that time fell to six minutes and 46 seconds. However, in the years, following the pandemic, it returned to pre-COVID times and has grown higher. In FY22, it was seven minutes and 26 seconds; in FY23, it was seven minutes and 59 seconds; and in FY24, it was eight minutes and 16 seconds.

There are a few different factors contributing to this increase. I'll briefly go through these factors and then tell you about actions that the Department is taking to mitigate these challenges and improve our response times. In short, the Fire Department is taking an aggressive, comprehensive approach, looking for ways to improve every aspect of the 911 process. Commissioner Tucker has made this a priority of his administration, and I am happy to share a number of those initiatives with you today.

Increased Call Volume

First and foremost, overall call volume continues to increase. This is a trend that has continued year after year for as long as I have been involved in EMS. To be specific, the total number of emergency medical incidents in FY22 was 1,531,959. In FY23, it was 1,613,316. And in FY24, it was 1,644,446. Not only is the number of overall calls increasing, but this increase includes a growing number of life-threatening calls. Between FY23 and FY24, the number of Segment 1-3 calls – which the Fire Department defines as life-threatening – increased by 5%. In FY23, we responded to 605,140 life-threatening incidents. In FY24, that number grew to 633,361. That's more than 28,000 additional jobs.

In response to the COVID-19 pandemic, the Fire Department surged the number of ambulance tours. In addition to bringing in mutual aid units from outside the city during the busiest time periods, we ran more FDNY tours and we asked our hospital partners in the private sector to contribute more tours to the 911 system. Together, those efforts meant that we had more ambulances than ever on the streets of New York. At the height of the pandemic, we were running approximately 520 units. Naturally, having more units in service meant that we were

able to respond faster. This was especially true as the number of COVID calls dropped off and we continued running an elevated number of units. Over time, though, we have returned to pre-pandemic levels of ambulance tours. Post-COVID, we are back to approximately 460 tours per day, which is the level that they were at prior to the pandemic. As the number of calls increases, this creates a larger workload for each unit.

We have also experienced some of our private partners withdrawing their units from the 911 system. Recent examples have included private hospitals removing a handful or even up to a dozen daily ambulance tours. When a hospital pulls out of the 911 system, it falls to the Fire Department to fill that gap. Filling those gaps puts a strain on the rest of the system.

There are numerous options available today to individuals experiencing a non-life-threatening medical issue. We are undertaking efforts to educate people about their ability to seek medical care at urgent care centers or other non-Emergency Room destinations. If we can reduce the number of unnecessary 911 calls, that will free up dispatchers and alleviate the burden on Emergency Medical Technicians in the field. The more we can focus our efforts on genuine emergencies, the better we can serve those patients. Councilmembers have often been very helpful in getting safety messaging out to your constituents. We thank you for that and we look forward to working together on this issue.

We are also working with Health & Hospitals to increase the use of telemedicine. In appropriate cases, the EMS crew on scene is able to connect the patient with a doctor to learn about treatment options that do not require a trip to the hospital. In cases where the patient opts for

treatment without requiring a transport, the EMS members can make themselves available for the next call even faster.

Hospital Turnaround Times

As I have testified to this Council previously, another significant factor that drives increases in EMS response times is hospital turnaround times. When an ambulance crew transports a patient to the hospital Emergency Department, they don't simply drop off the patient. Under New York State law, EMS personnel must remain with a patient until a medical professional at the hospital takes custody. In cases where the patient does not receive immediate emergency care, the EMTs or paramedics who transported the patient must stay with him or her until hospital personnel are ready. We refer to the length of time that it takes from arrival at the hospital to departing and becoming available to take the next call as "turnaround time." In recent years, we have experienced average hospital turnaround times increasing from 34 minutes in FY21 to almost 41 minutes in FY24. This means that EMS units are not in service – and are unable to get to the next 911 call - for longer periods of time. This increase in turnaround time can be attributed to multiple factors. Hospitals are crowded. With each new hospital closure, the remaining Emergency Departments become busier. Our partners with Health & Hospitals can discuss this issue in greater detail.

Getting units back into service as quickly as possible after a patient transport is a priority. We are attacking this issue with a multi-pronged approach. First, we are implementing a pilot reallocating critical staff to serve in Hospital Liaison Officer (HLO) roles at the busiest H&H hospitals. These officers will be on hand when an EMS crew arrives and will take possession of

the patient until hospital personnel are ready to take custody. In this way, the HLO remains with the patient and the ambulance crew gets back out into the field, available to take the next call. We will continue to assess and evaluate this staff redistribution pilot as we move forward.

We are also sending station-based EMS officers to hospitals during the course of their regular shifts on an as-needed basis to assist with the efficiency of EMS drop-offs. We monitor hospital turnaround times on a real-time basis. As we spot problem situations developing, this program - which we have informally deemed Bay Watch - enables us to dispatch officers to help facilitate transfers and create a more manageable environment.

Congestion and Slowing Traffic

Another factor that leads to higher response times is the changing nature of traffic in the city. It's not easy to precisely quantify each effect, but there is more traffic and congestion on the street. There are also more impediments in the streetscape such as permanent bike lane barriers and outdoor dining structures. While these serve other public safety purposes, one indirect effect of these efforts is that there are fewer places for traffic to move when trying to make way for ambulances and other emergency response vehicles. Speed limits decreased under the previous administration. With each hospital closure, EMS responders are forced to transport patients longer distances to reach a hospital. Looking at the changing landscape of the last several years, ambulances crews are transporting more patients longer distances and they are doing so at slower speeds.

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Other Innovations

I will detail a few other measures that we are taking to improve EMS responses. Commissioner Tucker tasked us with examining every aspect of EMS response to improve our times, and that means looking at the time that we take to process 911 calls before an ambulance is even assigned. We have found that, during times of high call volume, the faster we can gather more information from callers, the more efficiently we can get ambulances dispatched to them. We have redeployed personnel to strengthen communications staffing at EMS dispatch offices with the goal of improving triage and, ultimately, improving responses. When crews in the field have a better idea of each call before they arrive, they can get the patient the life-saving care that he or she needs as quickly as possible.

We have also piloted an effort known as ATOM Response Units. Using data to assess the greatest areas of need, we positioned a BLS non-transport unit in busy areas, enabling them to reach patients and initiate care faster while a transport ambulance arrives subsequently to get the patient to a hospital. In this way, the patient begins receiving care even before a transport ambulance arrives. Preliminarily, the pilot showed positive results when we tested it in two places – Randall’s Island and near JFK Airport.

We also continue dispatching EMS ASAP vehicles to dense areas of the city that have proven to be difficult for traditional ambulances to maneuver. We place these smaller vehicles, staffed with EMTs, in crowded locations that experience high call volume so that we can get emergency care to patients as quickly as possible despite the fact that it takes larger, traditional ambulances

longer to arrive. We have had success placing ASAP units in places like Times Square and at beaches in the summer.

I thank the Council for your partnership and your attention to this critical issue. I would be happy to take your questions at this time.



The Uniformed EMTs, Paramedics and Inspectors – F.D.N.Y

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TESTIMONY OF OREN BARZILAY, PRESIDENT FDNY EMS, LOCAL 2507 October 29, 2024

PRESIDENT
Oren Barzilay

Good morning, Committee Chairpersons, and Honorable Councilmembers.

VICE PRESIDENT
Michael Greco

My name is Oren Barzilay. I'm a 29-year veteran of the FDNY EMS and I am President of EMS Local 2507. I am here today to speak on behalf of more than 4,400 Uniformed FDNY EMTs, Paramedics & Fire Inspectors.

SECRETARY-TREASURER
Carl Gandolfo

New York's EMTs and paramedics serve in the most renowned fire department in the country, and the world's busiest medical first responder agency. My members are tasked with responding to an incredibly large number of emergencies each year.

RECORDING SECRETARY
Jennifer Aguiluz

In 2023, EMS responded to 1,619,863 medical emergencies, another record setting year for the department and a nearly 40,000 increase from 2022.

EXECUTIVE BOARD
Darryl Chalmers
Sammy Gounden
Douglas Guzman
Edwin Mendez
Michael Reardon
Edgar Romero
John Rugen

Since the start of the pandemic in 2020, responses by NYC medical first responders are up 14.67%. From 2003 to December 31, 2023, FDNY EMS members have responded to a staggering 28 million medical emergencies!

Manager
Jeff Samerson

As emergency numbers continue to rise, so does the amount of time necessary to respond to them. Ten years ago, it took EMS members 9.6 minutes on average to get to a life-threatening call. The response time now is 12.4 minutes.

EXECUTIVE STAFF
Noelia Curiel
Jack Schaefer

It is not surprising that medical response times are constantly going up. It will continue to go up as funding to improve EMS is stagnant. We have 11% fewer units on the streets to respond to priority calls. With more and more bike lanes, street closures, and speed cameras which our members are forced to follow during emergencies, how does anyone expect response times to improve?

TRUSTEES
Chaundel Homer
Brendan O' Sullivan
Joshua Valdes

We saw a spike in EMS activity during the pandemic where we required additional resources. We have returned to pre-pandemic levels for our ambulances, but calls have not declined.

DELEGATES TO DC-37
Darren Connors
David Curling
Daniel Frank
Sammy Gounden
Kadijah Hall
Travis Kessel

Our EMS chief is doing a great job, but he is not given the proper number of resources needed by the pencil pushers at the Office of Management and Budget. People are dying every day due to their negligence, which is proven by the new cardiac arrest numbers released in the latest Mayor's Management Report.

It should be alarming to every citizen and visitor of this city that if you go into cardiac arrest in our city, your survivability rate has dropped from 28% in 2023 to 20%. We should be striving for that survivability number to go up, not down.

In emergencies, minutes matter, multiple studies indicate that an extra minute or two can be the difference between survival or recovery in strokes or cardiac arrests.

Today you will hear from a Bronx resident Tyler Weaver, a father, who told me it took EMS over 20 minutes to arrive and treat his son, Nicholas Costello, who was not breathing. His son has passed.

Cases like Nicholas's are not one-off occurrences. OMB is costing people's lives, if things don't change and unless the city takes EMS seriously as an essential service, we're witnessing a total collapse of the system. As I stated before in an ABC interview, anyone suffering from a cardiac arrest, with a 12 min response time, you might as well take them to the morgue.

Our men and women do amazing heroic work every day. However, we are stretched thin. EMS headcounts are constantly fluctuating, and regardless, we don't have additional units and have less available vehicles.

More resources and personnel are the only solutions at this time. These stats are a reflection of OMB refusing to invest in EMS as they do to everything else in the city.

Thank You all for your time and consideration.

Oren Barzilay
President
FDNY EMS Local 2507



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Gerritsen Beach Fire Department

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Written Testimony to the Committee on Fire and Emergency Management, Oversight, and Investigations on Ambulance Response Times

Dear Chair Ariola, Chair Brewer, Chair Narcisse, and esteemed council members,

Thank you for the opportunity to provide testimony on behalf of the Gerritsen Beach Fire Department (GBFD), which serves our Brooklyn community as a volunteer fire and ambulance department. Today, I would like to address the critical issue of ambulance response times and propose areas for improved coordination that will enhance our ability to serve effectively.

Citywide Street Narrowing and Infrastructure Projects

Our response times have been significantly impacted by the citywide narrowing of streets, compounded by ongoing infrastructure projects. This widespread reduction in lane space affects essential routes and creates a “Pandora’s box” of challenges for emergency responders.

Gerritsen Avenue exemplifies these issues. Reduced to one lane in each direction due to infrastructure adjustments and construction, it frequently experiences near-constant traffic backups, causing serious delays for emergency vehicles. If there is an emergency on or near Gerritsen Avenue, there is often no longer room to stage. Additionally, the installation of bus islands and floating parking has further restricted this critical route, leading to significant slowdowns. Any emergency, no matter how small, can effectively cut off the peninsula, trapping thousands of residents.

For example, during a third-alarm fire at 16 Aster Court, access to half of the neighborhood was completely cut off for hours. As both the Gerritsen Beach Fire Department and FDNY units responded to the pre-established staging area at Gerritsen and Florence Avenue, they were unable to reach that location due to the reduced 30-foot widths and bottlenecks. The street layout forced the relocation of the medical staging area, and responders could only reach as far as Bijou Avenue and Bartlett Place—both a 10-minute walk from the incident site. Multiple responders were injured during this incident, and the compromised access severely impacted our ability to respond efficiently. This scenario underscores a dangerous precedent: if a similar fire were to occur now, the inability to stage or access the area quickly could result in a catastrophe.

Furthermore, for other emergencies such as medical calls, motor vehicle accidents, and brush fires, we are often forced to block and shut down both the northbound and southbound lanes of Gerritsen Avenue for stabilization and safety. While street closures are common on any city road during incidents, Gerritsen Avenue is the only entry and exit route for our community. Any closure, therefore, traps residents, creating an even greater public

safety risk.

The recent addition of pedestrian islands has further reduced available lane widths to just 11 feet. In the first few days after installation, multiple vehicles collided with these islands, which caused unnecessary traffic buildup and made it extremely difficult for emergency vehicles to reach incidents. These islands continue to be clipped by passing vehicles, and while their intent may be to slow traffic, they have created a “dead stop” in critical areas with no alternate way to approach emergencies. Additionally, a stalled MTA bus in the southbound lane next to the island at Florence Avenue recently choked both directions of traffic, turning an already constrained route into a complete bottleneck.

Due to these obstacles, GBFD and FDNY have had to adopt a policy of completely shutting down both lanes on Gerritsen Avenue during all types of emergencies. This approach, while necessary for responder safety, isolates residents and restricts the movement of critical emergency resources.

Last winter highlighted additional concerns. Although we experienced a mild season with minimal snow, heavy snowfall or ice would further reduce Gerritsen Avenue’s width to less than 10 feet. During major storms, the pedestrian islands are nearly invisible to sanitation and emergency vehicles, causing further obstructions. We have also been informed that NYC Sanitation has had to modify its response, refraining from bringing regular trucks into the area due to the limited space. Instead, they rely on front-end loaders and pickup trucks, which are fewer in number and slower to mobilize.

Additionally, in the aftermath of **Hurricane Sandy**, I do not recall seeing DOT on-site to witness the damage, blocked roadways, or the emergency response that took place. During this event, cars floated 40 to 50 feet into travel lanes, completely obstructing our one-way-in, one-way-out route. Following the hurricane, our area was reclassified as Zone 1, and only a few inches of water can now block access by shifting vehicles into critical paths. These ongoing issues with the pedestrian islands have compounded to the point that responding to emergencies in our neighborhood has itself become an emergency.

I am urgently requesting that DOT reach out to our department to discuss these critical concerns and take steps to remove the pedestrian islands, which continue to obstruct and delay emergency access on Gerritsen Avenue.

Knapp Street poses similar challenges. This essential route is also reduced to one lane in each direction due to construction projects and infrastructure adjustments. Traffic backups are a constant issue, and with winter snow operations about to begin, these already-constrained lanes will become even more difficult to navigate. On a recent transport of a trauma patient to Lutheran, the most concerning part of the trip was navigating the bottleneck on Knapp Street—a serious obstacle, even with sirens. While the Department of Transportation (DOT) installed a full traffic signal in the area, it’s not optimized for emergency access and requires adjustments to better accommodate emergency vehicles and reduce congestion.

I have previously communicated these issues to DOT, but they do not coordinate with other agencies or local stakeholders. In their response, they simply showed an AutoCAD drawing demonstrating that as long as a vehicle can technically turn, the design is approved, regardless of the real-world impact on emergency access and response times. This lack of coordination and practical assessment has led to a series of design choices that delay emergency response efforts and restrict vital evacuation routes for our residents.

Siren Usage and Yielding to Emergency Vehicles

Under the Vehicle and Traffic Law (VTL), emergency vehicles such as ambulances and fire engines are required to use sirens to signal motorists to yield the right of way. It is essential to note that only the police department is exempt from this requirement. However, a significant issue we encounter is that many drivers do not yield, creating dangerous situations and delays. Addressing this is both an enforcement issue and a public awareness opportunity. If law enforcement were to issue summonses for failure to yield, it would reinforce the importance of this requirement. Additionally, a public service announcement (PSA) campaign could help educate drivers on the need to respond promptly to emergency sirens.

Supporting Volunteer EMS Retention

EMS is not what it once was; it's no longer enjoyable or rewarding for many. In the past, people volunteered to "catch the bug" and would often go on to join FDNY. Many of the city's chiefs began as volunteers before moving into full-time EMS careers. Traditionally, volunteer departments like ours have played a key role in training and building up the city's EMT workforce, preparing individuals for lifelong careers in emergency services. However, EMS as a field is still relatively new—only about 50 to 60 years old—and it feels like many have forgotten their roots in volunteer service. Recognizing the contributions of volunteers who dedicate their time and energy to protect their communities would help restore value and respect to this vital role.

To further support EMS retention, I propose offering additional points in the Department of Citywide Administrative Services (DCAS) system for volunteer EMS time. Acknowledging the work of these volunteers would honor those who sacrifice so much for public safety. Additionally, providing tangible incentives—such as increased priority in city hiring or eligibility for certain benefits—would encourage volunteers to transition to city service, creating a pipeline of experienced EMS personnel within the city's workforce.

Another key area is funding for EMS education and training. By securing dedicated funding to hold more EMT training classes, we can better equip volunteer departments to train the next generation of EMTs. Expanding access to educational resources would strengthen our volunteer ranks and help build a more resilient emergency response workforce across New York City. Supporting volunteer EMS with recognition, incentives, a pathway to city service, and educational resources will sustain and grow the volunteer force that our city relies on.

Closing Remarks

We believe there is significant room for city-wide collaboration on these issues. Thank you again for considering these points. I hope this testimony underscores the critical need for infrastructure improvements, more effective coordination with FDNY, and a renewed commitment to addressing EMS recruitment and retention.

Sincerely,

/s Daniel Cavanagh

Chief of Department, Gerritsen Beach Fire Department

Testimony for 11/01/24: Oversight - Ambulance Response Times

Hello, My name is Tyler Weaver. Ambulance response time are at record highs. These long response times tragically impacted my family in December when our adult son Nicholas Costello suffered a Cardiac Arrest at 5 AM in the Bronx, and waited 20 minutes for an Advanced Life Support (ALS) Paramedic-staffed unit. The backup Basic Life Support unit took 24 minutes. He was taken to the ER, but he had already suffered major brain injury, because his heart had been stopped for so long. Due to this extensive brain damage, our son was taken off life support and pronounced dead the following day. After my son died, I was so appalled at the long response time to his Cardiac Arrest, that I investigated further and discovered a couple of things.

Number 1: Bronx ALS response times are much worse than other boroughs such as Manhattan. According to official city data, only 22% of Bronx ALS responses in September arrived in less than 10 minutes. That meant 2,600 Bronx patients waited more than 10 minutes for an ALS ambulance. In contrast, the same Manhattan data was much better at 42%, and Brooklyn was 48%. This disparity has been going on for years, and it is only getting worse. This is an EMS Health Equity issue.

Number 2: The ALS unit for my son came from 24 blocks away. The backup BLS unit was stationed 66 blocks away. Why were there no ambulances available locally in his area? The answer is that 1 ½ hours earlier at 3:30 am, the local ambulances were apparently sent to stand by at a multi-alarm fire burning a row of unoccupied stores. This move meant that the Bronx communities of Riverdale, Kingsbridge, Spuyten Duyvil and Fieldston, which is about 65,000 residents, appear to have been left without quick access to ambulances services for several hours, and unfortunately my son needed a rapid ambulance response during that time window. FDNY should take measures to reserve a local ALS ambulance, to be available to handle life threatening calls whenever there is also a major fire going on elsewhere in the same area. The inability to properly resource both EMS incidents at the same time that night is alarming, and demonstrates a serious lack of Bronx ambulance resources.

In closing, I call on the City Council to eliminate this EMS Health Equity issue, and that they mandate a certain amount of FDNY's \$2.3 Billion budget be used for properly meeting the ALS ambulance needs of the Bronx, so that other families won't have to suffer what mine did.

Thank you for your time.

Data Addendum:

The data table below shows an EMS Health Equity issue, comparing Bronx Advanced Life Support (ALS) Ambulance Response Times to same ALS response data for all the other boroughs, over the past three months. Historical data going back many years frequently shows a similar disparity. All data and screen shots are taken from <https://www.nyc.gov/site/911reporting/reports/local-law-119-compliance.page>.

Advanced Life Support (ALS) Ambulance Response Times

Month	Bronx	Manhattan	Brooklyn	Queens	Staten Island
09/2024	22%	42%	48%	39%	48%
08/2024	26%	43%	52%	38%	57%
07/2024	25%	46%	52%	39%	53%

Percent of Responses arriving in 10 minutes or less

9/2024 Data:

Bronx – Percent of ALS Responses arriving in 10 minutes or less -

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End-to-End Response Time

End-to-End Detail

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Local Law 119 Compliance

Definitions

Local Law 119 Compliance

The Local Law 119 Compliance Report provides counts and average response times for the categories of incidents outlined in Local Law 119 of 2013: The Ariel Russo Emergency 9-1-1 Response Time Reporting Act. All reports are available citywide or by borough.

NYC Analytics Data as of Oct-28-2024

Showing Month: 2024 / 09 - 2024 / ... Month: Latest Month Borough: Bronx Call Type: Voice Clear All ?

LL119 Segments

Agency	Description	Duration	# of Incidents
FDNY	Average response time to structural fires	05:36	256
FDNY	Average response time to non-structural fires	07:04	105
FDNY	Average response time to non-fire emergencies	12:34	6,651
EMS	Average response time to segment 1 medical emergencies, as defined by the department, including cardiac arrest and choking incidents by ambulance units	10:30	436
EMS	Average response time to life threatening medical emergencies by ambulance units	13:21	9,902
EMS	Average response time to life threatening and non-life threatening medical emergencies by ambulance units combined	22:31	22,990
FDNY	Average response time to life threatening medical emergencies by fire units	11:22	2,865
Aggregate	Combined average response time to life threatening medical emergencies by ambulance and fire units	12:49	11,516

Agency	Description	Percentage	# of Incidents
EMS	Percentage of response time of less than 10 minutes to Advanced Life Support medical emergencies by Advanced Life Support ambulances	21.8%	3,335
FDNY	Percentage of response time to structural and non-structural fires by fire units less than 5 minutes	38.2%	361
FDNY	Percentage of response time to structural and non-structural fires by fire units between 5 and 10 minutes	65.7%	361
FDNY	Percentage of response time to structural and non-structural fires by fire units between 10 and 20 minutes	3.9%	361
FDNY	Percentage of response time to structural and non-	0.3%	361

74%

9/2024 Data:

Manhattan– Percent of ALS Responses arriving in 10 minutes or less -

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Data as of Oct-28-2024

Showing Month: 2024 / 09 - 2024 / ... Month: Latest Month Borough: Manhattan Call Type: Voice Clear All ?

Agency	Description	Duration	# of Incidents
FDNY	Average response time to structural fires	05:09	209
FDNY	Average response time to non-structural fires	06:60	172
FDNY	Average response time to non-fire emergencies	11:08	6,426
EMS	Average response time to segment 1 medical emergencies, as defined by the department, including cardiac arrest and choking incidents by ambulance units	09:20	450
EMS	Average response time to life threatening medical emergencies by ambulance units	11:60	10,463
EMS	Average response time to life threatening and non-life threatening medical emergencies by ambulance units combined	19:29	22,207
FDNY	Average response time to life threatening medical emergencies by fire units	10:19	2,959
Aggregate	Combined average response time to life threatening medical emergencies by ambulance and fire units	11:33	11,864

Agency	Description	Percentage	# of Incidents
EMS	Percentage of response time of less than 10 minutes to Advanced Life Support medical emergencies by Advanced Life Support ambulances	41.8%	4,644
FDNY	Percentage of response time to structural and non-structural fires by fire units less than 5 minutes	11.1%	381
FDNY	Percentage of response time to structural and non-structural fires by fire units between 5 and 10 minutes	53.3%	381
FDNY	Percentage of response time to structural and non-structural fires by fire units between 10 and 20 minutes	3.9%	381
FDNY	Percentage of response time to structural and non-	1.0%	381

- | + 74%

8/2024 Data:

Bronx – Percent of ALS Responses arriving in 10 minutes or less -

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NYC Analytics Data as of Oct-28-2024

Showing Month: 2024 / 08 - 2024 / ... Month: 2024 / 08 Borough: Bronx Call Type: Voice Clear All ?

Agency	Description	Duration	# of Incidents
FDNY	Average response time to structural fires	05:32	264
FDNY	Average response time to non-structural fires	06:50	108
FDNY	Average response time to non-fire emergencies	12:03	7,075
EMS	Average response time to segment 1 medical emergencies, as defined by the department, including cardiac arrest and choking incidents by ambulance units	09:34	420
EMS	Average response time to life threatening medical emergencies by ambulance units	12:31	9,587
EMS	Average response time to life threatening and non-life threatening medical emergencies by ambulance units combined	19:16	23,369
FDNY	Average response time to life threatening medical emergencies by fire units	11:09	2,686
Aggregate	Combined average response time to life threatening medical emergencies by ambulance and fire units	12:15	11,155

Agency	Description	Percentage	# of Incidents
EMS	Percentage of response time of less than 10 minutes to Advanced Life Support medical emergencies by Advanced Life Support ambulances	25.6%	3,755
FDNY	Percentage of response time to structural fires by fire units less than 5 minutes		
FDNY	Percentage of response time to structural and non-structural fires by fire units between 5 and 10 minutes	66.4%	372
FDNY	Percentage of response time to structural and non-structural fires by fire units between 10 and 20 minutes	3.2%	372
FDNY	Percentage of response time to structural and non-	0.0%	372

+ 74%

8/2024 Data:

Manhattan– Percent of ALS Responses arriving in 10 minutes or less -

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NYC Analytics Data as of Oct-28-2024

Showing Month 2024 / 08 - 2024 / ... **Month** 2024 / 08 **Borough** Manhattan **Call Type** Voice Clear All ?

LL119		Segments	
Agency	Description	Duration	# of Incidents
FDNY	Average response time to structural fires	05:15	190
FDNY	Average response time to non-structural fires	07:08	151
FDNY	Average response time to non-fire emergencies	10:56	6,784
EMS	Average response time to segment 1 medical emergencies, as defined by the department, including cardiac arrest and choking incidents by ambulance units	08:51	431
EMS	Average response time to life threatening medical emergencies by ambulance units	12:02	10,615
EMS	Average response time to life threatening and non-life threatening medical emergencies by ambulance units combined	19:33	22,890
FDNY	Average response time to life threatening medical emergencies by fire units	10:11	3,017
Aggregate	Combined average response time to life threatening medical emergencies by ambulance and fire units	11:41	12,120

Agency	Description	Percentage	# of Incidents
EMS	Percentage of response time of less than 10 minutes to Advanced Life Support medical emergencies by Advanced Life Support ambulances	42.8%	4,699
FDNY	Percentage of response time to structural and non-structural fires by fire units less than 5 minutes	55.9%	341
FDNY	Percentage of response time to structural and non-structural fires by fire units between 5 and 10 minutes	56.9%	341
FDNY	Percentage of response time to structural and non-structural fires by fire units between 10 and 20 minutes	3.2%	341
FDNY	Percentage of response time to structural and non-	0.6%	341

+ 74%

7/2024 Data:

Bronx – Percent of ALS Responses arriving in 10 minutes or less -

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The Local Law 119 Compliance Report provides counts and average response times for the categories of incidents outlined in Local Law 119 of 2013: The Ariel Russo Emergency 9-1-1 Response Time Reporting Act. All reports are available citywide or by borough.

NYC Analytics Data as of Oct-28-2024

Showing Month: 2024 / 07 - 2024 / ... Month: 2024 / 07 Borough: Bronx Call Type: Voice Clear All ?

Agency	Description	Duration	# of Incidents
FDNY	Average response time to structural fires	05:38	270
FDNY	Average response time to non-structural fires	07:23	152
FDNY	Average response time to non-fire emergencies	12:28	6,928
EMS	Average response time to segment 1 medical emergencies, as defined by the department, including cardiac arrest and choking incidents by ambulance units	09:49	485
EMS	Average response time to life threatening medical emergencies by ambulance units	13:07	10,459
EMS	Average response time to life threatening and non-life threatening medical emergencies by ambulance units combined	21:45	24,360
FDNY	Average response time to life threatening medical emergencies by fire units	11:27	2,808
Aggregate	Combined average response time to life threatening medical emergencies by ambulance and fire units	12:57	12,043

Agency	Description	Percentage	# of Incidents
EMS	Percentage of response time of less than 10 minutes Advanced Life Support medical emergencies by Advanced Life Support ambulances	25.1%	3,836
FDNY	Percentage of response time to structural and non-structural fires by fire units less than 5 minutes	36.1%	422
FDNY	Percentage of response time to structural and non-structural fires by fire units between 5 and 10 minutes	65.4%	422
FDNY	Percentage of response time to structural and non-structural fires by fire units between 10 and 20 minutes	3.8%	422
FDNY	Percentage of response time to structural and non-	0.7%	422

+ 74%

7/2024 Data:

Manhattan– Percent of ALS Responses arriving in 10 minutes or less -

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Local Law 119 Compliance

End-to-End Response Time

End-to-End Detail

Response Time Trends

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Showing Month: 2024 / 07 - 2024 / ... | Month: 2024 / 07 | Borough: Manhattan | Call Type: Voice | Clear All ?

LL119 Segments

Agency	Description	Duration	# of Incidents
FDNY	Average response time to structural fires	05:07	193
FDNY	Average response time to non-structural fires	06:37	168
FDNY	Average response time to non-fire emergencies	10:55	7,113
EMS	Average response time to segment 1 medical emergencies, as defined by the department, including cardiac arrest and choking incidents by ambulance units	09:09	508
EMS	Average response time to life threatening medical emergencies by ambulance units	11:37	11,406
EMS	Average response time to life threatening and non-life threatening medical emergencies by ambulance units combined	19:12	24,327
FDNY	Average response time to life threatening medical emergencies by fire units	10:12	3,148
Aggregate	Combined average response time to life threatening medical emergencies by ambulance and fire units	11:25	13,044

Agency	Description	Percentage	# of Incidents
EMS	Percentage of response time of less than 10 minutes to Advanced Life Support medical emergencies by Advanced Life Support ambulances	45.5%	5,073
FDNY	Percentage of response time to structural and non-structural fires by fire units less than 5 minutes	11.0%	361
FDNY	Percentage of response time to structural and non-structural fires by fire units between 5 and 10 minutes	54.8%	361
FDNY	Percentage of response time to structural and non-structural fires by fire units between 10 and 20 minutes	2.8%	361
FDNY	Percentage of response time to structural and non-	0.6%	361

- | + 74%

**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: 11/1/24

(PLEASE PRINT)

Name: Dr. Adrienne Birnbaum

Address: Assistant Vice President and Medical Director

I represent: of Virtual Express Care NYC HHH

Address: HHH

**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: 11/1/24

(PLEASE PRINT)

Name: Santa Morales

Address: _____

I represent: _____ 11217

Address: _____

**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: 11/1/24

(PLEASE PRINT)

Name: Maisha Morales

Address: _____

I represent: Antonio Morales 11738

Address: _____

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

**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: _____

(PLEASE PRINT)

Name: Rebecca Mason

Address: _____

I represent: FDNY

Address: 9 Metrotech Center

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

**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: _____

(PLEASE PRINT)

Name: Michael Fields

Address: _____

I represent: FDNY

Address: 9 Metrotech Center

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

**THE COUNCIL
THE CITY OF NEW YORK**

Michael Fields
Appearance Card

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

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Evan Suchecki

Address: _____

I represent: FDNY

Address: 9 Metrotech Center

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

**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: _____

(PLEASE PRINT)

Name: STU WEISS

Address: _____

I represent: _____

Address: _____

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