

Committee of Public Property and Public Works
March 11, 2019

COUNCIL OF THE CITY OF PHILADELPHIA
PUBLIC PROPERTY AND PUBLIC WORKS

Room 400, City Hall
Philadelphia, Pennsylvania
Monday, March 11, 2019
10:36 a.m.

PRESENT:

COUNCILMAN BOBBY HENON, CHAIR
COUNCILMAN WILLIAM K. GREENLEE - VICE
COUNCILMAN CURTIS JONES, JR.
COUNCILMAN DAVID OH

BILLS: 190062 and 190099

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2 COUNCILMAN HENON: Good morning, and
3 welcome to the Committee of Public Property and
4 Public Works. We are now in session. And I
5 want to recognize that a quorum is present. To
6 my left Councilman Greenlee, Councilman Jones,
7 to my right Councilman Oh. We will hear several
8 bills. And I appreciate everybody's time who
9 have come in and taken out a part of their day
10 to come here and testify in favor or in support
11 and wanted to give their public opinions on some
12 of the bills that we have here today.

13 Clerk, would you please read the titles
14 of the bills.

15 THE CLERK: Bill No. 190062:
16 Authorizing the Commissioner of Public Property
17 on behalf of the City of Philadelphia to acquire
18 fee, simple title or lesser real estate interest
19 to all or a portion of parcel or parcels of land
20 together with the improvements thereon in and
21 about the area bounded by Trenton Avenue, East
22 Auburn Street, Tulip Street and East Rush
23 Street.

24 And Bill No. 190099: Amending Chapter
25 16-300 of The Philadelphia Code, entitled

1 "Maintenance and Supervision," by adding a new
2 section requiring that all City buildings and
3 facilities install and maintain life sustaining
4 medical equipment, including Automated External
5 Defibrillators and advanced first aid kits, and
6 requiring the installation of Automated External
7 Defibrillators in connection with Capital
8 Projects, all under certain terms and
9 conditions.

10 COUNCILMAN HENON: Thank you.

11 For the record, want it to be reflected
12 that Bill No. 190120 will be held for this
13 hearing and will be at the call of the Chair.

14 Is there anyone for the Administration
15 here to testify on Bill No. 190062?

16 (Panel approaches Witness Table.)

17 COUNCILMAN HENON: Good morning.

18 MS. PALANTINO: Good morning.

19 COUNCILMAN HENON: And if you state your
20 name for the record, you may proceed with your
21 testimony. Thank you.

22 MS. PALANTINO: Good morning. My name
23 is Aparna Palantino, Deputy Commissioner for
24 Parks and Recreation.

25 Good morning, Chairman Henon and Members

1 of the Committee on Public Property and Public
2 Works. My name is Aparna Palantino, and I'm the
3 Deputy Commissioner for Capital Infrastructure
4 Natural Lands Management for the Department of
5 Parks and Recreation. I am here today to
6 testify in support of Bill No. 190062 sponsored
7 by Councilman Squilla, which authorizes the
8 Commissioner of Public Property on behalf of the
9 City of Philadelphia to acquire parcels of land
10 together with the improvements thereon in and
11 about the area bounded by Trenton Avenue, East
12 Auburn Street, Tulip Street and East Rush
13 Street, under certain terms and condition.

14 The sites included in this area are 2254
15 to 56 Auburn Street, 2255 through 57 Rush
16 Street, 2263 to 67 East Rush Street, and 2830 to
17 34 Tulip Street. These parcels are adjacent to
18 the existing Trenton and Auburn playground.
19 This ordinance will enable the City of
20 Philadelphia to acquire the parcels from the
21 Philadelphia Redevelopment Authority at a
22 nominal fee.

23 Once the transfer has been completed,
24 environmental studies will be performed at the
25 site and property will be incorporated into the

1 playground and be included in round one of the
2 Rebuilding Community Infrastructure Program.
3 Capital improvements to the site will include a
4 new play area, spray area, court resurfacing,
5 lighting and other furnishings.

6 The Department of the Parks and
7 Recreation supports this measure. And
8 accordingly, I respectfully request that City
9 Council approve Bill No. 190062.

10 Thank you. I'd be happy to answer any
11 questions you might have.

12 COUNCILMAN HENON: Thank you for your
13 testimony.

14 Is there anyone on the Committee that
15 wishes to ask any questions on Bill No. 190062?

16 (No response.)

17 COUNCILMAN HENON: Is there anyone else
18 here today this morning that wishes to testify
19 on Bill No. 190062?

20 Being none, thank you so much for your
21 testimony.

22 MS. PALANTINO: Thank you. Have a good
23 day.

24 COUNCILMAN HENON: We will now hear any
25 testimony from the Administration on Bill No.

1 190099.

2 (Panel approaches Witness Table.)

3 MR. SCOTT: Good morning.

4 COUNCILMAN HENON: State your name for
5 the record, and proceed with your testimony.

6 MR. SCOTT: Thank you. My name is Barry
7 Scott. I'm the Deputy Director of Finance for
8 Risk Management.

9 Good morning, Chair Henon and Members of
10 the Committee on Public Property and Public
11 Works. My name is Barry Scott. I'm Director
12 of -- Deputy Director of Finance for Risk
13 Management in the Office of Director of Finance.
14 I'm here to testify on Bill 190099. With me is
15 Tom McDade, who is the Deputy Chief of Staff for
16 the Department of Public Property.

17 We have reviewed Bill 190099, which
18 proposes to amend The Philadelphia Code to have
19 the Department of Public Property supply,
20 maintain and supervise the installation of
21 automatic external defibrillators and first aid
22 kits throughout City facilities. While we agree
23 that AEDs and first aid kits are important to
24 the safety of our community, we want to bring to
25 light existing programs which regulate these

1 safety measures.

2 The City of Philadelphia's Risk
3 Management Division already oversees a similar
4 directive. In July of 2017, Risk Management
5 updated the City's guidance document and issued
6 the Safety Directive No. P-10. This directive
7 brings a uniformity for all individual City
8 departments to supply and maintain AED equipment
9 to their respective buildings by directing the
10 following: The appointment of an AED program
11 administrators, development of a response plan,
12 mandating posted lists of trained responders and
13 their locations and phone numbers near the AEDs,
14 determines the components necessary to have AED
15 response present within three minutes, purchases
16 AEDs, maintains a log of AEDs for make and model
17 number, serial number, facility address located
18 in the -- and the location of the Philadelphia
19 maintains AED inspections and sends routine
20 documentation to the departmental safety
21 officer.

22 Each City department is responsible for
23 its own purchasing, installation, maintenance
24 and inspection of their equipment under the
25 program established by Risk Management. Risk

1 also holds biannual training for safety officers
2 in each department on the use of the equipment.
3 And this training certification is active for
4 two years. The City department must provide
5 training for its staff of responders.

6 DPP maintains properties that include
7 the Quad Plex, City Hall, the Municipal Service
8 Building the Criminal Justice Center and the One
9 Parkway Building, Police, Fire, Fleet and L&I.

10 DPP does not have any access to maintain
11 libraries, health centers, prison, parks and
12 recreation centers and other public buildings.
13 Risk Management works closely with the
14 Department of Public Property and other City
15 departments in helping fully comply with the
16 directives standard operating procedures.

17 DPP advises on onsite specific location
18 issues. However, the individual maintenance of
19 all facilities, including equipment, is left up
20 to those individual departments. We maintain an
21 updated list of the locations of the AEDs in
22 City buildings.

23 Regarding first aid kits, they are
24 maintained onsite throughout City buildings such
25 as in recreation centers, libraries and other

1 public buildings. We also ensure that trauma
2 kits, which contain first aid kits, are located
3 in the Quad Plex. These trauma kits are for
4 high level emergencies such as a mass shooting
5 incident.

6 As a directive through Risk Management
7 already exists for the maintenance of AEDs, the
8 language included in this bill is duplicative,
9 as stated individual City departments purchase,
10 maintain and inspect AEDs housed in their
11 respective buildings. And the oversight for the
12 program is relegated to Risk Management.

13 Thanks for your consideration. And I
14 will respond to questions.

15 COUNCILMAN HENON: All right, Mr. Scott.
16 Thank you for your testimony. And as the prime
17 sponsor of this legislation, I just wanted to
18 make a quick note on the origin of this and how
19 we got to where we are and how they started.

20 So, I have two kids of my own. And you
21 know, they play in the playgrounds just like
22 most kids. They enjoy, you know, the sport
23 activities and the great robust program that we
24 have in our Parks and Recreation Department.
25 And you know, you always -- one always wants to

1 be -- you know, wants to feel safe, all right,
2 when they go to a playground. And safety can
3 come at a multitude of levels, right? And you
4 know, I think through our Capital Department
5 with our Parks and Recreation and our Rebuild,
6 you know, we are trying to make our parks more
7 accessible, more safe, more ergonomically
8 designed, you know, where people from all
9 generations come in one place and feel safe.

10 One thing they shouldn't have to not feel safe
11 is not having a kind of response in a cardiac
12 arrest or some other first aid issue until our
13 professional EMSes, you know, arrive on scene,
14 onsite.

15 So with that, you know, my kids, you
16 know, we are at a sporting event. And you know,
17 one of the players on the other team has a -- a
18 congenital heart issue. The kid collapses. Two
19 parents who are trained, jump over the fence and
20 attend to this child at a very young age and
21 saved his life. Right. Saved this young
22 child's life. So, that had me thinking that
23 well, you know what, maybe we should have AEDs
24 at every rec center.

25 And then I thought, all right, well,

1 this is the City of Philadelphia, all right. We
2 are the City of firsts. We are, you know, with
3 my colleagues', you know, creativity, health and
4 need for progressive policies, we are passing a
5 whole lot of things from earned sick pay to fair
6 work week to a lot of things that are making our
7 City the first and the best and the proudest of
8 what we do. And our buildings are public
9 access. Our buildings provide social services.
10 Our buildings are open, you know, in some cases
11 six days a week. And we want to ensure that
12 people feel safe because the general public is
13 using it. And God forbid, you know, in addition
14 to, you know, somebody who is providing that
15 service onsite, will also be in the need of some
16 sort of response.

17 So, with poor little TJ having this
18 issue -- and by the way, he has had a positive
19 outcome. He -- those two adults that were
20 trained, saved his life. Rode with them the
21 entire way, and is now a happy kid with a
22 condition that he has to deal with. But he's a
23 happy kid that's, you know, in school and
24 playing sports. But it made me wonder that, all
25 right, we can do more.

1 How do we train people? And some of the
2 folks that are here to testify are my partners
3 in a program that we call Act Now. And Act Now,
4 ACT Now, is the actual action of a good
5 Samaritan taking control of the situation and
6 performing CPR until EMS arrives. Of course,
7 you call 9-1-1. EMS is en route. But those
8 three, four minutes or three, four, five minutes
9 until EMS arrives, it's critical that something
10 happens, all right, for the -- the outcome of
11 the individual.

12 So, we put this program together. We
13 have -- in some of our partners here that are
14 fantastic, we have trained over a thousand
15 people in my district alone. A thousand people
16 were trained certified CPR. We modified it with
17 our partners, training people who do not get
18 certifications but are introduced to CPR and how
19 to administer the AEDs. As those who are
20 certified, over a thousand in my district, all
21 right, they are also trained in AED, stop the
22 bleed, working with, again, City's EMS, their
23 Community Risk Reduction Department. And they
24 do an incredible job.

25 And it's a part of the public outreach

1 just as we have for some of our fire reduction
2 efforts that we do as the City knocking on
3 doors, talking to communities, putting smoke
4 detectors in houses. How you should have fire
5 safety applying to your own residence and/or
6 businesses. So, we are doing the same thing
7 here in life safety and health -- in the health
8 kind of thing.

9 I've been in the schools -- six, seventh
10 and eighth graders. We have introduced CPR and
11 AED to 35 -- approximately, 3500 kids. We
12 have -- I have brought them, with our partners,
13 and you will hear from some of them today, to
14 our community groups in responding and having
15 the confidence to respond and knowing how to
16 operate an AED and what it is and how it is.
17 But more importantly, where one is accessible.

18 So you know, the statistics are
19 staggering with 85 percent of a positive outcome
20 if there is an AED within three minutes of a --
21 of an incident, I am going to call it. Where
22 there is an incident and there is an AED near.
23 And one thing we can control is our own
24 facilities in the City of Philadelphia. Things
25 that we can control, in some cases, our economy,

1 right, when it comes to the City of
2 Philadelphia. We can -- we are also in a
3 position to control some of our policies.

4 Now, I was talking with somebody. And
5 this is -- I am going to digress a little bit
6 just to give you a little background. I-95.
7 The reconstruction of I-95. So, we talk about a
8 directive from July 2017 or 2019. Not sure who
9 is all trained, who is respond -- you know, we
10 have enough AEDs? Are they up-to-date AEDs? Do
11 they have enough batteries? Are there AEDs that
12 are bilingual?

13 But I-95, 2005/2006, PennDOT was talking
14 about the reconstruction of I-95 in the City of
15 Philadelphia. And I think it's going to go on
16 until 2030. All right. So, directives are
17 great.

18 We have a lot of think tanks. We have a
19 lot of people, but they are good. City of
20 Philadelphia is a do tank, all right. And what
21 I want to do is to be in a position to save
22 lives when -- if an incident does occur. So you
23 know, we have a lot of opportunities in front of
24 us when we are rebuilding our parks and
25 recreations and libraries. And as, you know,

1 they are being rebuilt and we have all these
2 ribbon cuttings and we have more robust
3 programs, because population in the City of
4 Philadelphia is growing. It is growing. It's
5 in our neighborhoods. We have our public
6 facilities are strategically placed to service
7 the citizens of Philadelphia. So, it is
8 important that they feel safe as they use our
9 facilities and/or are near our facilities.

10 So, that is the genesis of where this
11 piece of policy and legislation came from. And
12 it is my hopes that, you know, positive -- as
13 AEDs can bring on positive outcomes, I think
14 this legislation will do the same. So, I
15 appreciate your time coming here.

16 Chair recognizes Councilman Greenlee.

17 COUNCILMAN GREENLEE: Thank you,
18 Mr. Chairman.

19 Just very quickly. Mr. Scott, just want
20 to touch on your -- one of your last statements
21 here. You say, as a directive through Risk
22 Management already exists, the language is
23 duplicative.

24 Is it really? Because isn't an
25 ordinance more permanent than a directive?

1 MR. SCOTT: You are certainly more
2 experienced in ordinances than I ever will be.
3 However, what -- what, for us, we are looking to
4 make sure that things are operating
5 continuously. And so, what the directive does
6 is enables us to move from the idea of public
7 access defibrillation in our facilities into
8 realizing a reasonably short time period between
9 when an event occurs and how people can respond
10 to it.

11 So in -- as residents of one of our City
12 buildings, you know that there is a lot of
13 things going on in our facilities.

14 COUNCILMAN GREENLEE: Right.

15 MR. SCOTT: And in order to keep our
16 equipment maintained appropriately, to figure
17 out how and what's going to happen if there is
18 an event, where do people call? How do they let
19 people know that in Room 472 someone is having
20 an event and we need an AED.

21 And so, the pro -- the directive helps
22 to set up processes to help ensure that the AED
23 can appropriately be accessed when needed and
24 delivered to the spot where it's most needed.

25 COUNCILMAN GREENLEE: I don't want to

1 interrupt you, but I'm not --

2 MR. SCOTT: I'm done.

3 COUNCILMAN GREENLEE: -- disputing any
4 of that.

5 MR. SCOTT: Right.

6 COUNCILMAN GREENLEE: I guess my point
7 is, that doesn't really make the directive and
8 the bill duplicative. Because a directive can
9 change. I'm not saying the next Administration
10 won't change it.

11 MR. SCOTT: Right.

12 COUNCILMAN GREENLEE: But it could be
13 changed. The only way this can be changed is if
14 another Council introduced the bill and passed
15 it and, you know, the future Mayor signs it. I
16 guess what I'm saying is, this is more permanent
17 in our opinion, I think, than say a directive
18 is.

19 So, I don't see it as really
20 duplicative. I'm not saying the directive is
21 wrong. I'm just saying that it's -- to me, it
22 carries more of the force of law than -- yeah.
23 So, I don't -- I don't see why there should --
24 and you didn't really say you opposed this, you
25 know, from what I heard. But guess what I'm

1 saying is, I don't see the problem in putting an
2 ordinance to make this regulation permanent.

3 That's all I'm getting at.

4 MR. SCOTT: I understand. I mean, part,
5 for me, of you know, our rational not being
6 legislators, we are looking to set up the
7 process that folks can utilize. And we also
8 want something which is relatively easy to
9 update as changes occur in the field.

10 And so, the directive is what we have
11 access to. And the directive is how our City
12 departments are used to hearing information
13 about health and safety matters about their
14 jobs.

15 COUNCILMAN GREENLEE: Okay. I guess I'm
16 just saying, I don't know see where this
17 ordinance interferes with that. I don't know,
18 maybe I'm missing something. Okay. All right.
19 We won't go back and forth.

20 Chairman, thank you.

21 MR. SCOTT: As structured, it takes --
22 puts the responsibility on the Department of
23 Public Property, which has not really been
24 involved in this in any significant way and does
25 not have all of the resources necessary to carry

1 out fully the mandates in the ordinance.

2 COUNCILMAN HENON: Just -- Councilman
3 Jones.

4 COUNCILMAN JONES: Mr. Chairman, first
5 of all, you should be applauded for taking the
6 extra step to try to assure safety in public
7 buildings and in rec centers. That is amazing.

8 But when I hear this kind of response,
9 it reminds me and it's akin to when I asked
10 parking garages to include cameras. And what
11 was -- the problem there, they were risk
12 adverse. They said, well, Jones, what happens
13 if we get sued because the camera was out or
14 what happens if we are held responsible for
15 things -- we don't know where things are.
16 That's like saying to me, that we shouldn't have
17 fire extinguishers down the hallway because
18 everybody doesn't know where they are.

19 Well, thank God, some people on the
20 floor may know where they are and in an
21 emergency, can be counted on to go get operating
22 fire extinguishers. I am sure if I walked
23 around these hallways, some of them have tags
24 that have expired. May still work, but aren't
25 up to, you know, the freon level or whatever it

1 is. But thank God they are there.

2 Similar, I wonder if Hank Gathers or one
3 of those kids that, you know, suddenly caught a
4 heart attack playing the sport they loved, we
5 don't know if a defibrillator would have been
6 close, that we might have saved a life. So if
7 we are wrong a little bit, if we are off a
8 little bit on procedure, if we error but happen
9 to save one life, this is worth it.

10 And I just want us not to -- the
11 imperfect should not be the enemy of the good.
12 And this is good, Mr. Chairman. And so, I
13 appreciate it. And I am voting for it.

14 Thank you.

15 COUNCILMAN HENON: Thank you,
16 Councilman.

17 Chair recognizes Councilman Oh.

18 COUNCILMAN OH: Thank you very much.

19 I do understand your explanation. I do
20 very much appreciate it. It doesn't seem like
21 it's a conflict to me. It sounds like the
22 Department of Public Property has a directive to
23 try to reach this goal already. And what is
24 happening is that the directive is kind of
25 internal to the department. And now, there will

1 be a City ordinance, a law that -- that will be
2 passed if this comes out of Committee and is
3 passed by Council. And then it becomes part of
4 the law of Philadelphia, and we do have
5 oversight. We also have a responsibility of
6 appropriations to ensure that you are well
7 equipped. And I think there is a difference
8 between a directive and a law, but I don't see
9 the conflict. At least, I don't see a conflict.

10 I think the ordinance takes it to
11 another level of a broader responsibility than a
12 department or administrative directive. It is
13 now something that has been passed into law and
14 is something that we enforce.

15 I'm just kind of explaining why I am
16 supporting this, and why it wasn't really clear
17 on what the distinction is exactly when it comes
18 to saving lives in this -- it sounds like what
19 we are doing is not something you oppose.

20 MR. SCOTT: That's absolutely -- excuse
21 me.

22 COUNCILMAN OH: Okay.

23 MR. SCOTT: The goal of public access
24 defibrillation and making available health and
25 safety equipment is what the mission of Risk

1 Management is all about. And so, this is
2 something that, you know, Risk has been involved
3 in for a number of years. And that -- and we
4 have worked hard to try to get the City to where
5 we believe it needs to be.

6 And so, it's the -- you know, because
7 there -- you know, this is an area that we have
8 worked in for a number of years, we -- we
9 have -- will put in place a system which I
10 believe moves us closer to that goal. That goal
11 which I hear, Mr. Chair, you have enunciated as
12 your vision and the Committee has supported.
13 And I just want to make sure that all of the
14 components that get us actually across that goal
15 line are met.

16 That was the structure. That's the
17 rational behind our directive. Our goal of
18 saving the lives of our citizens is the same.

19 COUNCILMAN OH: All right.

20 Thank you very much.

21 COUNCILMAN HENON: Thank you for your
22 response on that. I'm not finished, but I know
23 you are just up here to -- you're not -- you are
24 in support of the spirit of -- and the intent of
25 the legislation. And you know, I think we all

1 look forward to continue to work with it, with
2 you in making sure that our policies reflect
3 legislation or legislation compliments policies
4 that may be in place but not implemented yet.

5 You know, one of the frustrations that I
6 have with working for a government entity is the
7 forward progress and incremental steps, all
8 right. And that is created by checks and
9 balances which I totally agree with. But when
10 we do have policies in place -- so the
11 legislative branch will pass an ordinance,
12 becomes law. And you know, hopefully, that
13 Councilperson or Councilmembers as we, you know,
14 work together to create a bill, have been
15 working together. And I think we have been
16 working with the Public Property for a little
17 bit just on this. And you know, because I
18 always try to include as many people,
19 stakeholders as possible because we want to get
20 it right.

21 But I think we have it right here. And
22 if there are more conversations on this policy
23 before it's finally voted on on the floor, you
24 know, assuming the members of this Committee
25 sees that it should advance, and that is my

1 intent, then we should continue to have these
2 conversations. Because a directive in 2007 and
3 2019, you know, the Health Department has, you
4 know, done tremendous work with smoking, smoking
5 cessation.

6 Public Property. I am glad you
7 mentioned Public Property because they are not
8 responsible for everything in the City of the
9 Philadelphia. You mentioned, you know. Having
10 different departments, you know, being
11 responsible for, you know, for their own --
12 their own department and their own purchases.
13 You know, we -- we should be speaking with the
14 Finance Department and talking about bulk
15 purchase of defibrillators. Instead of having
16 one department buy, you know, a few
17 defibrillators or this department buy a few
18 more. We should consider bulk purchasing, get a
19 little more bang on our large quantities for our
20 purchases.

21 But when it comes to duplicate policies,
22 and my responsibility here is to make sure that
23 we all work together, we pass sound and
24 practical initiatives, all right, and
25 legislation that helps move our City forward,

1 helps keep us safe, helps protect them and is in
2 the City's best interest for whatever issue it
3 is. But if we don't have certain items in place
4 and it's not duplicate, all right. If we don't
5 have a -- you know, if something is in a policy
6 form and it's not actually something that's
7 being carried out, then it's not necessarily
8 duplicative type of situation. So, I would
9 rather have a overlapping policy and same goals
10 and agenda because I know we do share it.

11 And I appreciate you coming here today
12 in sharing that. You know, because when we
13 launched, you know, the program with all our
14 partners including our Philadelphia Fire
15 Department in their Risk Reduction, we launched
16 it at the school. We launch it at a high
17 school. And there were over a hundred kids. It
18 was one of their CTE programs. There is a lot
19 of good things that the City already taken place
20 with and partners with the schools and
21 multiple -- multiple branches of government
22 here.

23 So, we want to work together moving
24 forward on this and try to figure out a way, as
25 the Councilman said. I love how he put it

1 imperfect -- imperfect.

2 MR. SCOTT: Not having --

3 COUNCILMAN HENON: Something perfect
4 with good -- imperfect implementation with a
5 good policy, in that vain I think.

6 So, I think we're in the right
7 wheelhouse, all right. So, I am going to say
8 that City of Philadelphia, we only want to -- we
9 want to add -- this is our Bryce Harper, all
10 right, in the Health Department when it comes to
11 ensuring less risk in a responsible way that
12 minimizes its exposure but has a good -- but has
13 a very good outcome on the policy.

14 So, we will continue this conversation.

15 MR. SCOTT: Thank you.

16 COUNCILMAN HENON: If it's okay with
17 you.

18 MR. SCOTT: Thank you. I do -- I think
19 perfect is the enemy of the good, which is what
20 some people say about what I'm trying to do
21 sometimes. But what, you know, we have
22 developed, we have implemented, we have
23 continued to improve, and we have continued to
24 monitor our program of distribution of AEDs
25 throughout the City and supporting the various

1 departments that carry that out.

2 In terms of procurement, of course the
3 procurement of AEDs is done through the City's
4 Procurement Department, looking to get the best
5 value for the product. So, we are doing things
6 to make sure that when we do purchase AEDs, by
7 whatever department, we are doing that in a way
8 that buys the citizen, the tax dollar's best
9 value in order to provide this equipment. That
10 equipment then gets collaboratively installed
11 with the department and training that is
12 provided to those people who are responsible for
13 the use of the AED, the administrators who are
14 responsible for making sure that it gets
15 inspected, the folks -- the administrators and
16 facility coordinators who are responsible for
17 making sure that it is maintained, the medical
18 director who is responsible for overseeing that
19 whole AED program.

20 All of those elements are elements that
21 the City has already put in place and are
22 operating, and have been for more than a decade.
23 And so, to characterize that, you know, we are
24 not there, I don't know that that's an accurate
25 characterization. And to quote Councilman

1 Jones, I don't want to have the perfect be the
2 enemy of the good.

3 We are working toward having a larger
4 distribution and a larger availability. And as
5 resources permit, we have expanded. And so --
6 and we've been working with a number of the
7 community partners who you have named and have
8 brought to the plate, as well, in order to
9 achieve this vision for our City.

10 COUNCILMAN HENON: We will get there.
11 Thank you for your time. We appreciate it.

12 MR. SCOTT: Thank you.

13 COUNCILMAN HENON: Is there anyone else
14 here have any questions for Mr. Scott?

15 (No further questions.)

16 COUNCILMAN HENON: Thank you. Thank you
17 for your testimony.

18 MR. SCOTT: Thank you, Chair. Thank
19 you, Committee.

20 COUNCILMAN HENON: Clerk, would you
21 read -- call out those who are here to testify
22 on Bill No. 190099.

23 THE CLERK: Darren Sudman, Simons Heart;
24 Rachel Moyer; Dr. Ben Abella and Marcus Owens.

25 (Approaches Witness Table.)

1 COUNCILMAN HENON: While the witnesses
2 are approaching, I just want to state for the
3 record that Mr. Sudman and the Simon's Fund have
4 been an incredible partner for the life safety
5 program Act Now that is in our schools that are
6 training thousands of people. It seems like
7 it's going to be growing. And our collaborative
8 is top notch. So, Darren, I appreciate your
9 interest in this and your participation in
10 actually, you know, speaking with the community
11 and training the community and saving lives.
12 Thank you.

13 MR. SUDMAN: Thank you very much for
14 inviting me here as you consider an amendment to
15 place AEDs in all facilities, but most
16 importantly for me, youth-related facilities.
17 I'm happy to be back here before this body.

18 I was here October -- I'm sorry. My
19 name is Darren Sudman. I am from Simon's Heart.
20 I'm the cofounder and CEO.

21 I'm happy to be back here before this
22 body. I was hear on October 25, which is the
23 day that you formally recognized and welcomed
24 Gritty into our City. It also happened to be
25 the day that you declared Cardiac Health

1 Awareness Day. And my organization works hard
2 in Philadelphia and the surrounding areas to
3 raise awareness about sudden cardiac arrests and
4 death in kids in memory of my son Simon. And
5 I'm glad to be joined by Dr. Abella, Marcus
6 Owens, Rachel Moyer. Marcus and Rachel, you
7 will also hear from, have also lost family
8 members and have been advocating for quite some
9 time.

10 It's important to pass a law that
11 requires the presence of AED devices in
12 youth-related facilities. But it's also
13 important for that legislation to contain a
14 cardiac emergency room response plan
15 requirement. And I think that's what we just
16 heard from the previous witness.

17 In my world, a directive would be a
18 cardiac emergency response plan. And I think a
19 good parallel is that I am really excited when
20 schools tell me they have a cardiac emergency
21 response plan. That means that they are engaged
22 in preventing sudden cardiac arrest. But I
23 would be really happy if the State or the Board
24 of Education passed a law requiring schools to
25 have cardiac emergency response plan, so it

1 wouldn't be optional.

2 Because what we don't want when there is
3 cardiac arrest is panic. And we don't want to
4 find out that an AED device was present, but it
5 was locked in an office and inaccessible.

6 It's peculiar that this even needs to be
7 discussed here today, and that we need to
8 legislate a solution because I imagine that many
9 of you have these in your car and these in your
10 home. (Holds up items.) And I don't know why
11 we would need fire extinguishers because we can
12 simply call 9-1-1 and wait for the professionals
13 to show up. And many of us certainly can call
14 AAA or our dealer's roadside assistance to get
15 our cars started again.

16 But the reality is, is that AED is even
17 more important and more critical than jumper
18 cables and fire extinguishers because it's the
19 only tool that can save someone in cardiac
20 arrest. The only tool. So if someone from
21 roadside assistance shows up or the fire
22 department, they will have cables. They will
23 probably have a fire extinguisher, but they also
24 have other tools at their disposal that they can
25 use to fix our problem. But the truth is, is

1 once the first responders show up to a cardiac
2 arrest scene, they are going to have an AED
3 device and that's what they are going to use.
4 They are going to turn on an AED device and
5 probably hear the same things that we will hear
6 if we turn it on: Remove clothing from patients
7 chest, peel away the liners and apply the pads,
8 assessing patient's heart rhythm, shock advised
9 or shock not advised. That is pretty simple and
10 straightforward.

11 Time is of the essence when there's a
12 cardiac arrest. We have three minutes to deploy
13 the AED. And for every minute after that that
14 we don't put the pads on someone's chest, chance
15 of survival drops by 10 percent.

16 I'm going to close with a story. Three
17 weeks ago, we donated an AED device to
18 St. Monica School. It's part of a program we
19 have with the Philadelphia Flyers called the
20 Overtime Challenge. Every time the Flyers go
21 into sudden death overtime, we donate an AED to
22 a local youth facility.

23 I brought these two devices with me, a
24 Fisher Price baby toy and an AED. I asked for a
25 volunteer, a sixth grade boy. I asked him to

1 turn them on. He took the toy first. He took a
2 look, he pushed this button. This just spins
3 around. It doesn't do anything. Then he
4 realized that you got to slide this thing to the
5 left to turn it on. He then took the AED
6 device, looked at it and pushed the green button
7 which turns it on. And the instructions that I
8 just shared with you followed.

9 So as you can see, these devices are
10 made for the public. They are made for people
11 of all ages. And they are important for us to
12 have around. So, thank you for introducing this
13 amendment that will ensure that these easy,
14 effective and relatively inexpensive tools are
15 available for the adults and kids in our
16 communities. Your actions will save lives.

17 COUNCILMAN OH: I'm sorry for
18 interrupting. We usually go straight through
19 the panel. I have to ask, how much is that
20 device you just held up?

21 MR. SUDMAN: You're not talking about
22 the toy, right?

23 COUNCILMAN OH: Not the toy, no, the AED
24 device.

25 MR. SUDMAN: So, AED devices range in

1 price. They start around \$1,000 and can go up
2 to over \$2,000. It depends on the make and
3 model. But they all deliver a shock. And they
4 can all potentially save someone's live.

5 COUNCILMAN OH: Okay. Pretty good.
6 Thank you very much.

7 MR. SUDMAN: Thank you.

8 COUNCILMAN HENON: State your name for
9 the record, please, and you may proceed with
10 your testimony.

11 DR. ABELLA: Sure. Good morning. My
12 name is Dr. Benjamin Abella. I'm a faculty
13 member at the University of Pennsylvania.

14 So, good morning. As I stated, I'm a
15 faculty member at the University of Pennsylvania
16 where I also am a practicing emergency official,
17 at the emergency department at HUP where I have
18 worked for the past 15 years often in
19 collaboration with the excellent leaders of the
20 Philadelphia Fire Department including
21 Commissioner Thiel and others.

22 Relevant to our discussion today, I am
23 an expert in cardiac arrest, CPR and related
24 topics having conducted numerous research
25 projects in these areas over the years. I've

1 also served on the international expert panel
2 that authors the CPR guidelines that are used
3 around the world. I'm here to express my strong
4 support for this bill proposed by the counsel
5 regarding the placement of AEDs and other
6 emergency care equipment in City buildings.

7 I applaud Councilmembers Henon, Green
8 and Squilla for bringing the bill before this
9 body for your consideration as it has enormous
10 potential to save lives in our City and provides
11 an important step forward for emergency
12 preparedness and cardiac vascular health. Now
13 my goal as the physician in this group is to
14 provide some of the science and background, so I
15 am now going to go through a little bit of the
16 medicine behind this whole concept.

17 Sudden cardiac arrest occurs when the
18 heart suddenly stops beating causing the victim
19 to collapse and lose consciousness without
20 warning. Sudden cardiac arrest occurs without
21 symptom and requires an immediate response from
22 bystanders if the victim is to have a chance of
23 survival. For every minute of untreated cardiac
24 arrest, survival falls by approximately
25 10 percent. If no action is taken within ten

1 minutes of collapse, the chance for survival is
2 less than 5 percent. While most people do know
3 to call 9-1-1 if they see someone collapse, this
4 is a necessary but not sufficient step since
5 activation and arrival of emergency medical
6 services can take time, often longer than five
7 minutes. And during this time, the lack of
8 bystander actions can seal a victim's fate.

9 In Philadelphia, over a thousand people
10 suffer cardiac arrests each year. And best
11 estimates are that less than 200 survive to
12 reunite with family and loved ones after
13 hospitalization. This means there are at least
14 800 deaths from cardiac arrests each year in our
15 City either in the pre-hospital setting or in
16 emergency departments around our City. It is
17 important to note that cardiac arrest strikes
18 women and men in their 50s and 60s who are often
19 in good health, working, participating in family
20 activities and so forth. Death from cardiac
21 arrests, therefore, have a large negative impact
22 on Philadelphia families, Philadelphia
23 workplaces and Philadelphia communities.

24 Extensive clinical research has shown
25 that AEDs can make a huge impact on cardiac

1 arrest outcomes doubling the survival in many
2 studies. Other research has shown that
3 communities that have implemented broad AED
4 deployment, demonstrate significant gains and
5 survival. AEDs are designed to be used by
6 anyone, including the lay public as our former
7 demonstration showed so nicely. They are also
8 designed with safety in mind. It's nearly
9 impossible for an AED to deliver a shock to
10 someone accidentally or to someone who is not
11 actually in cardiac arrest.

12 Many of the people who die from cardiac
13 arrest do so because AEDs were not immediately
14 available to provide life saving shocks. Work
15 from our team at Penn has shown that
16 Philadelphia has a low penetration of AEDs.
17 That is, many buildings do not have AEDs
18 installed in lobby areas or other public spaces.
19 However, public spaces that do have AEDs
20 available such as 30th Street Station,
21 Philadelphia Airport and such have seen success
22 stories of patients saved from cardiac arrest
23 and tragedy averted by good Samaritan citizens
24 who put them to use.

25 I have personally cared for a number of

1 cardiac risk victims who have been saved by
2 public AEDs. They are tremendously grateful to
3 be alive, and will tell you that AEDs are a big
4 part of why they are here today. Victims such
5 as Police Officer Anthony Radico, Engineer Zack
6 Conrad, Minister Brenda Halliburton who are all
7 saved by public AEDs have presented their
8 stories in various media and give me permission
9 to mention them here today.

10 So, I believe we should come together as
11 a City and stand for health and safety of our
12 citizens. We should enable more families to
13 bring loved ones home despite suffering cardiac
14 arrests. I believe this bill will save many
15 lives in our City and serve as a shining example
16 of the care and support that our communities
17 embody.

18 And in closing, I would also like to
19 respond to some of the discussion around an
20 ordinance versus directive. From my perspective
21 having worked with many City facilities and many
22 other organizations around our communities, I
23 see a lot of variability of implementation. And
24 one of the reasons I believe this ordinance is
25 important is because I think uniformity and

1 consistency ensconced into law is the best way
2 to ensure that everyone has equal access. When
3 things are left to local discretion, and I'm not
4 speaking for City facilities, per se, but in
5 general, what I have seen is there is a wide
6 range in practice, a wide range in
7 implementation and training. And this bill, I
8 think, will go a great step forward towards
9 making this more uniform and making our City
10 more safe.

11 Thank you.

12 MR. OWENS: Hi. Good morning. My name
13 is Marcus Owens. I'm from the Danny E. Rumph,
14 II Foundation. My nephew Danny was one of two
15 young men that collapsed and died at the
16 Mt. Airy Rec Center in '05. Previous young man
17 by the name of Arion Keen Hill has passed -- had
18 dropped and died a few years prior to him.

19 So over the last 14 years, the Rumph
20 Foundation has been working diligently in
21 Philadelphia in bringing awareness to sudden
22 cardiac arrests, providing CPR classes in our
23 local rec centers. We were instrumental in
24 helping get any defibrillators put into our rec
25 centers which is a great thing. And so, to hear

1 that the City is looking to put them in all
2 facilities, it is amazing. Very happy to hear
3 that the City is willing to go to the next
4 level -- to take the City up to the next level
5 about safety. This, I believe, will take the
6 City of Philadelphia and put them in the realms
7 other cities who are already ahead of this call
8 like Seattle. And so, to hear that public
9 service, we are going to take that more serious
10 and add these AEDs into other facilities and
11 buildings.

12 My next thing, would just ask you that
13 if you -- we would just improve on the machines
14 that we have. We have newer machines now that
15 speak double lang -- two languages, Spanish and
16 English. We have -- in our City, we have a
17 large diversity of people in our City,
18 especially around our rec centers, where you can
19 have a machine in one of our Latino areas where
20 they can go get the machine, hit the button and
21 it will speak Spanish to them.

22 So in conjunction with adding, getting
23 the machines into the building, I would just ask
24 you here today, you would look into getting the
25 better ones that can give you the two languages

1 because we are diverse in our City. And we want
2 to make sure that all of our citizens here are
3 be able and be comfortable to grab the machine
4 and use it, as well.

5 I thank you for having me here today to
6 testify that this is a great cause, and a great
7 bill to pass. And I'm praying that we can get
8 it done. Thank you.

9 MS. MOYER: Good morning. My name is
10 Rachel Moyer. And I come to you from the
11 Poconos. Philadelphia plays a big role in my
12 life because the frequency we have to come down
13 from the mountains for all the great things that
14 you offer.

15 In the year 2000, my son was playing
16 basketball in a 70 million-dollar school. Was
17 the first varsity game that he was playing in,
18 but they did not have an AED. So, the year was
19 2000. And I was a school teacher. I had been a
20 school teacher at that time for about 15 years.
21 And I could take everybody's kid out for a fire
22 drill, but I did not know how to do CPR on my
23 son nor did I know what an AED was.

24 When Greg collapsed, there was a doctor
25 and two nurses that were there at the auditorium

1 in the school. And no one performed CPR on my
2 son. And I -- that lives in my every day that I
3 did not know what to do. Now, it's my goal
4 since I couldn't save my son to make sure I go
5 out and I do everything I can to help save
6 someone else's.

7 I did not know what an AED was in the
8 year 2000. And after the ER nurse told me what
9 it was and that it could have made a difference
10 because my son had no signs or symptoms. He had
11 three sports physicals a year, but no one knew
12 that Greg was going to collapse from cardiac
13 arrest.

14 Pennsylvania passed the first law in the
15 United States that reduced the cost of an AED
16 from about \$3,400 to less than \$1,500. There
17 was competition. And for the first time, there
18 were bids that had to be in and the cost came
19 down. So when people would tell me before we
20 can't afford an AED at \$3,400, don't tell me
21 that you can't afford something that's less than
22 1,500; and especially, when you are going to buy
23 them in bulk.

24 When I was on my way to Philadelphia in
25 2001 to meet with Dr. Vicky Vetter at CHOP and

1 Marcus Owens was -- and Darren Sudman until
2 years later, a few years later, that we all have
3 managed to coordinate efforts to try and make
4 Philadelphia safe. But on my way to
5 Philadelphia, I saw a Comcast billboard that
6 said if you need help, call Philly Trial
7 Lawyers. So I thought, bingo, that's what I'm
8 going to do. So, I called them.

9 So when this law was passed in 2001 that
10 gave affordable prices to AEDs, we -- you in
11 Philadelphia were going to get 17 AEDs for a
12 high school. Well, there was over a hundred
13 high schools at the time, and that wasn't
14 enough. And I called the Philly Trial Lawyers,
15 and they donated 125,000. So, each one of your
16 schools got an AED.

17 It's taken us a long time. First the
18 middle schools got the AEDs through CHOP, and
19 then the elementary schools got them also by
20 different donations and especially through CHOP.
21 And Betty Ann Creighton, who was the director of
22 your Health and Phys Ed, she was responsible
23 saying I am not going to retire until there is
24 an AED in every school in Philadelphia. And
25 that's what happened this year.

1 So, was a long haul. But I can say
2 there has been lives that have been saved. And
3 if you read the Philly Inquirer recently, you
4 heard about the kid that collapsed at Ben
5 Franklin. And if it wasn't for the AED,
6 everybody says, the doctors say, that he would
7 not have made it. So, the response time and it
8 was awesome.

9 So it's important to you -- to me and to
10 you, as well, that you have a response plan that
11 you also develop that the American Heart
12 Association has done. It's been very effective
13 with the Philadelphia schools about training
14 their teachers and their staff. It's not that
15 hard. And you basically get a certificate of
16 completion. It's not a certification. It's a
17 certificate which can -- you can train your
18 supervisors and your staff in the City to also
19 train their staff, as well.

20 Four months ago, I gave testimony in
21 Middle Smithfield Township, which is a small
22 township in East Stroudsburg, Pennsylvania to --
23 so that they can have an ordinance passed that
24 would require AEDs in all of their buildings of
25 new construction. That happened recently. That

1 was the first ordinance in Pennsylvania that has
2 been passed for any of our townships, cities or
3 whatever.

4 Two years ago I gave testimony in
5 Honolulu that they did -- provided the
6 government, City government provided AEDs for
7 all of the City buildings. It's been
8 successful. And after two years, there is
9 definitely AEDs in all City and public
10 buildings. And on their different -- in their
11 different parks. I think that the State of
12 Pennsylvania will certainly mark its place in
13 history if it passes legislation that is going
14 to save lives and protect people. There isn't
15 anything worse in the world than losing a child.

16 And if this Council can actually say we
17 have the ability to make a change, just like we
18 in -- was at Philly -- a lot of people don't
19 know in 1958, a Catholic school in Chicago where
20 92 students died and three teachers. They
21 passed -- the next year, an ordinance was passed
22 throughout the country that said, okay, we have
23 to have fire extinguishers and we have to have
24 fire alarms and we have to have fire drills.
25 The last kid that died in a fire was 1958.

1 There hasn't been anybody that's died in their
2 school since then.

3 So if you are saying to the City of
4 Philadelphia, that we are going to protect our
5 citizens by getting AEDs in every building and
6 we are going to train people on how to use it,
7 the number of deaths each year can change
8 significantly. 50,000 lives can be changed each
9 year if all other communities, states would do
10 such a thing. I'm -- I feel, as I said to
11 Councilman Henon, that I think this is -- you
12 are making a profound statement.

13 This doesn't happen in any other city.
14 There are probably four cities in the United
15 States that have done it. And none of them are
16 as being as Philadelphia. So, I can't thank you
17 enough. You have been number one recently for
18 your supports that you have had down here. Then
19 I am hoping that you will be number one in the
20 country once again by making the City of
21 Brotherly Love a very safe place.

22 The AED. This is what I wanted to tell
23 you. On Wednesday of this week, the Sheriff's
24 Department -- your City's Sheriff's Department
25 does not have AEDs. So, I had the honor of

1 meeting the Assistant Sheriff Paris Washington.
2 And I said, I can't believe you guys don't have
3 AEDs. And he says, I can't believe it either.
4 And so, I said, well, we are going to give one
5 to you. And this is not it. This is the one I
6 am giving to the City Council. Because I want
7 you to -- I had the opportunity to meet Sandra
8 Danner. And she is with the Risk Management
9 Division. And she took the time to talk to us
10 about AEDs and their locations. And there is
11 not enough signs. There should be a sign on
12 every door.

13 And when I go -- I always go into places
14 and I say, where is your AED. And they look at
15 me like I have two heads, like, what's an AED.
16 It's getting better, but it's not where it
17 should be. This AED will tell you that it's
18 ready when it has a green light. If the green
19 light is not on, it will beep and tell you there
20 is an issue. All you have to do is open it up,
21 and it will tell you what the issue is.

22 This machine will talk you through,
23 about fourth grade education.

24 (AED begins telling instructions what to
25 do. Then instructs in another language.)

1 MS. MOYER: If you have -- this is it.
2 You open it up. You put them on either side
3 here or down here. So, but I want you -- I
4 wanted -- in honor of my son, I wanted to do
5 something today to say I am really serious. I
6 will help you guys. As the people that are here
7 today, all of them, we will do anything that we
8 can to make Philadelphia the first heart safe
9 City in the United States.

10 Thank you.

11 COUNCILMAN HENON: Thank you for your
12 testimony. First and foremost, you know, we are
13 deeply saddened and sorry for your loss of your
14 son and Marcus, too, your nephew. And it is our
15 hope, I think we do all share the same goals
16 whether it's Risk Management, Public Property,
17 Sheriffs Department. Not sure if every, you
18 know, those departments have an actual AED in it
19 or they do not, but we are going to get there.
20 We are going to get there, and we are going to
21 make you proud.

22 You know, it is the way we collaborate
23 with departments and agencies from a legislative
24 body and an Administration. You know, we will
25 work things out. But we are going to get there.

1 We are going to assure that things are fully
2 implemented for the safety of everybody
3 including our visitors, not just, you know, the
4 people who live here and work here. But those
5 who come in and want to enjoy our City and
6 everything it has to offer.

7 We are an urban -- we are an urban City,
8 all right, that has great utilized outdoor
9 spaces. We want to make sure everybody uses
10 them. Thank you for being here.

11 Chair recognizes Councilman Oh.

12 COUNCILMAN OH: Thank you very much,
13 Chairman. Let me first start by thanking the
14 Chairman. This was truly enlightening. You
15 know, wow, I just really -- eye opening. And
16 you know, you have taken your profession and
17 your personal loss and turned it into a mission
18 that is saving lives. And I really want to
19 thank you for that.

20 My father had a heart attack back in
21 '76. He survived. My sister, fortunately, was
22 there. Found him slumped over, called 9-1-1 they
23 came in time, and he lived another 30 years.
24 And so, he was 56 when he had a heart attack.
25 That's always been on my mind, 56. Folks who

1 are 56, healthy. But I never thought about an
2 AED. And I go to tons of events. You know, my
3 Veterans. I go to Veterans meetings. And there
4 are a lot of fellas who served in Vietnam. They
5 are right at that age. I think about my church.
6 We have doctors in the church. We have no AED
7 there. They would know how to do it. We just
8 don't have one.

9 And so, this is really eye opening. You
10 know -- \$1200, \$1000, \$1500 -- certainly
11 something we would love to have on hand. I am
12 even thinking about just buying one and taking
13 it with me where I go, just have it in my car.
14 We go to outdoor events. You know, there is a
15 lot of, like, folks out there. And it's just --
16 something has not crossed my mind. But I
17 connected right away, you know, with what
18 happened with my dad.

19 And so, I thank you for bringing this to
20 our attention. And to our Chair for having this
21 hearing.

22 Thank you.

23 COUNCILMAN HENON: Thank you,
24 Councilman.

25 I have two questions for a few folks.

1 So one, I want to ask, Doctor, can you -- you
2 mentioned sudden cardiac arrest. Can you -- and
3 then you described it very specifically.

4 Could you describe the difference
5 between a cardiac arrest and somebody who is
6 having a heart attack?

7 DR. ABELLA: Thank you for that
8 question. It's very important one. It's one I
9 get asked often.

10 So, they are completely different
11 entities. Heart attack is when an artery to the
12 heart is blocked. And acute blockage to that
13 artery causes a loss of blood flow to the muscle
14 beyond that pipe, that artery. So, it's the
15 death of a small piece of heart muscle.

16 Generally, people with heart attack have pain or
17 shortness of breath. They may pass out. They
18 may have sweatiness. But 95 percent of the
19 time, they do not have cardiac arrest. That is
20 to say, they have pain and symptoms, it can lead
21 to problems. Untreated, it can lead to cardiac
22 arrest. But most of the time, it does not.

23 In the year 2019, the vast majority of
24 heart attack victims do well and survive to
25 hospital discharge. They never need CPR. They

1 never need an AED.

2 Contrast that with cardiac arrest where
3 the heart suddenly stops beating. Not it can
4 stop beating from a heart attack or some other
5 causes. For example, a blood clot to the lungs
6 can cause cardiac arrest. Sometimes a blood
7 chemical imbalance can do it. Certain
8 medications can increase the risk of arrhythmia.
9 A very fateful and tragic event sometimes in
10 youth sporting events, a strike to the chest
11 from a baseball can put someone into heart
12 arrhythmia and lead to cardiac arrest in a
13 perfectly healthy person.

14 So, they are separate diseases, a heart
15 attack and cardiac arrest. And the reason I am
16 grateful for your question, it's a very
17 important point to underscore is it speaks to
18 some of the public messaging around this. We
19 often lead training sessions where people say, I
20 don't understand why we need to know CPR. My
21 brother had a heart attack. He never needed
22 CPR. And so, it speaks to a very important
23 messaging issue. Those are the diseases we are
24 speaking of. AEDs are specifically for cardiac
25 arrest, not for heart attacks.

1 Now, if someone were to have chest pain
2 or symptoms of a heart attack, I would recommend
3 having an AED nearby and perhaps even applying
4 it as a precautionary measure or at least having
5 it close at hand because one can lead to the
6 other if untreated.

7 COUNCILMAN HENON: In either case, call
8 9-1-1 first?

9 DR. ABELLA: Absolutely.

10 COUNCILMAN HENON: And then respond.

11 DR. ABELLA: Absolutely.

12 COUNCILMAN HENON: Great. Thank you. I
13 think it's important that people understand the
14 difference with sudden cardiac arrest. Somebody
15 needs to act now. Somebody needs to respond.
16 And if there is nothing within three or an AED
17 within -- if you are in public space where there
18 is an AED within three, four minutes, those
19 numbers are absolutely staggering on the
20 outcomes.

21 As the longer the response, the survival
22 rate lessens 10 percent. It's just -- it's just
23 staggering. And we have it in our kind of world
24 at this point where we can actually take action,
25 all right, to minimize that as much as I they

1 can with a City-wide policy that makes sense for
2 everybody equally and fairly.

3 I have a question for Darren regarding
4 the AED devices. It's interesting that Rachel
5 was talking about, you know, a few years ago in
6 2000 where devices were \$3500. And you know,
7 and I guess some can still be very expensive in
8 its most technical and elaborate devices. But
9 if we -- how often does the technology change
10 and makes it more affordable for institutions
11 and organizations?

12 So I mean, it is a very, very user
13 friendly device. I mean, TVs, right, Blu Rays
14 came out and flat screens, they were very
15 expensive. Now you can go to Best Buy or go to
16 Amazon and get them. They are a fraction of the
17 price. Here, they are a third of the price
18 when -- you know, from just your experience,
19 Rachel, from 2000 to now.

20 And you know, what is the battery life?
21 And the ones that we -- you know, facilities may
22 have, do batteries change? Our cell phone
23 batteries change all the time. Do batteries
24 change? The technology change? How are they a
25 lot more user friendly?

1 MR. SUDMAN: So, I think all AEDs have
2 two things in common. They are easy to use.
3 They are designed to be easy to use. And they
4 all deliver a life saving shock.

5 After that, you can assess what is the
6 cost of battery and pad replacement. Some are
7 cheaper than others. As you just saw, this
8 device is bilingual. The device I showed you is
9 not. There are also newer devices in terms of
10 new technology that don't advise you to deliver
11 a shock and push that blinking lightening bolt
12 button. It will just say shock advised. Please
13 stand clear, we are going to deliver a shock.
14 It's an automatic shock.

15 So, those are things to consider that
16 will increase the price as you -- as you make a
17 decision and shop.

18 COUNCILMAN HENON: So when you know -- I
19 will end on this question with you.

20 You know, we may have devices, right or,
21 you know, places of business. If not, City of
22 Philadelphia may have devices. If they are not
23 new purchased, you know, how -- what are the
24 life of the batteries?

25 So, we may have devices with the battery

1 shelf life may be expired and need to change,
2 which means we probably will need a new device.

3 Is that a fair statement?

4 MR. SUDMAN: Rachel can comment on this,
5 too. But I think if you looked at all five or
6 six manufacturers, the average battery pad life
7 is anywhere from three to five years depending
8 on the make and model.

9 COUNCILMAN HENON: Okay.

10 MR. SUDMAN: I would also like to point
11 out to all of you that I invited Ryan Wisoff
12 here, as well. His -- his son actually survived
13 sudden cardiac arrest. So, he has a perspective
14 that none of us have if you have any questions
15 about that.

16 COUNCILMAN HENON: I think it's
17 wonderful. Councilman Jones, we know, sponsored
18 a bill that passed unanimously to use new smoke
19 detectors with a ten-year battery life. And it
20 just became effective. So, there is a new
21 directive given by policy ordinance, all right,
22 where it requires new -- it's a law. And it
23 requires new installation of any smoke detectors
24 to have a ten-year battery life.

25 And I think that just goes to

1 case-in-point why it is important to mention
2 that, all right, as we are also trying to save a
3 life. And I think the battery life and user
4 friendly, you know, type of thing is minimal, de
5 minimis when it comes to what we do as a City.

6 Anybody else here have any questions
7 for -- yes?

8 MS. MOYER: Can I make a comment? You
9 asked about the technology. And I think that's
10 really important because I think most of us do
11 not have our first cell phone that we got. Most
12 of us don't have our first car. So, technology,
13 there are changes.

14 Many of the AEDs that are on the
15 market -- and I visited every manufacturer. And
16 I said, show me what you have. Tell me how it
17 saves a life. And this is the newest FDA
18 approved AED on the market. I love it for a
19 number of reasons because the fact my son was
20 six-foot-three, about 210 pounds. And he was
21 only 15 years old. And so, I want a device that
22 is going to customize the energy to the person
23 that's collapsed. Whether it's the 100-pounder
24 that you have or whether it's 300 pounds.

25 When you put the electrodes on the

1 victim with this device, it checks the impedance
2 level. It says, okay, where she would shock.
3 It shocks anywhere between 94 and 345 joules.
4 The other devices that are on the market, and
5 this is something where I don't think it happens
6 to you guys as much. For me where it has one
7 size fits all, and that's not true with me. All
8 of them are different. And that's what you need
9 to know.

10 So when you are, have a certain device
11 that will shock at only a 150 joules no matter
12 what you weigh -- what you weigh, it -- that's
13 the only thing. Then there's another one that's
14 the 120, 150 then 200. It takes you six
15 minutes. You do CPR at 120. Do you two more
16 minutes of CPR at 150 and two more minutes. It
17 takes you six minutes to get the amount of --
18 the highest amount of joules that they give.

19 Another one, I think, goes up to 350,
20 but it's another one that takes six minutes. I
21 want a device that you put on your victim and it
22 customizes to know where to shock, that you are
23 not standing there for six minutes determining
24 whether it's less shock that's going to work.
25 About bringing in the new devices when the

1 places around the City, yes, you have a lot of
2 old AEDs. Even the fire companies have been
3 generous about giving the AEDs to different City
4 facilities, but I think you phase them out.

5 And the electrodes, you -- this one, you
6 change every two years because it tests itself
7 every single day to make sure it has all of the
8 components it needs to work. The batteries are
9 okay. The electrodes are okay. The internal
10 mechanism. That is why this green light -- the
11 other ones, they check themselves once a week.
12 You know, and they will have a light you can
13 interfere with the testing pattern by taking out
14 the electrodes. And they don't indicate that
15 the machine is not ready for use.

16 When the university of Ohio just had
17 their fantastic looking swimming pool. And I
18 saw this one device. I went over. They had
19 pediatric pads in it. And I said, no, this is
20 not going to work. This is a facility for
21 adults. And the pads are already open.

22 So, this machine will check every single
23 day to make sure it's going to work. It has a
24 \$10 million indemnification policy on it. And I
25 sound like I should work with them. I want you

1 to know, they have offered me a job. But I
2 wanted you to know that what I offered to people
3 and what we gave away. And I never leave home
4 without my AED in the car. So, just for you to
5 all to know, doesn't like anything below 32
6 degrees or above 105 degrees.

7 Other than that, I can carry it with me.

8 COUNCILMAN HENON: Thank you. Thank you
9 all for your testimony who are here today. We
10 are going to conclude unless there is anyone
11 else that wishes to speak on 190099.

12 That being none --

13 MR. WISOFF: I'd just like to say a
14 couple words possibly.

15 COUNCILMAN HENON: Sure. Come up.
16 State your name for the record.

17 MR. WISOFF: I'll be brief. Darren
18 Sudman invited me. My name is Ryan Wisoff. My
19 son had a sudden cardiac arrest and near fatal
20 drowning in 2015.

21 First, I want to commend the program
22 that you guys are looking to install within
23 Philadelphia. I applaud it. I love the idea of
24 one responsible entity to oversee for all. I
25 would, however, challenge you to keep pushing.

1 Keep pushing until all areas are protected.

2 That would include the parks outside that are
3 not necessarily in an enclosed building but
4 rather outdoors. It's been almost four years
5 that I've been affected and involved.

6 The biggest takeaway I have comes from a
7 story from an EMT that shared with me that,
8 typically, when he gets a call saying that
9 there's been a cardiac arrest, he feels that
10 it's more of a clean up duty than anything.

11 When he is told that there is an AED onsite, he
12 gets excited. He knows that he has a fighting
13 chance. He knows that there is an opportunity
14 to save a life.

15 Last, what is meant by risk management?
16 To me, the risk to me is priceless. If the goal
17 is to be on the same page and to save lives,
18 conversations that include risk management
19 should, quite frankly, never even come up.

20 I will leave you with that. Thank you.

21 COUNCILMAN HENON: Thank you for your
22 testimony. We're deeply sorry for your loss.

23 This will end our.

24 MR. WISOFF: AED could have saved his
25 life.

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1 COUNCILMAN HENON: This will end our
2 Public Committee Hearing on Public Property and
3 Public Works. Want to remind for the record
4 that Bill No. 190120 is being held at the Chair.

5 (Public Hearing concludes)

6 - - -

7 (Public Meeting commences.)

8 COUNCILMAN HENON: We will now move into
9 our Public Meeting of Public Property and Public
10 Works.

11 Chair recognizes Councilman Greenlee.

12 COUNCILMAN GREENLEE: Thank you,
13 Mr. Chairman.

14 I move that the amendment to Bill No.
15 190099 be approved.

16 (Duly seconded.)

17 COUNCILMAN HENON: It has been moved and
18 seconded.

19 All those in favor, signify by saying
20 aye.

21 (Ayes.)

22 COUNCILMAN HENON: Opposed?

23 (No opposition.)

24 COUNCILMAN HENON: The ayes have it.
25 The amendment to Bill No. 190099 has been

1 amended.

2 Chair recognizes Councilman Greenlee.

3 COUNCILMAN GREENLEE: Thank you,
4 Mr. Chairman.

5 I move that Bill No. 190099 as amended
6 and Bill No. 190062 be voted out of this
7 Committee with a favorable recommendation. And
8 I move further, that the Rules of Council be
9 suspended to permit first reading of these bills
10 at our next session of Council.

11 (Duly seconded.)

12 COUNCILMAN HENON: It has been moved and
13 properly seconded.

14 All those in favor, signify by saying
15 aye.

16 (Ayes.)

17 COUNCILMAN HENON: Opposed?

18 (No opposition.)

19 COUNCILMAN HENON: The ayes have it.
20 Bill No. 190062, 190099 as amended be reported
21 out of Committee with a favorable recommendation
22 with a rules suspension to be heard out our next
23 Council session.

24 And this will conclude our Public
25 Meeting and Hearing on Public Property/Public

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1 Works. Thank you for all those who
2 participated.

3 (Public Meeting adjourned at 11:54 a.m.)
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C E R T I F I C A T I O N

I, hereby certify that the proceedings and evidence noted are contained fully and accurately in the stenographic notes taken by me in the foregoing matter, and that this is a correct transcript of the same.

ANGELA M. KING, RPR,
Court Reporter, Notary Public

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