



**Testimony of Christina Farrell
First Deputy Commissioner
New York City Department of Emergency Management
Before the New York City Council Committees on
Fire and Emergency Management and Government Operations
August 31, 2022**

Good morning, Chairpersons Ariola and Ung, and members of the Committees on Fire and Emergency Management and Government Operations. I am Christina Farrell, First Deputy Commissioner at New York City Emergency Management (NYCEM), and I am here to discuss the coordinating role that Emergency Management plays in pandemic preparedness and response. I am joined here today by Robert Bristol, Director of Health and Medical at Emergency Management; Dr. Celia Quinn, Deputy Commissioner of Disease Control at the Department of Health and Mental Hygiene; Dan Steinberg, Director of the Mayor’s Office of Operations; Barbara Dannenberg, Deputy Commissioner of Human Capital and Roman Gofman, Acting Deputy Commissioner of Citywide Procurement, at the Department for Citywide Administrative Services.

First, on behalf of NYC Emergency Management I want to express our agency’s condolences to Chair Ung on the passing of her father, George. We hope you are finding comfort during this difficult time.

New York City Emergency Management is responsible for coordinating citywide emergency planning and response during and after emergencies, as well as educating New Yorkers on how to prepare for emergencies and sharing information with the public before, during and after emergencies. From water main breaks to fires to coastal storms and global pandemics, we are a 24/7 response agency that coordinates resources so agencies can fulfill their core missions during emergencies. We are staffed by more than 200 dedicated professionals with diverse backgrounds and areas of expertise such as logistics, preparedness, response, community engagement, communications, finance and contracting, and mitigation and resilience, among other disciplines.

Emergency Management’s planning process is one of collaboration and coordination. As we all know, every emergency can create new and unforeseen circumstances. Emergency Management uses citywide objectives for coordinating roles and responsibilities of key stakeholders — primarily City agencies — for emergencies formalized under the Citywide Incident Management System or CIMS. CIMS, which is based on the Nationwide Incident Management System, but is customized to best serve New York City, assigns responsibility in various emergencies based on agencies’ core competencies. For example, NYPD is responsible for law enforcement and investigating terrorism, FDNY is responsible for fire suppression, and Sanitation is responsible for snow and trash removal.

In public health emergencies, including pandemics, CIMS designates the Department of Health and Mental Hygiene, FDNY and NYPD the lead agencies under a unified command structure, with DOHMH as the clinical lead. DOHMH – with 7,500 employees – has multiple bureaus with expertise in public health and infectious disease planning and response as well as charter authority in this sphere. As DOHMH Commissioner Vasan testified to the Council last week, their role “is to strategize, organize and to plan our public health responses; to be the chief architect of public health for” the City of New York. As with other emergencies, during a pandemic Emergency Management plays a role in coordinating among City, state, and federal agency partners and private sector partners, providing information to the public through Notify NYC and other distribution channels, coordinating supplies and logistical needs, conducting citywide coordination and command element calls, and performing other actions to facilitate the ability of agencies to execute their core competencies.

We also oversee the Continuity of Operations (COOP) program, which ensures that City agencies have the tools necessary to develop comprehensive plans to continue to provide essential services to the public in the event of a



disruption. This includes providing guidance on resiliency by building on and connecting existing contingency plans, practices and resources across New York City agencies.

As part of our continuous improvement efforts, we lead evaluations of emergency responses and activations through a multiagency assessment process called an After-Action Review. This includes fact-finding through post-emergency debrief sessions, surveys, interviews, and document review leading to an after-action report with recommendations for improvement. City agencies then implement recommended improvements by building them into citywide and agency-specific plans and protocols. The City is currently engaged in an after-action review for the COVID-19 response.

Now I will speak about the legislation we are hearing today.

Emergency Management is opposed to Introduction 95, which would require the commissioner of emergency management to report on the City's preparedness and response to citywide public health emergencies. As discussed, this core competency does not fall under Emergency Management as the Department of Health and Mental Hygiene's core competency is public health. We also do not have charter authority to report out on and audit our sister agencies.

Regarding Introduction 367, which would establish an office of pandemic preparedness, this legislation is duplicative of work already underway. NYCEM, DOHMH, FDNY and NYPD have identified procedures for notifying each other of a potential public health threat and how to convene the agencies to share situational awareness and to identify operational strategies for a pandemic response. NYCEM is working through operational coordination and strategies while DOHMH is working through the clinical and scientific functions of pandemic preparedness. We are interested in engaging with the Council further on this topic to better discuss this ongoing work and incorporating elements into it that the Council feels may be needed.

Planning for emergencies in New York City is a complex endeavor requiring continuous collaboration, consultation, and coordination. We are proud of the work we have done to plan for emergencies in New York City while recognizing that improvement and adaptation is an ever-present necessity. There is, unfortunately, no shortage of emergencies and our agency of just over 200 employees works diligently and is dedicated to their mission. That said, our emergency managers have been essentially activated for coming up on three years and, as with other agencies, we are feeling the effects of a long pandemic and its inevitable consequences on the changing workforce. We hope that our testimony today has explained to you the role of emergency management, but we are always happy to discuss more and, as always, our doors are open to all Councilmembers and your staff to visit our headquarters and see the Emergency Operations Center to have a better sense of the scope of our work.

In conclusion, and especially as tomorrow begins National Preparedness Month, we want to thank the Council for your collaboration in preparing your constituents for emergencies and being true partners in our mission. Thank you for inviting Emergency Management to testify. My colleagues and I are happy to answer your questions.



PUBLIC ADVOCATE FOR THE CITY OF NEW YORK

Jumaane D. Williams

**TESTIMONY OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS
TO THE NEW YORK CITY COUNCIL COMMITTEES ON GOVERNMENTAL
OPERATIONS AND FIRE AND EMERGENCY MANAGEMENT
AUGUST 31, 2022**

Good morning,

My name is Jumaane D. Williams, and I am the Public Advocate for the City of New York. I would like to thank Chairs Ung and Ariola and the members of the Committees on Governmental Operations and Fire and Emergency Management for holding this hearing.

New York City has faced a multitude of emergency situations over the last two and a half years. In addition to the devastation of the COVID-19 pandemic, NYC has faced a monkeypox outbreak, the destruction of Hurricane Ida and other tropical storms, and a deadly building fire in the Bronx. Climate change means that we will see increasing numbers of natural disasters in the future.

Considering all that New Yorkers have faced over the past three years, it is prudent to prepare for the next emergency before it happens. I commend the council members who have sponsored Intros 0095-2022 and 0367-2022, which would require reporting on the city's disaster preparedness and the creation of an Office of Pandemic Preparedness, respectively.

At the beginning of the COVID-19 pandemic, there was a lot of conflicting information released at all levels of government, making it difficult for New Yorkers—and Americans generally—to know what they should be doing. Having one agency, the Office of Pandemic Preparedness, to whom the public can turn in an emergency or disaster for information, and to streamline messaging and responsibilities, will prevent this confusion in the future.

Effective preparedness measures can prevent the worst of emergencies and disasters. We saw in 2020 how being caught unprepared for the COVID-19 pandemic caused unmanageable, widespread illness, hospitalization, and death, particularly for low-income communities of more color. Again, just recently, we saw how quickly monkeypox spread in our city and other places in the US, where vaccine rollout was limited and inefficient. If monkeypox was a test for how we would handle the next pandemic, we failed. That is why an Office of Pandemic Preparedness is so important.

The impact of the COVID-19 pandemic on New Yorkers' mental health, particularly those in the hardest hit neighborhoods, cannot be understated. One benefit of preparing for an emergency or disaster ahead of time is that it reduces fear and anxiety; knowing that the city has carefully planned for and dedicated resources to future pandemics and disasters helps the public feel safer. While there is no way to completely prevent the trauma that comes with widespread illness or a natural disaster, preventing needless hardship and eliminating or reducing uncertainty through

planning and preparedness can mitigate their harmful psychological effects.

I also want to highlight my bill, Intro 0416-2022, which would require the city to establish an emergency school food program. The Office of Emergency Management, in consultation with the Mayor's Office of Food Policy and the Department of Education, would be required to provide students with breakfast, lunch, and dinner in the event that schools are closed. With nearly one in four students in New York City experiencing food insecurity, it is vital to ensure that our children will not go hungry in the event of emergency school closure.

I look forward to working with the City Council and, once established, the Office of Pandemic Preparedness, on efforts to prepare for the next pandemic or disaster.

Thank you.



Oversight Hearing: Examining Preparedness and Response to Public Health Emergencies
Committee on Governmental Operations with the Committee on Fire & Emergency Management

Good morning, I'm Nadia Chait, the Assistant Vice President for Policy, Advocacy & Communications at The Coalition for Behavioral Health. The Coalition represents over 100 community-based mental health and substance use providers who serve hundreds of thousands of New Yorkers annually.

Public health includes mental health. Too often, our conception of public health only includes physical health, but some of our most pressing public health issues right now are behavioral health epidemics.

End the Overdose Epidemic

Today is International Overdose Awareness Day. The overdose epidemic worsens every day – the City's most recent data shows that in just one quarter of 2021, more New Yorkers died from overdose than in any year from 2007 to 2011. Since 2020, every new release of overdose data breaks new records, as the magnitude of the overdose epidemic increases. More New Yorkers die of drug overdoses than from homicides, suicides and motor vehicle crashes combined. This page could be filled with devastating statistics because this public health crisis just keeps getting worse. We simply are not doing everything we can to stop these deaths. Unlike with COVID, the City has not marshaled resources across every agency to fight these deaths. The Department of Health and Mental Hygiene has taken many important steps to fighting this epidemic, but we need an approach that spans every city agency to fight back against overdose. Our inadequate response to overdose highlights how the city remains unprepared to fight public health emergencies.

Expand Overdose Prevention Centers

Overdose deaths are preventable. Late last year, two Overdose Prevention Centers opened in our city, providing a lifesaving service to people who use drugs. We don't yet have citywide data on Overdose Prevention Centers, but data from the centers shows they have served 1,633 individuals and intervened in 434 overdoses. To turn the tide on the opioid epidemic, we must open centers across the city and have the centers operate 24 hours/day. Individuals at the centers receive a range of services, including counseling, naloxone distribution, hepatitis C testing and medical care.

Increase Access to Naloxone

We also must increase access to naloxone, which reverses opioid overdoses. The 88% of overdose deaths in NYC involve an opioid, with 81% involving fentanyl. New York City has a great program that provides free overdose rescue kits to individuals at select pharmacies. However, only 16 pharmacies citywide participate in this program, including just 3 in Brooklyn and 1 in Queens. It's critical to expand this service to increase access to naloxone. Every pharmacy in the state can dispense naloxone without a prescription. However, New Yorkers do not know which pharmacies participate in this program, limiting its impact. We encourage the Council to pass Intro 462, sponsored by Council Member Ayala, which

would require pharmacies to post a sign indicating their enrollment. Highlighting the need for action across several agencies, the Office of Consumer Affairs would oversee this bill.

The City should also integrate this data into 988/NYC Well and into 911. An individual overdosing may not have time to wait for help to arrive.

Several programs within NYC provide naloxone for free. However, this information is [provided in a PDF](#), not in a searchable or mappable database to make it easy for individuals to find the program closest to them. The operating hours of each program aren't listed – instead individuals need to call or email each program to find out. Some programs only have email listed, which creates an access barrier for individuals who have limited data.

It is critical that naloxone be available in places where people use drugs. We strongly support Intro 56, Intro 304 & Intro 198, which would all expand access to opioid antagonists, such as naloxone, in several locations. We urge the Council to quickly pass these bills. Intro 56, sponsored by Council Member Ossé, would establish a nightlife opioid antagonist program, allowing nightlife establishments to have up to 5 opioid antagonist kits at a time, provided for free by the city. Intro 304, sponsored by Council Member Ayala, would require that all parks enforcement patrol officers be equipped with opioid antagonists while on duty and receive training on how to use them. Intro 198 would require the Department of Education to stock opioid antagonists in all school buildings.

These bills highlight that it is essential to involve multiple city agencies when fighting public health epidemics. While DOHMH must lead our public health programs, every agency has a role to play in fighting public health emergencies.

Expand Access to Fentanyl Test Strips

Fentanyl, a very potent opioid, is highly prevalent within the NYC drug supply. Fentanyl test strips allow people to test their drugs for fentanyl, so they can choose not to use or to use a smaller amount, reducing the risk of overdose. Fentanyl test strips should be broadly available at all of the locations highlighted above where naloxone is distributed.

Increase Access to Substance Use Treatment

Just 6.5% of people who need substance use treatment receive it, nationally. We will not be able to end the overdose epidemic without rapidly expanding access to treatment. NYC has taken some steps in the right direction, but substantially more must be done:

- Build the pipeline of substance use professionals: There is a massive workforce shortage facing mental health and substance use providers. Programs are operating with high staff vacancy rates and are sometimes forced to pause admissions. CUNY and other higher education institutions in NYC should be marshalled to train more professionals to increase the number of qualified individuals. Additionally, the City must provide robust tuition assistance and loan forgiveness to these individuals, who often leave the field due to their student debt burden.
- Raise salaries for the workforce: These professionals are underpaid, with similar positions in government and the private sector paying thousands of dollars more per year. We urge the City

to fully fund the #JustPay campaign, so that these talented individuals can stay where they are most needed, saving lives in our communities.

- Bring treatment where people are. Too often, people are asked to leave their communities and spaces where they are comfortable to find treatment. Treatment does not need to be within the four walls of a clinic. NYC should build on the mobile methadone services created during the pandemic to identify other creative and innovative ways to expand access to treatment in the community. This could include placing substance use services at homeless shelters and senior centers, working with social service providers to identify signs of substance use and build referral pathways to treatment providers, and ensuring that the full array of substance use treatment programs are available throughout the City, so that individuals don't need to travel across boroughs for their care.

Treat Substance Use as Health Emergency, Not a Crime

Too often, rather than helping individuals who use drugs, we send them to jail. This can have tragic consequences, as the ongoing crisis on Rikers has led to a complete breakdown in access to substance use treatment and at least 4 incarcerated individuals have died of overdose this year. From January 2021 to June 2022, there were 431 overdoses or suspected overdoses in city jails, an unacceptable number. We encourage the Department of Correction to work closely with Correctional Health Services and DOHMH to rebuild services so that individuals can be transported to their substance use appointments. DOC must train staff in the use of naloxone and ensure access to naloxone across housing units.

However, many of these individuals should not have been in jail in the first place. By increasing access to services in the community, we can avoid the incarceration of individuals struggling with addiction. The City must expand efforts to keep these individuals out of jail, and to connect them to harm reduction, treatment and housing supports.

The overdose epidemic is a public health emergency that we are fighting right now. It is getting worse every day. As our testimony shows, a whole of government approach is critical to end this epidemic, and is not currently in place. We urge the Council to act quickly to address this public health emergency, and save lives.

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Appearance Card

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

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Daniel Steinberg

Address: _____

I represent: Mayor's Office of Operations

Address: 253 Broadway

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Name: Roman Gofman

Address: DCAS

I represent: _____

Address: _____

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Name: Barbara Dannenberg

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Name: Cella Quinn (MD, MPH), Deputy Commissioner ^{Disease Control}

Address: NYC Health Department

I represent: _____

Address: _____

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Date: 8/31/22

(PLEASE PRINT)

Name: Robert Bristol

Address: 165 Cadman Plaza E. Brooklyn

I represent: NYCEM

Address: _____

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Appearance Card

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in favor in opposition

Date: 8/31/23

(PLEASE PRINT)

Name: Christina Ferrill

Address: 165 Cadman Plaza E. Brooklyn

I represent: NYCEM

Address: _____