



Greater New York Hospital Association

555 West 57th Street / New York, N.Y. 10019 / (212) 246 – 7100 / (212) 262 - 6350

Kenneth E. Raske, President

TESTIMONY

OF THE

GREATER NEW YORK HOSPITAL ASSOCIATION

ON

NEW YORK CITY HOSPITALS IN THE BLACKOUT OF 2003:

LESSONS LEARNED

AT A

PUBLIC HEARING HELD BEFORE THE

NEW YORK CITY COUNCIL

COMMITTEE ON HEALTH

SEPTEMBER 29, 2003

**TESTIMONY
OF THE
GREATER NEW YORK HOSPITAL ASSOCIATION
ON
NEW YORK CITY HOSPITALS IN THE BLACKOUT OF 2003: LESSONS LEARNED
AT A
PUBLIC HEARING HELD BEFORE THE
NEW YORK CITY COUNCIL
COMMITTEE ON HEALTH
SEPTEMBER 29, 2003**

Good morning. I am Susan C. Waltman, Senior Vice President and General Counsel of the Greater New York Hospital Association, which represents the interests of over 220 hospitals and continuing care facilities in New York City and surrounding areas. All of GNYHA's members are either not-for-profit, charitable organizations or publicly-sponsored institutions. Together, they provide services that range from state-of-the-art, tertiary care to the most basic primary care, given their roles as safety net providers for many of the communities they serve.

The recent blackout underscored the essential nature of our members' services and the fact that we, as a community, must support and ensure the ability of hospitals to continue their operations during emergencies to the same degree as we support fire, police, and ambulance services. Our observation is that New York City's emergency preparedness and response system worked quite well in terms of protecting and supporting the City's essential services in general and its hospitals and nursing homes in particular. We also observed firsthand that our members performed admirably during the outage and were able to continue to provide high quality care in spite of the challenges that they faced.

Notwithstanding these positive evaluations of the performance of the City's response system and that of our members, we recognize that we must identify and apply the lessons learned from every such event, and thus we have held a blackout debriefing meeting with our members. Health care institutions, above almost all other types of organizations, place a high value on the process of evaluating their performance and implementing adjustments needed to avoid disruptions or problems in the future. The limiting factor in this regard is of course funding.

Many of the required improvements that have been identified as a result of the blackout carry with them large price tags for items such as new generators and other types of capital equipment, rewiring of facilities, and a broad range of technical services.

We thank you for the opportunity to appear before you today, and are hopeful that you will be able to assist GNYHA members in obtaining the resources that they require to continue to provide their essential services to all New Yorkers. Toward that end, I will outline our observations regarding the City's response system, how our members met the challenges that they faced on August 14 and the days thereafter, and how we are collectively applying the lessons learned from our experiences to enhance our ability to respond in the future. I will also outline the resources that we require to accomplish this.

I. The Region's Preparedness for Emergencies

We were fortunate to have had the opportunity to appear before this committee on April 15, 2003, to discuss the preparedness of the health care community in the event of a nuclear, biological or chemical attack. At that time, I discussed the efforts being undertaken by our members with respect to preparedness as well as how the City's response system coordinates and supports those activities. The preparedness activities that we outlined then support the area's ability to respond to all types of events, not only terrorist attacks but also unintentional events such as power outages. Because those initiatives worked successfully during the blackout, I will take a few moments to review them here as well.

Hospital Preparedness Activities—GNYHA and its members have long been committed to ensuring that the health care system is prepared to respond to a broad array of emergencies, disasters, and events that might occur in the New York City region. For years, hospitals have worked on and improved upon their disaster plans and programs, they engage in regular drills, and they constantly review their preparedness for many events. They also recognize that the nature of the services that they deliver is such that they cannot close down for an evening or withstand even temporary disruptions in power without potentially affecting their ability to deliver essential services not only to their existing patients, but also to the many individuals in

the community who may need their care, either as a result of an outage or for other critical medical reasons. Thus, great emphasis is placed on planning for potential power outages. As a result, hospitals have emergency generators available to service their most critical functions and services, maintain and test their generators regularly pursuant to code requirements and other standards, and develop contingency plans for addressing services that are not supported by generators.

Coordination with New York City’s Office of Emergency Management—GNYHA and its members work closely with area emergency management and public health officials and are considered an integral part of the region’s emergency/disaster response system. In recognition of this role, GNYHA has a desk at the New York City Office of Emergency Management’s emergency operations center (EOC), which GNYHA staffs during disasters, major events, and anticipated possible emergencies, e.g., heat emergencies. Grouped with local, State, and Federal health and environmental agencies at the EOC, GNYHA is able to address members’ needs quickly as well as facilitate the region’s medical response to disasters.

Regional Planning and Coordination—Given the types of events that must be contemplated in light of the World Trade Center disaster, GNYHA created an Emergency Preparedness Coordinating Council in November 2001. The council brings together representatives of GNYHA members, other provider groups, and local, State, and Federal public health, emergency management, and law enforcement agencies for the purpose of promoting collaboration and communication across the region and providing a more integrated response to any future emergencies. Through this collaborative planning process, the council facilitates preparedness through the sharing of expertise, experiences, templates, and other information. Its main goals, however, are the following:

- Ensuring we understand each other’s systems, roles, and responsibilities.
- Developing effective mechanisms for communicating, including how to reach each other and for what purposes during an emergency as well as building in redundant means of communicating.
- Planning and drilling together regularly.

Many of the services and systems that were developed by the Emergency Preparedness Coordinating Council were called upon during the blackout and were invaluable to ensuring that the regional response system could provide support and assistance when needed. The following outlines the challenges that faced our members, their strong response, and how the system supported their efforts.

II. Hospitals' Response to the Blackout

The blackout occurred at approximately 4:10 p.m. on August 14. Because hospitals anticipate the possibility of disruptions in power, they had planned for such an eventuality, perhaps not for one quite so widespread, but for an outage nevertheless. As indicated earlier, hospitals have generators in place to support critical functions, undertake tests to ensure the operation of the generators, and develop contingency plans to address services or functions that might not be supported by emergency generators. Thus, when the blackout occurred, emergency generators switched on and took over the provision of power to pre-identified critical services and functions. However, notwithstanding the planning that had gone into anticipating such an event, hospitals found that, in some cases, generators did not uniformly switch on properly or that some services required broader generator support than was available. In addition, over time, hospitals found that fuel for the generators began to run low, and in some cases, generators experienced mechanical difficulties.

Responding to Problems with Generators—When generator difficulties occurred, hospitals undertook one of several steps. Some hospitals were able to move services internally to areas supported by emergency generators to ensure that services could continue to be provided safely. In some cases, hospitals worked with neighboring hospitals or hospitals with which they had affiliations to transfer their most vulnerable patients, usually patients on ventilators. In other cases, the hospitals coordinated through GNYHA to obtain back-up generators or fuel in order to continue to provide needed services.

Office of Emergency Management's Role in Providing Assistance—On this last point, GNYHA commends the efforts of the New York City Office of Emergency Management

(OEM), which greatly assisted area hospitals and nursing homes in obtaining scarce resources such as generators and fuel deliveries. As you might imagine, with such a widespread power outage, generators and fuel were in great demand, and the impact of the outage on transportation routes impeded fuel deliveries. OEM worked tirelessly to help meet hospitals' and nursing homes' needs related to emergency power to ensure that they were able to provide continuous, safe patient care. Unquestionably, priorities had to be set, but OEM worked hard to meet those requests with the highest priority.

Disruptions in Steam—Some hospitals also lost their supply of steam and thus their ability to sterilize equipment for procedures and other purposes. Again, hospitals worked with each other or through GNYHA to arrange for other hospitals to sterilize their equipment to prevent disruptions in their ability to provide care.

III. Additional Demands Imposed on Hospitals During the Blackout

At the same time that hospitals were trying to ensure the safe care of their existing patients, hospitals were also being called upon to care for individuals affected by the outage as well as those who could not obtain services from their usual providers due to the outage:

- **Increased ambulance runs**—New York City Emergency Medical Services reported that it experienced a significant increase in calls as a result of the outage.
- **Responding to dialysis patients**—Many dialysis patients could not receive dialysis at their usual free-standing centers and thus sought care in hospital emergency departments.
- **Laboratory services**—Hospitals performed numerous critical laboratory tests for their patients and for other key governmental agencies and programs.
- **Pharmacy needs**—Many individuals came to hospital emergency departments to refill prescriptions and to receive care for what proved to be non-emergency situations, all because their pharmacy or their physician's offices were not open.
- **Seeking shelter**—Many elderly individuals came to hospitals merely seeking shelter from the heat or because their apartments did not have water.

IV. Evidence of the City's High Level of Preparedness

Clearly, the blackout placed great demands on the hospital system, and as indicated, notwithstanding hospital preparations for power outages, hospital generators did not always operate as effectively as hospitals would have liked throughout the blackout. So, how did it happen that hospitals were able to manage through the blackout as successfully as they did? The answer is that the individual hospitals, the City's agencies, and other key players in the region's response system have developed solid emergency preparedness and response plans that help them address their problems internally as well as to seek and/or provide external support and assistance when needed.

Strong Regional Coordination—One of the most important features of the region's high level of preparedness is its strong collaborative approach to planning and responding. OEM was a forerunner in bringing together so many agencies, services, and enterprises under one roof so they could plan and respond together. GNYHA's desk at OEM permits it to be a direct conduit to OEM for hospitals that need assistance in obtaining resources such as generators and fuel and in turn to seek assistance from hospitals when necessary. And individually, hospitals have developed solid relationships with each other that enable them to obtain and offer assistance during emergencies.

Strong Communication Systems—To demonstrate what was operationalized during the blackout, GNYHA immediately began to communicate with its hospitals by means of a special health care channel on the City's 800 megahertz radio system that was created as part of our planning for Y2K purposes. GNYHA and OEM have encouraged all hospitals to acquire such radios, participate in daily roll calls, and undertake drills using the radios. Through this radio system, GNYHA and OEM were able to update hospitals regarding the status of the blackout and obtain information about the critical needs of hospitals.

GNYHA also sent staff to OEM's emergency operations center, which GNYHA staffed from the evening of August 14 through August 17 round-the-clock. Through the radios and GNYHA's presence at OEM, GNYHA was able to ensure that hospitals needing assistance had their needs

met, either through linking them to other providers, arranging for services through other agencies located at OEM, or by relaying their requests for assistance in obtaining generators, fuel, and steam to key staff at OEM. Again, I commend OEM on its responsiveness and its intensive efforts to address the needs of hospitals and nursing homes.

Strong Data Collection System—The New York State Department of Health (DOH) also operationalized its Hospital Emergency Response Data System or HERDS, which was developed in coordination with GNYHA’s Emergency Preparedness Coordinating Council. The system is a Web-based, secure data collection system that is part of the State’s Health Provider Network. At the beginning of the blackout, DOH used the system to ask hospitals Statewide about their status and needs. As the blackout wore on, DOH requested information about bed availability in the event that large numbers of patients might need to be transferred. The system is designed to assess hospital capacity and needs across the State to ensure that resources can be sent where needed.

Sharing the Lessons Learned—In order to ensure that all hospitals and the agencies that provide support to them could learn from the experiences gained through the blackout, GNYHA convened a blackout debriefing session that was held on September 5 at GNYHA. The session was attended by approximately 120 representatives of hospitals, nursing homes, and other providers as well as local, State, and Federal agencies. At the meeting, we shared what had worked well and what we had learned that would enhance preparations for future disruptions in power, communications, and other services.

V. Recommendations Regarding Needed Government Resources

Unquestionably, the blackout and the debriefing sessions undertaken subsequently provided a wealth of information that will permit us to improve our response to future events. From an individual hospital perspective, each hospital is most assuredly reviewing a checklist of tasks that will improve its ability to withstand future disruptions in power and communication systems. As noted initially, the limiting factor is funding. The costs associated with acquiring new generators are significant. Hospitals have indicated that it will cost as much as \$3 million to acquire and

install only one or two new generators. Given the public's reliance on hospitals to remain open and operate safely round the clock, it is essential that hospitals be provided with the resources and assistance that they require to fulfill these expectations.

The following outlines GNYHA recommendations regarding needed governmental resources stemming from the blackout that have also been put forward to Mayor Bloomberg's Task Force on the Blackout:

- **Funding**—Although hospitals in New York City have always devoted resources to preparedness, they have been spending significantly increased amounts on emergency preparedness since the World Trade Center disaster. GNYHA estimates that each hospital in New York City will have spent, on average, \$5.5 million on preparedness activities since September 11, 2001, through the end of this year above what they normally would have spent on preparedness, but for the World Trade Center disaster. In contrast, each hospital has been allocated only small amounts of funding for these activities, focused primarily on bioterrorism preparedness. Hospitals undertake this role because their mission is to serve and protect their communities. In a community such as New York, we must anticipate many emergencies and disasters and thus prepare accordingly. However, many hospitals in New York City are also financially fragile, and a number of hospitals have closed or are considering closing given their financial circumstances. The recent outage not only resulted in additional financial losses to hospitals (both in terms of incremental costs and lost revenues), but also highlighted the need for replacement and additional generators. Clearly, hospitals and nursing homes require significant funding to ensure that they can remain operational and be prepared to protect all New Yorkers during future emergencies.
- **Priority in Restoration of Power and Communication Systems**—If possible, priority should be given to the restoration of power and communication systems to hospitals and nursing homes. During the blackout, power seemed to have been restored grid by grid. However, to the extent that there is any control over the order in which power and communication systems are restored, priority should be given to restoring power and communications to the most essential and vulnerable of services, such as hospitals and nursing homes.

- **Support in Meeting Generator and Communications Needs**—OEM provided significant assistance to hospitals and nursing homes in securing replacement generators, obtaining fuel deliveries, and making repairs, and we thank OEM for its invaluable services. Had the outage continued, however, or had some facilities not been able to obtain assistance from other hospitals, the ability of hospitals and nursing homes to have successfully managed the outage might have been seriously compromised. GNYHA and its members are committed to finding additional ways to prepare for and respond to future outages and are most assuredly applying every lesson that they learned during the recent outage. However, the ability of hospitals and nursing homes to continue their operations during outages is important to the life and safety of the City and the region, and we urge New York City to ensure continuation of the type of assistance it provided to health care facilities during the outage as well as to develop additional sources for obtaining emergency generators, securing fuel, and addressing communication needs.
- **Assistance with Access to the City/Transportation**—Hospitals and nursing homes are labor-intensive and dependent on their workforce to deliver effective, safe care. Employees of hospitals and nursing homes thus require special consideration with respect to access to the City and with transportation. During the blackout, access into the City was limited at different points, and hospitals required assistance getting their employees into work. The City should adopt a policy that is reinforced with law enforcement and other authorities that individuals carrying hospital or nursing home identification should be permitted access to and within the City in order to report to work. Similarly, public messages about non-essential employees staying home should identify that not only fire and police personnel, but also hospital and nursing home personnel, are considered essential employees and thus should report to work. Hospitals and nursing homes will be reinforcing this with their employees, but the adoption of a policy by the City in this regard would be helpful as well.
- **Establishment of Shelters and Alternative Care Sites**—When appropriate, it would be helpful for the City to establish shelters or other alternative care sites, not only to facilitate the care of individuals in New York City, but also to ensure that health care resources are used appropriately. Hospitals are often perceived as safe havens, and

individuals present to hospitals even though they may not require acute care. Thus, whether an emergency is a power outage or another event, the establishment of such alternatives would facilitate the ability of hospitals to deliver emergency and other urgent care.

- **Public Messages**—The City could further help conserve scarce health care resources during certain emergencies by directing the public not to go to hospitals unless they have urgent health care needs. In situations in which shelters or alternative treatment sites are established, frequent messages alerting the public as to the existence and location of such resources and advising the public not to present to hospitals unless needing hospital care would be very helpful in this regard.
- **Consideration of Impact of Curtailing Government Services**—One member commented that we were fortunate that the outage occurred when schools were not in session, both in terms of the impact on children and in terms of the continuity of health care services, given that employees would understandably need to ensure the well-being of their families. It is always essential that the City protect its children and ensure their safety. However, should the City be in the position of deciding to curtail certain services, such as closing schools, it should also consider the resulting impact on certain workforces, particularly the health care workforce. Again, the City must do what is necessary to protect all of its citizens, particularly its children, but it should also take into account and consider work-arounds for the resulting impact on certain essential services.

Summary

The blackout indeed stressed our hospitals, our City's resources, and all of its residents and visitors. But it also demonstrated what worked well and how prepared this community of 8 million people was on August 14, 2003. We are even better prepared today, September 29, 2003, because we have shared our lessons learned and tried to implement them as best we could in the time that has passed. But more resources, assistance, and support are needed to enhance the ability of New York City's health care system to provide the services that our residents and visitors expect and deserve. We are hopeful that the City Council can assist us in obtaining those resources and support, and we look forward to working with you in this regard. Thank you.