

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH JOINTLY WITH COMMITTEE ON
PARKS AND RECREATION

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April 16, 2018
Start: 10:09 a.m.
Recess: 11:25 a.m.

HELD AT: Committee Room - City Hall

B E F O R E: MARK LEVINE
Chairperson

BARRY S. GRODENCHIK
Chairperson

COUNCIL MEMBERS: Alicka Ampry-Samuel
Inez D. Barron
Mathieu Eugene
Keith Powers
Joseph C. Borelli
Justin L. Brannan
Andrew Cohen
Costa G. Constantinides
Mark Gjonaj
Andy L. King
Peter A. Koo
Francisco P. Moya
Eric A. Ulrich
James G. Van Bramer

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

First Deputy Commissioner Kavanagh
NYC Department of Parks and Recreation

Peter Stein, President, Local 508
Supervisory Lifeguards of DC37

Debbie Kling, President, West Side Little League
Manhattan Upper West Side

Karen Acompora, Co-Founder of Louis J. Acompora
Memorial Foundation & Chairwoman, Parent Heart Watch

Robin Vitale serving as Vice President of the
American Heart Association Health Strategies

[sound check] [gavel] [background
comments]

CHAIRPERSON LEVINE: Good morning, weary
travelers. [laughter] You've braved the elements
and we're proud to have you with us here at this
joint hear of the City Council's Committee on Parks
and Recreation and Health. For me, this is something
of a coming home back to my beloved parks world. I'm
really excited to be partnering with Barry Grodenchik
and thrilled that we'll be hearing a bill brought to
us under the leadership of Minority Leader Steve
Matteo. This is legislation, which would require
defibrillators at youth softball league games and
practices on city-owned land, Commotio cordis is the
second highest cause of death in athletes younger
than 14 years, and is typically caused by a sudden
blunt trauma to the anterior chest resulting in
cardiac arrest and sudden death. While baseball is
the most common sport in which this condition occurs,
softball has the second highest number of incidences,
and this condition has been described in nearly all
sports. We passed landmark legislation in 2016 also
sponsored by Minority Leaders Matteo, which required
the presence of defibrillator devices at baseball,

1 youth baseball games, and based on that success we're
2 looking to expand this to softball. That's the
3 intent of the bill we'll be hearing today. We have
4 been joined by Parks Committee member Peter Koo, and
5 we'll be awaiting others as they brave the elements.
6 I'm going to pass it off to my co-chair Barry
7 Grodenchik for additional opening remarks.

9 CHAIRPERSON GRODENCHIK: Thank you, Chair
10 Levine. Good morning, everybody. I don't know that
11 I'll be as brief as you, but I'll try. I'm Barry
12 Grodenchik. I have the honor of chairing the
13 Committee on Parks and Recreation for this Council
14 term. I want to thank—not only do I want to thank,
15 but I will thank Mark Levine for agreeing to hold
16 this hearing with the Parks and Recreation Committee
17 on this very important piece of legislation. The
18 Council has a longstanding view that AED is playing a
19 crucial role in saving lives that we as a city need
20 to ensure that they are readily available at public
21 places where it is reasonable to do so. To that end,
22 a Mark Mentioned before, we passed Local Law 20 in
23 2005. None of us were here at that time. The law
24 required that AEDs be located in public buildings
25 maintained by the city, and at least six parks in

1 each borough under the Parks Department's
2 jurisdiction and ferry terminals that have a
3 passenger capacity of 1,000 more persons, in nursing
4 homes, senior centers, golf courses, sports arenas,
5 health clubs with a membership of at least 250
6 people. As Chair Levine mentioned, in 2016 we passed
7 Local Law 57, which required youth baseball leagues
8 that play on Parks Department and other city
9 properties to make available at least one AED at each
10 and every game and practice. Today, we will further
11 the Council's policy on AEDs by considering Intro No.
12 189, whose prime sponsor is the Minority Leader Steve
13 Matteo of Staten Island. The bill would require the
14 city to provide defibrillators, AEDs to all youth
15 softball leagues playing on city-owned land, which is
16 mostly parkland. The leagues would in turn be
17 required to bring an AED to every game and practice.
18 Parks has over 800 athletic fields for both permitted
19 and non-permitted uses. The city often through the
20 programs and events run by the Parks Department has
21 long realized the value of promoting physical
22 activity to encourage healthy living among all groups
23 of New Yorkers, and while I continue to encourage
24 that the city through the Parks and other means
25

1 should take every reasonable step it can to encourage
2 to encourage more participation in physical
3 activities and other types of recreation. At the
4 same time, it must ensure that life saving equipment
5 is at the ready whenever a danger arises as it will
6 inevitably do so in sports activities. Expanding the
7 use of AEDs to better ensure that those who use the
8 city's ball fields have access to these devices is a
9 common sense approach to furthering the city's goals
10 and achieving more physical activity while promoting
11 the highest possible and safest environments. From
12 my perspective as Parks and Recreation Chair, I would
13 like to get a better understanding of how the Parks
14 Department has been implementing Local Law 57. For
15 example, what Parks properties currently have AEDs
16 and how many instances have they been used, what has
17 been the success rate and so on and so forth. I'm
18 glad to see the First Deputy Commissioner is with us
19 today. He'll answer some of those questions. I am
20 proud to be a co-sponsor of this Intro and I look
21 forward to working with the sponsor and the
22 Administration to ensure it is implemented in the
23 most effective way possible. I guess we don't even
24 need a vote, do we? Just—just go right to the—to the
25

1
2 Mayor's signature. Good morning everybody, and thank
3 you for listening, and I now turn it back over to
4 Chair Levine.

5 CHAIRPERSON LEVINE: And I am going to
6 turn it over to our Minority Leader and the sponsor
7 of this bill Steve Matteo.

8 MINORITY LEADER MATTEO: Thank you.
9 Thank you, Chair Levine and—and Chair Grodenchik. I
10 want to thank you both for your leadership on this
11 issue, holding a hearing on this bill. I want to
12 thank Speaker Johnson for his partnership with me,
13 and his shared passion for expanding access to AEDs
14 across the city. Both chairs talked about the
15 history of the AED legislation, and in 2005 my
16 predecessor then Councilman Oddo. I was his—his
17 Chief of Staff, passed legislation and made AEDs a
18 must have in my public spaces in the five boroughs,
19 but as—as said before, it—it only provided AEDs
20 available in six parks in each borough. This
21 obviously left out many city-owned ball fields across
22 the city. Two years ago to address this, the Council
23 passed legislation Speaker Johnson and I introduced
24 that helped to close that loophole. Local Law 104 of
25 2016 requires and operable AED be present at every

1 Little League game and practice played on a city-
2 owned field. The AEDs and training sessions for
3 coaches and league officials are to be provided free
4 of charge by the Parks Department. Because of this
5 law, Parks has deployed more than 1,500 AEDs through
6 all the teams and trained and certified more than
7 3,000 people in their proper use during Fiscal Year
8 2018. We felt it was particularly important for us
9 to provide AEDs at Little League baseball games
10 because while anyone can suffer a cardiac arrest or
11 cardia arrhythmia, the—the most common cause of death
12 among athletes under 14 is Commotio cordis, which is
13 sudden blunt trauma to the anterior chest resulting
14 in cardiac arrest, and baseball is the most common
15 sport in which this condition occurs and nearly all
16 Commotio events are caused by direct baseball
17 strikes. As everyone may know, my colleagues and I
18 have been also able to include my Beating Hearts
19 Initiative in every budget since Fiscal Year 2015.
20 This initiative provides \$350,000 to purchase four
21 AEDs for sites in each Council District. This
22 includes field and senior citizens many of which are
23 not covered by existing law. As I said previously,
24 my intention has always been to continue to expand
25

1 AED access and provide them for softball and
2 potentially other sports is the logical next step.
3 That is why I introduced the legislation we're
4 discussion today. My motivation is simple, AED saves
5 lives, and we want to expand access to AEDs as much
6 as we can. So, with that, I'm looking forward to
7 Parks testimony and to the follow-following
8 discussion.
9

10 CHAIRPERSON LEVINE: Thank you, Minority
11 leader and before we turn it to the admin, I just
12 wanted to add a couple important medical-some medical
13 context to this, which is that an AED is the only
14 device for treating someone who's got this form of
15 cardiac arrest, and that the timing of the
16 application of the device is incredibly important.
17 It's estimated that for each minute in delay of
18 application of the device, there's a 10% increase in
19 mortality, and for those who receive the AED in the
20 first minute, the survival rate is 95%. So, timing
21 is incredibly important, but parks are often more
22 isolated, parts of the city where response times for
23 911 are a little bit longer. I think the average is
24 8 to 10 minutes, if I have that right, and-and so
25 actually it's the average response time is 8 to 12

1 minutes I guess in these locations, and so to have an
2 on-site device that can be used by a layperson,
3 really can be the difference between life and death,
4 and that's the context in which we're advancing this
5 legislation. I'm very excited to hear from the
6 Administration now, and I will ask our committee
7 counsel to administer the affirmation.
8

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

13 COMMISSIONER KAVANAGH: Yes.

14 CHAIRPERSON LEVINE: Before you start,
15 Commissioner, we've been joined by Committee Member—
16 Health Committee Member Keith Powers from Manhattan.

17 COMMISSIONER KAVANAGH: [background
18 comments] Good morning Chair Grodenchik, Chair Levine
19 and members of the Parks and Recreation and Health
20 Committees. I am Liam Kavanagh, First Deputy
21 Commissioner of the New York City Department of Parks
22 and Recreation, and I'm joined here today Matt Drury
23 our Director of Government Relations. Thank you for
24 inviting me to testify today regarding Intro 189,
25 which would require defibrillators at softball fields

1 where youth leagues play. At New York City Parks the
2 safety of our park patrons is always first and
3 foremost in our minds especially those participating
4 in youth sports. We agree with the Council that
5 trained individuals with the necessary equipment to
6 intervene in emergency situations can help save
7 lives. We're pleased to report that we are
8 comprehensively fulfilling our responsibility in
9 accordance with Local Law 57 of 2016, which mandates
10 the distribution of automatic external defibrillator
11 units also known as AEDs, and the provision of
12 training courses to benefit youth leagues that play
13 and practice baseball on city ball fields under our
14 jurisdiction. This was not a minor fete, as building
15 and executing this program required a substantial
16 administrative and organizational effort on the part
17 of the agency in coordination with a wide range of
18 stake-stakeholders. Since the Local Law took effect
19 in advance of the spring of 2017, youth based
20 association, we have engaged over 200 youth baseball
21 leagues, distributed over 1,500 AEDs and facilitated
22 AED training for over 3,000 adults. The AED program
23 was recently audited-audited by the City
24 Comptroller's Office and the agency received positive
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1 feedback and was determined to be in compliance with
2 the Local Law. We'll take a moment to briefly
3 describe the current process for AED distribution and
4 training so you can better understand the scale and
5 complexity of the undertaking. To ensure that there
6 is at least one qualified adult present at league
7 games and practices who have successfully completed
8 an AED training course, Parks coordinates with a
9 vendor with experience in working with the American
10 Heart Association to provide training at no cost to
11 the youth leagues. The trainings, which have been
12 held primarily at Parks operated recreation centers
13 are often at various times including evenings and
14 weekends to accommodate the coach's schedules. The
15 certification received from training is issued by the
16 American Heart Association, and is valid for two
17 years at which time it can be renewed by receiving
18 additional training. While training is ongoing,
19 Parks allocates a previously determined number of
20 AEDs to each league depending on the league's size
21 and particular needs. Each AED is registered by
22 serial number and given a part issued property ID
23 label, which is affixed to the unit that allows us to
24 track each unit back to the civic league and/or team,
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1 and they are instructed to contact the agency in the
2 event that the device is discharged for use in a
3 medical emergency as the device would need to be
4 recalibrated if—if a discharge actually occurred. In
5 the inaugural 2018 season no AEDs were reported to
6 have been used by the leagues in an emergency
7 situation, which is good news. To ensure compliance
8 with the Local Law, we refrained from issuing permits
9 to youth baseball leagues for use of park ballfields
10 until the leagues certify that it will comply with
11 the obligation to the AED program. Throughout the
12 inaugural season of the program, our Parks
13 Enforcement Patrol focused their enforcement efforts
14 on education for the youth baseball leagues regarding
15 the new Local Law at our ballfield citywide. Our PEP
16 Officers distributed information and provided
17 reminders to youth teams and coaches regarding the
18 new mandates, and we will continue to work with the
19 youth leagues to ensure proper compliance as this
20 year's season begin. Turning now to the proposed
21 legislation as currently drafted, Intro 189 would
22 compel youth softball leagues to adopt the
23 requirements of Local Law 57 of 2016, and would
24 mandate the distribution of AED units and the
25

1 provision of training courses to the youth leagues
2 that play and practice softball on the city's ball
3 fields under our jurisdiction. To provide some
4 context, youth softball is quite popular. Parks
5 permitted 61,000 hours of youth softball in 2017,
6 roughly 40% of the permit hours granted for youth
7 baseball leagues. Parks issues permits to roughly
8 100 youth softball leagues, which equates to
9 approximately 500 teams citywide. The majority of
10 youth softball is played in Brooklyn and Queens,
11 though some overlap exists with leagues that offer
12 both youth baseball and youth softball. We
13 appreciate the intent of the legislation, though it
14 should be clear that expanding the AED Program to
15 include youth softball would have a considerable
16 impact both administratively and financially. As
17 such, the legislation should be discussed and
18 considered in the broader context of the budget
19 process in coordination with the Administration. We
20 remain open to exploring options to make sure that
21 additional youth sports league participants have
22 appropriate access to life saving training and
23 equipment in case of an emergency. We thank the
24 Council for its leadership on this issue particularly
25

1 Council Member Matteo, and look forward to working
2 with all of you as we help preserve and create a
3 healthier and safer future for New York City's youth.
4 Thank you for allowing me to testify before you
5 today, and I will be happy to answer any questions
6 you may have.
7

8 CHAIRPERSON LEVINE: Thank you,
9 Commissioner. So, am I correct that no leagues then
10 have been given permits without the training and
11 equipment that's mandated, no youth baseball leagues?

12 COMMISSIONER KAVANAGH: Yes, one of the
13 first steps we took when we began administering the
14 program was to completely revise our online permit
15 application process to require that the leagues are
16 certified, that they re aware of their
17 responsibilities under Local Law 57 and they have to
18 upload the certifications of the team coaches in
19 order to receive a permit from us.

20 CHAIRPERSON LEVINE: Is this literally
21 taking a picture of a certificate and uploading it to
22 the website?

23 COMMISSIONER KAVANAGH: I don't know if
24 it's taking a picture, but it's uploaded
25 electronically, and it is included in our database.

1
2 CHAIRPERSON LEVINE: Right. Is there any
3 mechanism for monitoring whether the devices are
4 actually on site.

5 COMMISSIONER KAVANAGH: I don't know if
6 it's taking a picture, but it's uploaded
7 electronically and it is included in our database.

8 CHAIRPERSON LEVINE: Right. Is there any
9 mechanism for monitoring whether the devices are
10 actually onsite at league activities?

11 COMMISSIONER KAVANAGH: We have done
12 visits to the fields, as I mentioned in my testimony,
13 last season, and they will do so again this year.
14 The Parks Enforcement Patrol visited youth baseball
15 teams while they were both practicing and playing
16 competitive games. They--last year they visited 240
17 games, found AEDs and--and certified trained
18 applicators at 234 of those situations. In five of
19 them where they did not--where they were not present,
20 they had been trained, they had been issued AEDs.
21 They had forgotten either to bring either the AED or
22 the--or the certification to the field within that
23 day. In only one instance did we find a team that
24 did not comply, and it was because they had not--they
25 were not using a--a Parks' permit for the field.

1
2 CHAIRPERSON LEVINE: Ah, okay, that's a
3 separate problem.

4 COMMISSIONER KAVANAGH: And as the law
5 requires, we did not issue any violations. We—we
6 issued warnings to the teams that were not in
7 compliance at the time, but the law requires that we
8 do that first before taking any more administrative
9 actions against the leagues.

10 CHAIRPERSON LEVINE: Okay, good to hear
11 about that mechanism for compliance. What is the
12 lifespan of one of these devices?

13 COMMISSIONER KAVANAGH: We estimate it's
14 about seven years.

15 CHAIRPERSON LEVINE: Got it. If one of
16 them should be damaged, do we have a provision for a
17 replacement?

18 COMMISSIONER KAVANAGH: Yes, we do.

19 CHAIRPERSON LEVINE: How does that work?

20 COMMISSIONER KAVANAGH: Well, obviously
21 the—the team has to notify us of the damaged
22 equipment. We return it to the vendor who will
23 either repair it if that's possible. I'm not sure if
24 that is—if it is possible to repair them, but we will

1
2 issue a replacement AED in that case where a machine
3 is not able to be used.

4 CHAIRPERSON LEVINE: So, I am thrilled to
5 hear the reports that there were no cases of cardiac
6 arrest in the last season. That's—we thank God for
7 that wonderful news. How sure are we—how certain are
8 we that such an incident would be reported to the
9 city if it did occur?

10 COMMISSIONER KAVANAGH: I—I think it's
11 highly likely that any incident of that nature would
12 be reported and noted by the Parks Department.
13 Certainly, with the AED's present and with the
14 trained personnel on hand, we believe that someone
15 will respond with the AED to provide treatment to
16 someone who is in distress. Any discharge of an AED
17 requires notification both to us and to the oversight
18 agency that monitors that AED program and, you know,
19 I'm certain that an emergency medical response would
20 also be involved in any such case as that, we would
21 be aware--

22 CHAIRPERSON LEVINE: [interposing] Right.

23 COMMISSIONER KAVANAGH: --of-of the
24 situations.

1
2 CHAIRPERSON LEVINE: Alright, I'm going
3 to pass it off to my Co-Chair, Council Member
4 Grodenchik.

5 CHAIRPERSON GRODENCHIK: Thank you chair
6 Levine. Thank you, Commissioner, for your testimony
7 this morning. Under Local Law 20 of 2005, Parks was
8 required to have AEDs present in six parks in each
9 borough. Can you—I'm sure you do. Can you tell us
10 which parks those are at least and give it just in
11 Queens. Is that right?

12 COMMISSIONER KAVANAGH: I—I couldn't tell
13 you every location that's required. I do know that
14 they are at places like our recreation centers, Lost
15 Battalion Hall, the Outlaw Recreation Center, the
16 Flushing Meadows Pools have AEDs.

17 CHAIRPERSON GRODENCHIK: Do you think it
18 would be beneficial to expand that program to all of
19 our large parks where, you know, sports are played?

20 COMMISSIONER KAVANAGH: It's-a-it's a--

21 CHAIRPERSON GRODENCHIK: [interposing] I
22 know they'd have to be in the--

23 COMMISSIONER KAVANAGH: So, it's a sort
24 of a challenging question. You know, in-as Chair
25 Levine mentioned in his opening remarks, timing is

1
2 critical to the success of an AED. Our parks are so
3 large to have AEDs available more broadly than we do
4 now. It would be a challenge. It would be difficult
5 to leave them out in the open where they could be
6 accessible in the event of an emergency because they
7 would also be accessible to--to possible theft or
8 vandalism or--or--or other or, you know, just nature,
9 intruding and making them unavailable. So, it's
10 difficult to see--

11 CHAIRPERSON GRODENCHIK: [interposing] I
12 don't want them to grow legs, which they might do,
13 and equipment. You have them on the golf courses
14 according to the law?

15 COMMISSIONER KAVANAGH: I believe they
16 are at all of our golf courses but, you know, there--
17 there is also sort of demonstrates the challenge of--
18 of AEDs. You know, golf courses are large places--

19 CHAIRPERSON GRODENCHIK: [interposing]
20 Yeah, very much.

21 COMMISSIONER KAVANAGH: --hundreds of
22 acres and, you know, the ability to have an AED at
23 the location where a cardiac incident occurs is--is
24 hard to predict.

25

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2 CHAIRPERSON GRODENCHIK: And do you think
3 it would make sense to equip where we have PEP
4 officers and they're in vehicles, would it make sense
5 to have them, and have them trained in using AEDs in
6 their vehicles. We're not discussing that today, but
7 sine we're—since we're here, what the heck. Well,
8 because the thing is we have, you know, vast ranges
9 of territory in parks. In my district, I have most
10 of Valley Pond Park, which is over 600 acres. We
11 have Cunningham Park, which has over 350 acres.
12 Staten Island had huge parks, the Central Park, but
13 the density there is certainly much greater. Several
14 of the parks go into square miles like Van Cortlandt
15 and Pelham Bay. So, I'm just wondering if you would
16 think that would be something we should work on
17 together?

18 COMMISSIONER KAVANAGH: As a practical
19 matter, I think it's something to consider, but the
20 reality is I think that—that the Emergency Medical
21 Service can—can respond quicker than a PEP officer is
22 likely to be able to—to an emergency situation. So,
23 while it may provide a certain amount of redundancy,
24 and there may even be instances where they could
25 arrive on the scene more quickly. In general, EMS is

1
2 going to get there before a PEP officer who is
3 dispatched from a random location to an emerging
4 emergency situation.

5 CHAIRPERSON GRODENCHIK: Okay, thank you.
6 Thank you very much and thank you for your
7 implementation to this law. I know that when I was
8 coaching the Little League, the most Little League is
9 my third go-around, we required, and I don't know if
10 it's done we should—I should check on that with the
11 Health Committee Chair. We required our pitchers at
12 least to wear a heart guard, and nobody every got in
13 it that I recall, but it certainly, it's just another
14 precaution that—that leagues use these day. Thank
15 you, Mr. Chairman.

16 CHAIRPERSON LEVINE: Thank you, Mr. Chair.
17 We've been joined by Parks Committee Member Council
18 Member Jimmy Van Bramer from Queens, and now I'm
19 going to turn it over to the sponsor of the bill
20 Minority Leader Matteo.

21 MINORITY LEADER MATTEO: Thank you, Chair
22 Levine. You know, when—when we passed the prior
23 bill, we—we talked about putting AEDs in—in the
24 parks, and we—we talked about the theft and the
25 weather, and the program was implemented based on

1
2 that hearing that we had, and before I get into some
3 questions, I do want to thank your--your staff, John
4 Luiz and Daniel--Danielle Cane who has just been
5 wonderful in implementing this program. I--I--we
6 understand the complexities of the program. The only
7 way we're going to--we were going to get where we
8 wanted was to--was to think outside the box because
9 leaving them on the fence or, you know, in a building
10 where it's locked was not going to be helpful. So,
11 I--I do appreciate the--the cooperation, you know, a
12 great job of--of managing the program. So, thank you.
13 I'm going to start. So, Do you know how many AEDs
14 would have to be provided for softball leagues if we--
15 if we pass this?

16 COMMISSIONER KAVANAGH: We estimate it
17 would probably require an additional 500 AEDs.

18 MINORITY LEADER MATTEO: 500 and do you
19 know the cost? You said there was going to be a
20 fiscal impact. What is the fiscal impact? Do you
21 know?

22 COMMISSIONER KAVANAGH: In there between
23 \$1.5 to \$2 million.

24 MINORITY LEADER MATTEO: Annually or--?
25

1
2 COMMISSIONER KAVANAGH: No, the upfront
3 cost of course is for the purchasing of the AEDs.
4 That would probably in the range of \$1-1/4 to \$1-1/s
5 million. The training, the administrative costs on
6 top of that might bring the total cost of the program
7 up to \$2 million.

8 MINORITY LEADER MATTEO: The total cost
9 \$2 million. Great.

10 COMMISSIONER KAVANAGH: And then the—the
11 purchase, again the AEDs are expected to have a
12 lifespan of about seven years.

13 MINORITY LEADER MATTEO: Seven years.
14 So, we—we don't have to test for--

15 COMMISSIONER KAVANAGH: [interposing] So,
16 the recurring costs for additional training because
17 it has to happen every other year, and then there's
18 always turnover within the coaching ranks.

19 MINORITY LEADER MATTEO: Okay.

20 COMMISSIONER KAVANAGH: So, you're
21 training new people every year as well.

22 MINORITY LEADER MATTEO: So, you have—we—
23 we've—we want 1,500 AEDs.

24 COMMISSIONER KAVANAGH: Yes.
25

1
2 MINORITY LEADER MATTEO: Does that
3 include an employee, and Parks Department employee?

4 COMMISSIONER KAVANAGH: It does not
5 include any additional for the Parks Department, but
6 that is something that--

7 MINORITY LEADER MATTEO: [interposing]
8 But that is--I'm saying the \$1.5 does or the \$2
9 million does it?

10 COMMISSIONER KAVANAGH: The \$2 million
11 includes the, you know, the the--the cost of
12 administering the program. It doesn't mean
13 necessarily hiring--hiring new staff. It means
14 absorbing the cost of doing the purchasing,
15 organizing the leagues, setting up the training,
16 tracking the training--

17 MINORITY LEADER MATTEO: [interposing]
18 Okay.

19 COMMISSIONER KAVANAGH: --it's--all of
20 that administrative cost, and if, you know, this or a
21 similar program were to become part of our normal
22 responsibilities on a larger scale, we might want to
23 consider, you know, staffing to--for this purpose, you
24 know, dedicated to this purpose so it could happen
25 seamlessly.

1

MINORITY LEADER MATTEO: Okay.

3

COMMISSIONER KAVANAGH: Immediately.

4

MINORITY LEADER MATTEO: So, you talked
5 about there's only five who didn't have AED at game
6 right?

7

COMMISSIONER KAVANAGH: Yes, six.

8

MINORITY LEADER MATTEO: Six, okay. Have
9 you been practice—have you been looking at practices,
10 too, or we're just—or—or we're taking it. We're
11 asking like—or the point of the—the bill is also to
12 make sure that their practices run--

13

COMMISSIONER KAVANAGH: [interposing]

14

Yes.

15

MINORITY LEADER MATTEO: --you know,
16 that's no one from Parks (sic) there. There's no,
17 you know, just in the middle of the park. So, how is
18 that working?

19

COMMISSIONER KAVANAGH: We—we do include
20 permitted practice sessions within our—our oversight.
21 I can't say that if a practice occurs on an ad hoc
22 basis we would necessarily be aware of it--

23

MINORITY LEADER MATTEO: Bight.

24

COMMISSIONER KAVANAGH: --but we do issue
25 permits for practice, and we do include that in our

1
2 program for reviewing and oversight of the ADE
3 compliance.

4 MINORITY LEADER MATTEO: Okay, and
5 obviously we're—we're not—we're not issuing any
6 violations or anything, and no issues with not
7 getting our permits because a league or teams are
8 just not weren't compliance and still weren't in
9 compliance?

10 COMMISSIONER KAVANAGH: No, every league
11 that has applied for permits and received permits is
12 in compliance with Local Law 57.

13 MINORITY LEADER MATTEO: Good. So, the
14 Comptroller, as you mentioned, recently ordered the—
15 the program. It seems to be very positive. How can—
16 can you just give me a quick self-assessment on, you
17 know, the—on—on obviously any of the negatives that
18 you think that—that we—if we're going to pass a new
19 bill for softball that any roadblocks that you see
20 or--?

21 COMMISSIONER KAVANAGH: I—I—I—I don't see
22 any roadblocks--

23 MINORITY LEADER MATTEO: Yeah.

24 COMMISSIONER KAVANAGH: --I—I think and—
25 and I thank you for recognizing Danielle Cane (sic)

1 on my staff who did spearhead the effort within the
2 Parks Department. It-it-it took a, you know, a
3 focused effort by many people both within the agency,
4 and I also have to thank the leads. (sic) You know,
5 they take on an enormous responsibility to provide
6 youth sports throughout the city on a voluntary
7 basis, and they took on this responsibility as well,
8 and I have to give him a lot of credit for that.

10 MINORITY LEADER MATTEO: Absolutely and I
11 agree with you. When does the training occur?

12 COMMISSIONER KAVANAGH: The training
13 occurs generally in February and March in advance of
14 the season though we do have the ability to, you
15 know, put a training program together at other times
16 if it's warranted.

17 MINORITY LEADER MATTEO: Has any leagues
18 or teams requested that the needs to--can there be an
19 extra one somewhere?

20 COMMISSIONER KAVANAGH: We've done a lot
21 of jobs with--with leagues to

22 MINORITY LEADER MATTEO: Yes, just to
23 make sure that they're--

24 COMMISSIONER KAVANAGH: --to accommodate
25 their schedules, and weather and things like that.

1
2 MINORITY LEADER MATTEO: And the training
3 is for three years?

4 COMMISSIONER KAVANAGH: The-the
5 certification it lasts for two years.

6 MINORITY LEADER MATTEO: Okay, so in the-
7 in the Comptroller's Draft Report, while we're very
8 happy and positive, very happy that Parks is doing a
9 great job with it, they-they did talk about a little
10 bit better identification. I guess which coaches are
11 for which teams.

12 COMMISSIONER KAVANAGH: Yes. So, they--
13 while they--

14 MINORITY LEADER MATTEO: [interposing] How
15 are we dealing with that and moving forward?

16 COMMISSIONER KAVANAGH: We-we, you know,
17 we're not opposed to it. However, the-the database
18 that manages the-both the certification, the
19 distribution of the AEDs and tall of the other
20 regulatory contexts. It's designed by the American
21 Heart Association, and because, you know, there's a
22 fairly complicated oversight that's involved in this.
23 They have to report their information to REMSCO, the
24 Regional Emergency Management Agency, which in turn
25 has to report to Federal Drug Administration, the

1
2 USFDA and we're, you know, we're going to ask them
3 can they expand their database to include league
4 information. They did accommodate some of the things
5 we wanted to include before we—we started the
6 program, but we are dependent on them to manage a lot
7 of the—a lot of the data, and we do need their—their
8 buy-in order to expand it further.

9 MINORITY LEADER MATTEO: Okay, and let's—
10 let's maybe again we'll have a discussion but, you
11 know, as I told Barry since we're here is there—if we
12 were to expand into softball, obviously other—other
13 sports contact me and contact all of us about it—
14 would—would-do you think that that's the—the cost if
15 you would do it like for Lacrosse or another sport as
16 well? I mean if—if we decide to, you know, really
17 expand to as much as we can, is that basically \$1.5
18 to \$2 million across for each, you think for each
19 sport?

20 COMMISSIONER KAVANAGH: I—I—I don't think
21 it would be that much for each sport. It varies
22 greatly depending on the number of teams, the number
23 of—I'm sorry. The number of leagues, the number of
24 teams in each league, and—and the type of schedule
25 that they play, and I don't have the information for

1 every sport with me today, but that would certainly
2 factor into a cost estimate for expanding beyond
3 youth baseball.
4

5 MINORITY LEADER MATTEO: Right, and I
6 assume that the softball season pretty much is run
7 the same as the baseball season mostly to have
8 baseball or Lacrosse. These are the same from

9 COMMISSIONER KAVANAGH: Yes.

10 MINORITY LEADER MATTEO: These are the
11 same from April to June or into the Summer?

12 COMMISSIONER KAVANAGH: Most of it is
13 April through June. I think some of the youth
14 softball leagues tend to go into the summer more
15 maybe at least from what I've seen, but yes, it's
16 basically here's the schedule.

17 MINORITY LEADER MATTEO: So, what about
18 fall leagues? We're just—we're just making—are we
19 making sure that they're having any that these are
20 fall leagues?

21 COMMISSIONER KAVANAGH: Oh, yes for--

22 MINORITY LEADER MATTEO: [interposing]
23 Are they—so they're in the permits for the September
24 season. September and October, it's the same?
25

1
2 COMMISSIONER KAVANAGH: It's the same
3 process, the same requirements, yes, for it.

4 MINORITY LEADER MATTEO: Right.

5 COMMISSIONER KAVANAGH: It's youth
6 baseball that are required on Local Law 57 to have
7 AEDs. They're required to have them for in the fall
8 as well as the spring.

9 MINORITY LEADER MATTEO: Right, I-I
10 appreciate it again. I appreciate all--all the--all the
11 work, the partnership from--from you and your staff.
12 You know, the goal is to provide as much--as many AEDs
13 as possible. It's--it's quite simple for me that AEDs
14 saves lives. We want to make sure that our children
15 are always safe, and so thank you, and I look forward
16 to discussing how we move forward on the bill.

17 CHAIRPERSON LEVINE: Thank you, Majority
18 Leader and I understand that Council--the Minority
19 Leader [laughs] promoted you there. Council Member
20 Koo I believe you have questions, and I neglected to
21 mention we have been joined by Deputy Minority Leader
22 from Staten Island. Do I have that title right?

23 COUNCIL MEMBER BORELLI: [off mic] Yes,
24 you have it right.

1
2 CHAIRPERSON LEVINE: Yes. Okay.

3 [laughter]

4 COUNCIL MEMBER BORELLI: [off mic] You've
5 got to really watch what you're saying. (sic)

6 CHAIRPERSON LEVINE: Alright, the great
7 Joe Borelli.

8 COUNCIL MEMBER KOO: So, thank you, Chair
9 Levine, and—and—and Chair Grodenchik, yeah. Did I
10 say it right, right?

11 CHAIRPERSON GRODENCHIK: Yea, I guess.

12 COUNCIL MEMBER KOO: Yeah, and thank you
13 Deputy Commissioner here. My question is like once
14 you issue the AEDs, who's in—who has custody of those
15 AEDs, the coach?

16 COMMISSIONER KAVANAGH: Yes the, league.
17 We issue the AEDs to the league, and they distribute
18 them to their coaches based on their game schedule.

19 COUNCIL MEMBER KOO: Oh, so they take it
20 home or they put in a civic special place?

21 COMMISSIONER KAVANAGH: No, they—they
22 take them and store them either at home or if they
23 have a facility that they use to operate their
24 leagues, they might keep them there, but they are in
25 control of the leagues and of the coaches.

1
2 COUNCIL MEMBER KOO: So, do-do they-they
3 have to take it to the-to the field every time they
4 practice, right?

5 COMMISSIONER KAVANAGH: Yes--

6 COUNCIL MEMBER KOO: Oh.

7 COMMISSIONER KAVANAGH: --or play a
8 competitive game.

9 COUNCIL MEMBER KOO: Okay, so-so what
10 happens if you forget or something, you know?

11 COMMISSIONER KAVANAGH: Excuse me?

12 COUNCIL MEMBER KOO: If they forget to
13 take the-take the machine to the--?

14 COMMISSIONER KAVANAGH: Well, we-as I-as
15 I said, last spring when we-when we did some
16 oversight, we did find that some teams have
17 forgotten. One of the good things about the way the
18 legislation is set up is that each team is supposed
19 to have an AED present. So, even if one forgets,
20 there should be an AED at the field.

21 COUNCIL MEMBER KOO: Okay, yeah. So, how
22 long is the training? Is it two hours or--?

23 COMMISSIONER KAVANAGH: I think the
24 training lasts as long as six hours. It's an-it's an

1
2 extensive training in order to be certified to use an
3 AED.

4 COUNCIL MEMBER KOO: You're using a Red
5 Cross certification?

6 COMMISSIONER KAVANAGH: It's an American
7 Heart Association is the vendor that we are using for
8 this program, but they are fully accredited to train
9 and certify users of the AEDs.

10 COUNCIL MEMBER KOO: But does he also-do
11 they also teach CPR at the same time? Yeah.

12 COMMISSIONER KAVANAGH: I-I--[background
13 comments] Yea, CPR is part of the training for AED
14 compliance.

15 COUNCIL MEMBER KOO: Oh, okay. So, like
16 for the last-like for the-how long this law has
17 passed over three years right?

18 COMMISSIONER KAVANAGH: The-the law was
19 passed in 2016, but last year, the-the spring of last
20 year was the first baseball season where it was in
21 effect.

22 COUNCIL MEMBER KOO: So, from you-I heard
23 from you that you have no incidents to use the
24 machine yet, right?

25 COMMISSIONER KAVANAGH: Yes.

1
2 COUNCIL MEMBER KOO: Oh, so we're lucky.
3 Yeah.

4 COMMISSIONER KAVANAGH: Yes.

5 COUNCIL MEMBER KOO: Yeah, so if you—like
6 my Minority Leader over there said it already if this
7 extends to other spots, how much money with the
8 Department of Parks will require for them? Like I
9 want to know how many sports it will cover. Like
10 tennis? Will it cover tennis?

11 COMMISSIONER KAVANAGH: It does not cover
12 tennis, and there are, you know, a range of sports
13 that are played by youth. I don't have all of the
14 numbers available to me today to—to estimate what the
15 costs for all sports would be. We estimate the cost
16 for extending it to youth softball could be anywhere
17 from \$1.5 to \$2 million.

18 COUNCIL MEMBER KOO: Okay, thank you.
19 Yeah.

20 CHAIRPERSON LEVINE: Thank you very much
21 Council Member Koo. Commissioner, to what extent are
22 these devices deployed on our city's beaches?

23 COMMISSIONER KAVANAGH: We have AEDs
24 available at all of the lifeguard facilities at our
25 beaches. So, the number of facilities vary by beach.

1
2 Of course, at Rockaway there are more because the
3 beach is longer. At a place like Manhattan Beach,
4 there's only one facility. So, there would only be
5 one AB--AED present, but yes we are required to--

6 CHAIRPERSON LEVINE: [interposing] In-in
7 that facility you don't mean the lifeguard chair.
8 You mean the--say for--

9 COMMISSIONER KAVANAGH: [interposing] The
10 lifeguard station.

11 CHAIRPERSON LEVINE: Got it. Okay. Have
12 there--do you know the incidents, the number of
13 incidents in which an AED has been needed on the
14 beaches?

15 COMMISSIONER KAVANAGH: Off the top of my
16 head I can only recall two instances where we
17 attempted to deploy an AED, but the device did not
18 require a discharge. As you know, the--the device
19 reads the symptoms and advises whether or not a
20 discharge is--is needed and to my recollection the two
21 instances where we attempted that was not required.

22 CHAIRPERSON LEVINE: Okay. We've been
23 joined by Council Member Dr. Mathieu Eugene, Health
24 Committee Member. Welcome. Do you know the
25 manufacturer of the devices?

1
2 COMMISSIONER KAVANAGH: Phillips is the
3 name of the manufacturer.

4 CHAIRPERSON LEVINE: To what extent does
5 this technology evolve? Are the devices getting more
6 effective, and I'm wondering whether we could be left
7 with outdated devices if we don't upgrade in the near
8 future.

9 COMMISSIONER KAVANAGH: Well, like
10 anything else in the medical field, there is--there is
11 constant evolution and improvement of different
12 devices. Our understanding is that the model that
13 we're using the FR3 is considered to be a--a highly
14 and effective device. It is use by the Fire
15 Department and, of course, they have much more cause
16 to--to employ the AEDs than the Parks Department does,
17 and they are, you know, one of the leading
18 manufacturers in the industry. So, we're, you know,
19 confident that the product that we have is--is
20 effective, and will serve the purposes that the city
21 purchased it for.

22 CHAIRPERSON LEVINE: Just to clarify the
23 fiscal impact. So, it's the \$1.5 million upfront for
24 requiring the--the hardware essentially. Is that--does
25

1 capital—is that considered capital expense? Is that
2 bondable?
3

4 COMMISSIONER KAVANAGH: No, it's not a
5 capital.

6 CHAIRPERSON LEVINE: Why not if it has a
7 7-year lifespan?

8 COMMISSIONER KAVANAGH: Well, it's—it
9 only costs \$3,000 each and the capital threshold
10 usually is \$35,000.

11 CHAIRPERSON LEVINE: Even though
12 collectively it's--

13 COMMISSIONER KAVANAGH: Collectively you
14 can make that argument, and we do in different
15 circumstances, but I think the determination has been
16 that it is not a capitally eligible item.

17 CHAIRPERSON LEVINE: Yeah, if—if it was
18 helpful, we might want to pursue that.

19 CHAIRPERSON GRODENCHIK: And we'd like to
20 talk to you about that because, we buy technology for
21 almost every school in my district and there's almost
22 nothing that costs \$35,000. So, we buy Smart Boards,
23 which are about \$7 or \$8,000 each combined. They
24 could be \$100 or \$150,000 per school depending on the
25

1 number, and those are capital eligible. So, I think
2 we need to take a look at that.
3

4 CHAIRPERSON LEVINE: Laptop carts.

5 CHAIRPERSON GRODENCHIK: Laptop carts.

6 CHAIRPERSON LEVINE: It seems like—

7 CHAIRPERSON GRODENCHIK: But high bids,
8 though. [laughs] [background comments]

9 CHAIRPERSON LEVINE: Right, so maybe—
10 maybe we can collectively talk to OMB on this issue,
11 but just to understand then after the year one
12 acquisition and—and a lot of training in year one,
13 what do you estimate the annual operating expense of
14 the program will be in the subsequent years?

15 COMMISSIONER KAVANAGH: Where it's—you
16 know, we—we have provided training for additional
17 coaches or new coaches who have joined those leagues
18 this year. It has been not—not extensive, but we
19 know that every other year we're going to have to
20 recertify all of the coaches, and so next year we're
21 going to have to recertify 3,000 coaches based on
22 those who have participated I Local Law 57. There
23 may be additional at that time. That cost was
24 approximately \$300,000. So, it will be in that range
25 at least. We do anticipate that we will have to

1
2 replace some AEDs. We don't know how many yet, but
3 we have to consider that as well.

4 CHAIRPERSON GRODENCHIK: [off mic] Yeah.

5 CHAIRPERSON LEVINE: Alright. Well,
6 thank you, Commissioner for your thorough
7 presentation and answering our questions. We're
8 going to wrap up on this panel, and move onto members
9 of the public who have come to testify. We're going
10 to start off with Javier Vegas from DC37 Local 508,
11 and the great Peter Stein, President of Local 508.
12 [pause] Alright, do you want to kick us off Mr.
13 Stein?

14 PETER STEIN: [off mic] Yes.

15 CHAIRPERSON LEVINE: Okay, we're—we're
16 going to put a 3-minute clock on.

17 PETER STEIN: [off mic] I'm sorry?

18 CHAIRPERSON LEVINE: I'm just telling the
19 sergeant that we have a 3-minute clock.

20 PETER STEIN: That's not enough time,
21 three minutes. Three minutes that what I heard. I
22 don't know if I can do this in three minutes. So,
23 I'll talk fast. [laughter] Okay, it's-it's certainly
24 a subject that requires more than three minutes. My
25 name is Peter Stein. I am familiar with some of you

1 folks. Others of you I have yet to meet. I am
2 President of Local 508, which is Supervisory
3 Lifeguards at DC37. I have been a practitioner of
4 water safety since I was 17 years old. So, I've been
5 pretty much working this gig for 50 some odd years.
6 I think I want to thank everybody for their insight
7 in providing AEDs at Little League games. It's
8 certainly something that's called for, and my reason
9 for being here is to suggest that maybe there are
10 other places that you need to focus your attention.
11 My members service roughly 20 million people a year
12 at the Park's beaches and a couple of million in
13 addition to that at the pools. The present state of
14 requirement of AEDs seems to have a deficiency. A
15 number of years ago [coughs] the state mandated AEDs
16 and trained lifeguards be available at surf beaches.
17 That is presently the law. However, Assemblyman
18 Weisenberg didn't go quite as far as he might have.
19 He should have included the pools, the city pools
20 where there are tons and tons and tons of people in
21 some of your districts. So feel free to stop over
22 there on a Saturday and Sunday, go to an Olympic
23 pool, and you'll see 3,000 people in one day,
24 certainly more than the 36 people who may be playing
25

1
2 hardball or softball in the Little League. Yet,
3 there is a deficiency in providing AEDs, and I want
4 to commend this administration for working with my
5 local, and I am told that this year at the
6 intermediate pools and the Olympic pools there won't
7 be AEDs providers. However, that's a voluntary
8 operation, which may or may not exist. We are
9 fortunate to have a very progressive administration
10 at this point, but there's no guarantee that that
11 will occur in perpetuity, and it's our belief that
12 this Council in its infinite wisdom needs to
13 introduce a bill that requires AEDs be deployed at
14 the New York City pools. We're already training our
15 members, and I want to take a moment to tell some of
16 you in four years we've not lost one single life
17 where a lifeguard was on duty to drownings at any of
18 the city beaches and pools. We are committed to what
19 we do in terms of saving [bell] saving people. I've
20 got just a little more to go if I might?

21 CHAIRPERSON LEVINE: Okay, briefly, if
22 you could Peter.

23 PETER STEIN: I will be brief. I would
24 just ask you folks to do me a favor. Envision what
25 you think, what comes into your heads when I say

1 first responders, and I'll suggest not a one of you
2 will think of a lifeguard. We are the people at the
3 beaches and pools who get to people who are in need
4 of aid long before EMS gets there, long before the
5 Fire Department gets there, and there is a window of
6 six to seven minutes to apply an AED if it's going to
7 be successful. From there on, it diminishes the
8 effectiveness of that piece of equipment. So, I
9 would ask you to join with us, your—both committees
10 in sponsoring some legislation. I would suggest
11 having gone through numerous years of college and
12 post-graduate work so it's easier to copy something
13 than to invent it. There's already a piece of
14 legislation that was enacted at the state level. I
15 can provide that for you. All you have to do is
16 include the word "Municipal Pools" and where they
17 are. So, that's what I'm doing here. I don't want
18 to go through all of the—I will submit this in
19 writing to you all the reasons why this should
20 happen, and the last thing I would ask you to include
21 is proximity. Where are these AEDs going to be
22 deployed? To say that there needs to be one for
23 example in a municipal pool doesn't cut it. We need
24 to have these things deployed on the pool decks so
25

1 somebody doesn't have to run out of the building,
2 around the corner and into an office some place to
3 retrieve the equipment. So, once again, I am asking
4 for someone to allow us to work with you in
5 fashioning something that will give my members the
6 tools necessary to save lives. Thank you very much
7 for your time.

9 CHAIRPERSON LEVINE: Thank you, Peter,
10 and—and I know that my colleague has a question, but
11 just to clarify, on the beaches these devices are in
12 the lifeguard stations?

13 PETER STEIN: Yes.

14 CHAIRPERSON LEVINE: At the pools they
15 are not present at the lifeguard stations?

16 PETER STEIN: My belief, and I will have
17 for you an inventory at the outdoor pools at best,
18 it's hit and miss, if at all. The indoor pools—I
19 have a chart, which I compiled, which tells you the
20 location of where they are in the indoor pools. It
21 would be helpful to have maybe more than one AED in a
22 recreation center because think about what a
23 lifeguard has to do. A lifeguard has to tend to the
24 victim, and then start heading to wherever that AED
25 is presently deployed to retrieve it to bring it to

1 the victim. It is really a matter of minutes and
2 it's—I could give you the worst case scenario, but
3 I'm not here to try to do that.

4 CHAIRPERSON LEVINE: We—we understand
5 that. Alright, I'm going to pass it off to my Co-
6 Chair here.

7 CHAIRPERSON GRODENCHIK: Thank you, Chair
8 Levine. Mr. Stein, where are they currently? If I
9 went to Rockaway Beach, where would I find an AED?

10 PETER STEIN: There are lifeguard
11 sections. The entire beach isn't one mass. It's—they
12 every—I don't—I can't give you the exact distance.
13 I'm just not good at that, but they're deployed along
14 beach. Generally, they're kept some place. Towards
15 the back of the beach, there are things we refer to
16 lifeguard shacks—

17 CHAIRPERSON GRODENCHIK: Right.

18 PETER STEIN: --because when I was a mere
19 youth, these were truly shacks. That's where they're
20 deployed. At beaches, though, there is something—
21 there's another element, which is helpful. It's more
22 than helpful. We've worked with the agency to get
23 EMS to deploy a unit, more than one unit in Rockaway,
24 more than one unit in Coney Island on the boardwalk
25

1
2 whether it be a scooter with EMS staff, and equipment
3 or an ambulance. So, while the lifeguard will do the
4 initial responder, the EMS responses at those
5 facilities is far—I hate to use the word better, but
6 quicker, better than other places. There's no
7 traffic to transcend or anything else. So, working
8 with EMS and our own equipment, basically we'll get
9 there first. We will attempt to utilize our AEDs or
10 the agency's AEDs and within minutes the EMS
11 personnel respond, and they take over. They are
12 certainly trained to a higher level, you know, of
13 lifeguards.

14 CHAIRPERSON GRODENCHIK: Are you—are your
15 lifeguards trained to operate the AEDs currently? I
16 guess they have to be if they're there.

17 PETER STEIN: Not all lifeguards--

18 CHAIRPERSON GRODENCHIK: [interposing]
19 Not all lifeguards

20 PETER STEIN: --but every section, every
21 moment that those beaches are open has somebody who
22 is trained and certified, and I'll go beyond that.
23 We have, the agency has I should say, my members do
24 the work, but it's the agency's instigation that
25 creates it. We understand that just as baseball

1
2 coaches are seasonal, so are lifeguards, and we're
3 not willing to accept a two-year period because who
4 knows who remembers what from two years ago. Now,
5 interestingly enough, CPR, the certifications by most
6 national organizations have a two-year lifespan, but
7 yet the Health Department mandates even though the
8 certification is for a two-year period, there was an
9 annual certification required. I would suggest that
10 you look into that even with the coaches because how
11 do you really know who remembers what from two years
12 ago. So, it's just a positive suggestion I hope, and
13 I hope it's taken as that.

14 CHAIRPERSON GRODENCHIK: Thank you.
15 Thank you, Mr. Stein. Thank you, Mr. Chairman.

16 CHAIRPERSON LEVINE: Okay, Dr. Eugene, do
17 you have a question?

18 COUNCIL MEMBER EUGENE: Thank you very
19 much, Mr. Chair. So, I want to thank you for report
20 in term of the location where the AEDs should they be
21 deferred because I think that you have been on scene
22 for so long, you know the situation eventually for—
23 it's since 17 years, if I remember clearly.

24 PETER STEIN: 53 years, but who's
25 counting that.

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CHAIRPERSON EUGENE: Since you are 17.

Is that correct?

PETER STEIN: Yes.

CHAIRPERSON EUGENE: But you mentioned also in your testimony that for four years. So, you have not observed or noticed any loss of life in—in term of, you know, the pool and the—but my question is could you tell us how many emergency situations that have required the assistance and the—of your lifeguards? Is there any—how many emergency situations that would—that could create loss of life on the beaches and your employees were obliged to assist and to save life?

PETER STEIN: I'm sure I totally understand the question.

CHAIRPERSON EUGENE: Can you tell us--
[background comments]

PETER STEIN: [interposing] how many--

CHAIRPERSON EUGENE: How many situations.

PETER STEIN: Were they marked within what timeframe or--?

CHAIRPERSON EUGENE: Four—four years.

PETER STEIN: Four years?

1
2 CHAIRPERSON EUGENE: Yes, within the four
3 years?

4 PETER STEIN: Off the top of my head it
5 would be very hard. I can—I can tell you that
6 historically we wind up using AED with the other
7 demographic of the patrons of the beach, the elderly.
8 Last year, for example, I know at Manhattan Beach
9 there were several instances of older folks in their
10 70s and 80s. If you can recall, there were some very
11 warm days. The AED because useful. I can't give you
12 a quantitative number because just don't-

13 CHAIRPERSON EUGENE: [interposing] No,
14 let me put—let me phrase the question another way.
15 You—you said that for four years, there has been no
16 loss of life.

17 PETER STEIN: In four years, yes.

18 CHAIRPERSON EUGENE: In four years, but I
19 want to know if it's exactly because of the
20 intervention of the lifeguards? Is this because you
21 also use the people who are, you know--

22 PETER STEIN: [interposing] Oh, okay. I
23 got it.

24 COUNCIL MEMBER EUGENE: You see what I'm
25 saying?

1
2 PETER STEIN: There were our--

3 COUNCIL MEMBER EUGENE: [interposing]

4 It's because of the--yeah.

5 PETER STEIN: There are hundreds of
6 interventions on the part of the lifeguards, some
7 more serious, some less serious. In some instances,
8 immediately after that, my members will report to the
9 First Deputy Commissioner--who happens to be sitting
10 here, who's in charge of water safety--any serious
11 incidents. In some instances, we've called them and
12 told them it doesn't look good. We don't think that
13 this person is going to survive. So, we're dealing
14 with situations where had a lifeguard not intervened,
15 the likelihood is that person would not have
16 survived. Unfortunately, they did because we were
17 there and were there quickly, and we were trained to
18 deal with it, and we had the equipment to deal with
19 it. So, I've heard numbers here: \$4 million, \$6
20 million. Buy the lifeguards some AEDs, deploy them
21 and let us do what we do best, which is save people,
22 and I am telling you in all seriousness, absent the
23 lifeguards there were many instances where people
24 would not be here today if wasn't for the
25 intervention, and this is just a piece of equipment

1 that can only be helpful. So, I am asking you please
2 adopt the Local Law just as you have for the Little
3 Leagues to require this equipment be deployed at the
4 city's swimming pools. Thank you.

5
6 COUNCIL MEMBER EUGENE: Thank you very
7 much. Thank you. Mr. Chair.

8 CHAIRPERSON LEVINE: Thank you, Council
9 Member Eugene and I did want to offer Mr. Rodriguez a
10 chance to deliver his testimony. [background
11 comments]

12 PETER STEIN: [off mic] Excuse me, it's
13 just kind of the person telling it to Mr. Stein.
14 (sic) [background comments]

15 CHAIRPERSON LEVINE: Well, could you tell
16 us are you a lifeguard, sir, or what is your role?

17 PETER STEIN: Tell him.

18 MR. RODRIGUEZ: Yes, this will be my 40th
19 season of summers. You know, and as a-as a New York
20 City lifeguard, I grew up here on the Lower East Side
21 where I first worked at Hamilton Fish Pool, and since
22 then I went to Coney Island, Rockaway, and I'm an
23 instructor at the New York City Lifeguard Program.

24 CHAIRPERSON LEVINE: Well, thank you, Mr.
25 Rodriguez for your service to our city, and it bears

1 repeating what an extraordinary accomplishment it is
2 that for four seasons running, we've had not deaths
3 in the water in any facility under the supervision by
4 a New York City lifeguard, and that's a great
5 testament to your work and the work of your
6 colleagues.
7

8 MR. RODRIGUEZ: Thank you.

9 CHAIRPERSON LEVINE: Thank you.

10 PETER STEIN: Thank you for your time.

11 CHAIRPERSON GRODENCHIK: Thank you.

12 CHAIRPERSON LEVINE: Okay, thank you for
13 this panel. We next have Debbie Kling from the West
14 Side Little League; Kara—sorry. Acompora—sorry, if I
15 mispronounced—mispronouncing that from the Luis
16 Oncot—Acompora Foundation and Robin Vitale from the
17 American Hear Association.

18 CHAIRPERSON LEVINE: Could you make sure
19 you mic is on?

20 DEBBIE KLING: [off mic] It's on.

21 CHAIRPERSON LEVINE: I don't think so.

22 CHAIRPERSON GRODENCHIK: You see the
23 little red light?

24 DEBBIE KLING: [on mic] Is it on now?

25 CHAIRPERSON LEVINE: Yes.

1
2 DEBBIE KLING: Okay. Hi, my name is
3 Debbie Kling and I'm President of the West Side
4 Little League on the Upper West Side of Manhattan and
5 it's one of the largest Little Leagues in the city.
6 I'm in Mark's district partially. Based on my
7 personal experience and Internet research, I know
8 that incidents of cardiac arrest from being struck by
9 a baseball or a softball are very rare, and I know
10 you said it's the second leading cause of death among
11 these sports, but it is very rare. In my 25 years
12 with the West Side Little League, during which an
13 estimated 35,000 children have played, there has
14 never been a case of this happening, and I've been
15 League President, League Vice President, Division
16 Head, so I would have heard of these, and I've never
17 heard of such a case in any of the other Little
18 Leagues in District 23, an area covering all of
19 Manhattan and Southwest Bronx. Regardless, the
20 Westside Little League has been in complete
21 compliance with Local Law 57 since its adoption in
22 2017. 107 of our coaches became certified in CPR in
23 2017 and 2018, every team has at least one certified
24 coach and one AED, which is brought to every game and
25 practice. Our league has over 80 issued AEDs, and I

1 want to mention how helpful Danielle King and Melissa
2 Petri of the Parks Department were in helping us to
3 comply with this law. They were terrific. The
4 Westside Little League has gone one step further by
5 requiring AEDs at our girls' softball games and
6 practices. So, when we were asked for the number, I
7 put them in, and the reason is because most of our
8 teams use a 12-inch hard softball. Okay, this is a
9 7-ounce thing, and I could throw it to you or bring
10 to you. You could pass it around. You see this is
11 very hard. There is nothing soft about Little League
12 Girls' Softball, but research shows that cardiac
13 events that require AEDs are—more often happen to
14 boys than to girls. This has been—they're not
15 exactly sure why. They have all these theories. It
16 also happens in Lacrosse and Hockey, but regardless
17 of that, I do think that if you're going to keep the
18 law, it should be expanded to include girls' softball
19 okay because it is [ball bounces] a hard ball. Okay,
20 but I would ask if there is a way to have the AEDs
21 permanently and securely stationed at or near city
22 ball fields rather than requiring individual coaches
23 to carry and care for them. Our teams play—West
24 Village teams play on 14 fields: Riverside Park,

1 Central Park, Morningside, Dewitt Clinton in spring,
2 summer and fall and it would be great if-if [bell]
3 you could install some kind- [bell]-can I go on?
4

5 CHAIRPERSON LEVINE: Yes, just if you can
6 quickly.

7 DEBBIE KLING: Okay, it would be great if-
8 if the Parks Department could install some kind of
9 locked protective case for the AEDs at or near each
10 field, perhaps locked to the dugout fence or
11 something. Something would encase it and maybe give
12 out a combination for a combination lock, something
13 like that for a rare eventuality like cardiac arrest
14 and it is rare. If you look at the research, it's
15 really rare. It does seem excessive to require
16 volunteer coaches who are hard to recruit and already
17 physically burdened by bats and balls and protective
18 safety gear, catcher's gear, batting helmets that
19 they have to schlep to and from the field to add the
20 7-1/2 pound AED, which is what it weighs. And it
21 would also be a blessing to have more qualified
22 personnel share the responsibility for their care and
23 upkeep. We're apparently responsible for when the
24 batteries give out, and I don't know how often that
25 happens. All of ours are still blinking green, but

1
2 at—but at some point they will. I don't know what
3 kind of expense that would be, and I would expect it
4 would be cheaper for the city to install AEDs on the
5 fields. For the Westside Little League alone, it
6 would mean 14 or less because some of our fields abut
7 and could share an AED rather than 80 AEDs and what
8 did you say the AEDs cost like \$2,000 a piece or
9 something. I know they were on the line. They could
10 lose them possibly for \$2,500. That's what it says
11 that we're responsible for that. So, they're
12 expensive. It just seems to me it might be more
13 cost-effective to figure out a way for the Parks to
14 have them--

15 CHAIRPERSON LEVINE: [interposing] Right.

16 DEBBIE KLING: --like the schools do.

17 CHAIRPERSON LEVINE: We—we---

18 DEBBIE KLING: [interposing] Okay.

19 CHAIRPERSON LEVINE: --very much
20 appreciate your input on this, Debbie, and thank you

21 DEBBIE KLING: Okay.

22 CHAIRPERSON LEVINE: --for your volunteer
23 leadership of this—the-the wonderful and well
24 regarded Westside Little League.

25 DEBBIE KLING: Well, thank you.

CHAIRPERSON LEVINE: Alright, Karen.

KAREN ACOMPORA: Thank you. My name is Karen Acompora and thank for having me here. I'm the Co-Founder of the Louis J. Acompora Memorial Foundation. We are committed to improving sports safety with a special focus of placing automatic external defibrillators in all schools, youth athletic and youth athletic organizations. We are dedicated to educating and sharing information on Commotio cordis, and sudden cardiac arrest. We will also support public access defibrillation programs, and we investigate methods of developing and improving chest protection for all athletes. I am also the Chairwoman for Parent Heart Watch, a national organization that advocates—we are the only national advocacy organization focused solely on protecting youth from sudden cardiac arrest. Parent Heart Watch is comprised of parents and other advocates who have personally been touched by sudden cardiac arrest and/or sudden cardiac death. When a child is brought into this world his or her parents begin to dream and imagine their futures. Never do they dream or imagined their funerals. We as parents can handle the possibility of our own mortality, but

1 to face your child's before your won is just
2 unimaginable. But there are those of us, and I am a
3 parent in this category, who has not only had to live
4 through their child's passing but to learn how to
5 live with that memory every day. On March 25th, my
6 son Louis was playing in his first high school
7 Lacrosse game. Early in the second quarter, he
8 blocked a routine shot with his chest. He took a few
9 steps and collapsed right there on the field. As the
10 chain of survival recommends, 911 was called, and
11 Louis' coach started CPR on him right away, but to no
12 avail. We did not know at the time, but Louis was in
13 cardiac arrest. As his father and I stood by
14 helplessly watching, Louis died on the field that day
15 because there was still one very important link in
16 the chain of survival missing. There was no
17 automatic external defibrillator or anyone until-
18 available to anyone until EMS arrived. This was 12
19 minutes after the event, and it was already too late.
20 Louis was only 14 years old. Louis died from the
21 syndrome called Commotio cordis, which you all have
22 about. The heart begins to quiver going into cardiac
23 arrest. The only known treatment is defibrillation-
24 immediate defibrillation such as with and AED. Up
25

1
2 until then, Louis was 100% healthy and wearing a
3 chest protector. It didn't matter. I might add
4 since you brought it up you recommended the Heart
5 Guard. I've been this for 18 years now, and I can
6 tell you that the Heart Guard is worthless. There is
7 up until last year, NOCSAE, National Operating
8 Committee On Safety Equipment we did not have a
9 standard for chest protection and the Heart Guard
10 always promoted themselves as being able to stop
11 Commotio cordis. However, that's false
12 advertisement. It is not true. There's only one
13 chest protector on the market today approved by the
14 FDA to protect from Commotio cordis [bell]. Oh, so--

15 CHAIRPERSON LEVINE: You many continue.

16 KAREN ACOMPORA: Thank you. No parent
17 can prepare for this nor can parents and family know
18 what will come of such a horrendous tragedy.
19 [coughs] For us, we decided it was important to
20 educate and help promote awareness of Commotio cordis
21 [coughs] and/or an act of disability. (sic) Commotio
22 cordis is a significant cause of morbidity and
23 mortality on the playing field with over 20 cases of
24 Commotio cordis reported each year. The Foundation
25 began hosting educational seminars to educate the

1
2 public on the need for AEDs. [coughs] Louis' Law
3 was passed on May 7th in 2002. This bill was signed
4 by Governor Pataki on Louis' graduation day requiring
5 AEDs in all public schools. The goal of this law is
6 to save other children. We recognize the schools are
7 large work places and serve as a gathering place for
8 the community, for children, adults of all ages all
9 at risk for cardiac event. The effect of this
10 legislation has been enormous because this important
11 life saving legislation, because of Louis' Law we now
12 have at least 99 lives that have already been saved
13 within public schools and 46 of those lives are
14 children. There a probably more that we don't even
15 know about. There are 99 lives still with us and 99
16 different families who have not had to lose a loved
17 one to cardiac arrest. No other families would not
18 have to wonder: What if the AED was available. It
19 is a fact that 1 in 300 children are born with a
20 heart abnormality that could lead to sudden cardiac
21 death that they are unaware of. Almost 23% of
22 children 1 to 12 years old and 27% of children 13 to
23 18 years old according to the 2018 Heart Disease and
24 Stroke Statistics Update suffer a sudden cardiac
25 death in public places. These cardiac deaths can be

1 brought on most often by athletics, which we
2 encourage our children to do, but we often—but we
3 need to provide a standard of care that will protect,
4 and that's I think that where we need to provide a
5 standard of care regardless of the cost. We know—we
6 now have small to major businesses, we have
7 municipalities, public and private buildings, and
8 organizations that have also made the commitment to
9 having AED programs. The acronym is AED is not an
10 uncommon word any more. There are wonderful stories
11 all the time in the paper about lives saved because
12 of an AED was available and someone trained in CPR.
13 In 2015, a young baseball player named Elijah was
14 playing baseball for the Institute of Collaborative
15 Education on a Central Park Field, and was hit in the
16 chest by a baseball. Thankfully, the AED was there,
17 and his coaches saved his life. We need and must
18 create an environment of life saving awareness
19 fostering a sense of community and commitment to
20 serve each other and our most valuable children—our
21 most valuable resource, our children, and I might add
22 that sudden cardiac arrest, I gave you the statistics
23 for children. It ranges 6,000 to 14,000 annually.
24 So, it's—I have to disagree with you, but it's not--
25

1
2 DEBBIE KLING: [interposing] It may not
3 be you construct baseballs. They maybe from
4 something else. (sic)

5 KAREN ACOMPORA: No, not a rare event,
6 and if you had a child who died from sudden cardiac
7 arrest being struck by a ball, rare is not a term
8 that I would ever use.

9 CHAIRPERSON LEVINE: Okay, well, thank
10 you, Ms. Acompora for-

11 KAREN ACOMPORA: [interposing] I did it.
12 (sic)

13 CHAIRPERSON LEVINE: --for sharing that
14 incredibly powerful story with us and your bravery in
15 channeling your grief into activisms to protect the
16 next generation of children is incredibly admirable,
17 and it's to prevent any other child suffering what
18 Louis suffered. That's motivated us--

19 KAREN ACOMPORA: [interposing] I
20 appreciate that.

21 CHAIRPERSON LEVINE: --to enact the
22 original bill and it's why we're having this hearing
23 today. So, to have your voice, it's incredibly
24 powerful, and I'm going to ask Steve Matteo to say a
25 few words as well.

1
2 MINORITY LEADER MATTEO: Thank you, Ms.
3 Acompora and thank you for your strength and for
4 being and I'm very—I'm very sorry. I—as a parent of
5 four I can't imagine the—the pain, but you've turned
6 it into a strength and advocacy and we can't thank
7 you enough. That's why we're here for this, why we
8 passed—my predecessors passed legislation or five---
9 well, I passed legislation two years ago. We want to
10 expand to softball, we want to expand to Lacrosse, we
11 want to expand it everywhere. We have the Beating
12 Heart's Initiative, you know, that—that I also helped
13 create what we give out over 200 a year throughout
14 the city. So, for—for us we hope that we never have
15 to use any of them.

16 KAREN ACOMPORA: Me, too.

17 MINORITY LEADER MATTEO: And that's the
18 bottom line. I hope we never have to use them. I
19 hope for every hearing that we have that we want to
20 expand that. We hear from the Parks Department that
21 we didn't have to use them, but if we do, we want to
22 make sure that—that AEDs are as accessible as
23 possible, and we will keep that up and we promise
24 we'll—we'll keep trying to expand and—and provide
25 AEDs everywhere. Thank you.

1
2 KAREN ACOMPORA: Thank you. I just would
3 like to add also I think there are creative ways
4 [coughs] AED sharing, and placing AEDs in outdoor
5 cabinets. However, I would advise the Council that
6 locking any AED is really not in your best interest
7 because having—think someone being held responsible
8 for a key or a code in an emergency situation is
9 really not an appropriate idea because in emergencies
10 people, you know, freeze, and remembering a number
11 will never work. So, you know, investigating other
12 ideas I think would be more appropriate.

13 MINORITY LEADER MATTEO: So, just to
14 respond to that, at the hearing at the Parks
15 Department two years, the first bill that we—that we
16 passed, the first draft had them placed at parks.
17 You know, let's put them on the fence. Let's put
18 them, you know on the outside of the dugout, and
19 there are a lot of problems with that in terms of
20 locks and—and weather and stealing, and so we had to
21 come up with the out-of-box thinking, and is it the
22 perfect solution? We think it's the perfect solution
23 because it gives every coach an AED there. Are there
24 issues with it? Sure but the Parks Department, you
25 know, had valid concerns and the same that you just

1 brought up, that we can't just leave them. You know,
2 so that's why we came up with this system that we're
3 doing now because we want to—we want to pass the
4 bill. We want to have the AED access, and—and you've
5 been here the whole time. You heard their, you know,
6 \$1.5 million to \$2 million to start the program is—
7 is—is nothing we should be worried about in an \$87
8 billion budget. So, we're—we're going to keep
9 pushing and--
10

11 KAREN ACOMPORA: I agree. However, I
12 also want to applaud you because I think that even
13 placing them in the hands of the coaches is a great
14 idea. I mean it expands awareness of sudden cardiac
15 arrest. I know how to do CPR using an AED. We need
16 our public more aware, and by having a coach having
17 that responsibility trickle down through their
18 family, the parents of the League, managers, coaches,
19 it's not a bad thing. I—I think it's great, and
20 [buzzing] I'm sorry the responsibility is on a coach.
21 It should be.

22 MINORITY LEADER MATTEO: Yeah, and that's
23 why we did some practices, too, just in case that
24 they're not practicing at a park facility.

25 KAREN ACOMPORA: Yes.

1
2 MINORITY LEADER MATTEO: Some may go to a
3 private—they're more than welcome to have a practice
4 at a, you know--

5 KAREN ACOMPORA: Agreed.

6 MINORITY LEADER MATTEO: --a private
7 field that—that may not have it there. So, we want
8 to make sure that they're—they're always in their
9 hands. So, thank you again for you—for your strength
10 and your testimony

11 KAREN ACOMPORA: Thank you.

12 CHAIRPERSON GRODENCHIK: I'd like to add
13 my voice to that other chair and Minority Leader
14 Matteo and thank you for your work. I worked with
15 youth leagues, you know, most of my adult life, and
16 safety, I always preach safety first, and I hope that
17 this legislation will have that effect, and we'll
18 continue to move forward, and I'd like the testimony
19 of Mr. Stein also to have one in every city pool. It
20 seems to me to make sense. So, we'll be looking at
21 that legislation as well, and I'm very, very sorry
22 for your loss.

23 KAREN ACOMPORA: Thank you.

24 CHAIRPERSON LEVINE: Thank you, Mr. Chair
25 and—and thank you again, Karen. One of my sons is

1
2 14. So, I was acutely feeling your pain during your
3 testimony, and we thank you for your bravery and hope
4 you will stay involved with City Council on this
5 issues.

6 KAREN ACOMPORA: Absolutely.

7 CHAIRPERSON LEVINE: We've—I want to
8 acknowledge we are also joined by our colleague on
9 the Health Committee and that's Barron, Council
10 Member from Brooklyn, and we'll pass it off to our
11 final witness the great Robin Vitale from the
12 American Heart Association.

13 ROBIN VITALE: Thank you, Chair. I'm
14 Robin Vitale serving as Vice President of the
15 American Heart Association Health Strategies here in
16 the city, and I'm pleased to follow our wonderful
17 advocate Karen Acompora because I can now cut my
18 testimony basically in half. She's been a wonderful
19 champion on this issue, and we echo the significant
20 opportunity we have ahead of us to think about
21 placing more AEDs in the city particularly where they
22 are sorely needed. I will emphasize that in this
23 space where we are trying very doggedly to try to
24 improve awareness and response times to cardiac
25 arrest, and the Heart Association has undertaken some

1 significant efforts over the last several years, most
2 notably a hands-only CPR training that is now
3 required for every high school student before they
4 graduate in a high school across New York. This is
5 going to dramatically increase awareness about what
6 to do when someone collapses in cardiac arrest not
7 only to initiate chest compressions, but to know and
8 understand how to use the AED. Unfortunately, right
9 now only about 2% of victims are receiving an AED
10 device being that administered before EMS arrives.
11 That's obviously quite troubling as we've heard from
12 testimony previous that in cases with cardiac arrest,
13 unless and AED is administered, your heart is likely
14 not going to be restarted. So, we want to make sure
15 that as we are broadening the reach of AEDs into
16 these various youth leagues that we're also thinking
17 comprehensively. We want to make sure that these
18 devices are as accessible as possible. As Karen
19 mentioned, there are outdoor cabinets that are now
20 weather proof. They can be outfitted with an alarm
21 system that can deter theft and other tampering. We'd
22 really encourage the city to-to think about this in a
23 really broad view as we continue to encourage this
24 type of operation we're thinking about with athletic
25

1 leagues and—and other spaces where cardiac arrest
2 might occur. So, I'll cut my testimony short in
3 deference to that, but looking forward to the next
4 steps with the council and this administration.
5

6 CHAIRPERSON LEVINE: Alright. Thank you.
7 Thank you all very much for this very productive and
8 important hearing. Thank you. [gavel]

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C E R T I F I C A T E

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



Date May 8, 2018