REPORT OF THE HEARING OFFICER
TO THE

AMBULANCE COMMITTEE OF THE REGIONAL
EMERGENCY MEDICAL SERVICES COUNCIL OF
NEW YORK CITY, INC.
ON THE APPLICATION FOR

A CERTIFICATE OF NEED FOR
IN THE MATTER OF THE APPLICATION BY
GLEN OAKS VOLUNTEER AMBULANCE CORPS
(NYSDOH # 7380)

UNDER SECTION #3008 OF ARTICLE 30 OF THE PUBLIC
HEALTH LAW OF THE STATE OF NEW YORK

DETERMINATION OF PUBLIC
NEED FOR EXPANSION OF AN EXISTING AMBULANCE
SERVICE
OPERATING AUTHORITY IN THE CITY OF NEW YORK

November 13, 2020

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Introduction

This report is being respectfully provided to the Ambulance Committee of The Regional Emergency Services Council of New York City, Inc. (hereinafter “NYC-REMSCO”) following a public hearing on the expansion of existing ambulance services provided by Glen Oaks. The hearing was held virtually on Wednesday October 28, 2020.

The proceedings were conducted via the Zoom streaming service, and video was simultaneously shared on YouTube.¹ A video of the public hearing has been maintained and is currently available to the public.²

The public hearing was moderated and conducted by the undersigned.

Application and Its Scope

Glen Oaks Volunteer Ambulance Corps (hereinafter “GOVAC”) applied to NYC-REMSCO in an effort to expand its service area from the existing service to several Queens County neighborhoods, including Glen Oaks to an additional 2.9 square mile area north and east of its present designated catchment area.

The applicant describes these neighborhoods as Bayside and Oakland Gardens. App.Nar. at 5. Detailed descriptions are also found at page 5 of the App.Nar. A map of the proposed expanded service area can be found at Application, Appendix Part 1, at p. 3.

¹ https://youtu.be/Zy3tMwNXxEq

² Id., retrieved and accessed at site listed on November 8, 2020.
At present, GOVAC provides both basic life support (BLS) and advanced life support response services, including transportation by certified personnel via ambulance to area hospitals. (Application Narrative (hereinafter “App.Nar.”), page 6.)

The request for expansion is based on GOVAC’s desire to provide volunteer ambulance support and coverage to the Queens neighborhoods of Bayside and Oakland Gardens.

While the area is serviced by layers of municipal and private ambulance services, volunteer ambulance service in the Bayside community ceased several years ago. The New York State Department of Health permanently terminated the operating authority of Bayside Community Volunteer Ambulance Corps, Inc. on May 29, 2018.³

The Applicant has stated that GOVAC

“is properly positioned to enter into a response area expansion, that would service the communities of Bayside and Oakland Gardens, which was left without a community-based volunteer EMS service since the Bayside Community VAC ceased to operate over two years ago.” App.Nar. at 6.

Need

The Applicant has asserted that extension of its existing ambulance service is necessary and warranted

³ On May 29, 2018, the Commissioner of the New York State Department of Health sustained findings of an Administrative Law Judge, namely that the Bayside Community Volunteer Ambulance Corps had not provide patient care or services since 2013, and that the organization has not maintained a properly registered ambulance since May 2015. Further, the Bayside organization’s ambulance operation authority expired in April 2017. The Commissioner of Health revoked Bayside Community’s license to operate an ambulance service. See Order of Zucker, Howard, NYS Health Department, In the Matter of Howard A. Zucker, with respect to Bayside Community Ambulance Corps, Inc., May 29, 2018.
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after Bayside Community Ambulance stopped providing volunteer ambulance services several years ago.

Current Ambulance Operations

The Applicant currently services several communities in eastern Queens County, including Bellerose, Floral Park, Glen Oaks, New Hyde Park and Oakland Gardens. App.Nar. at 6.

GOVAC currently reports volunteer staff of “75 EMTs, 10 Paramedics, 35 Dispatchers and 25 Youth Squad members.” App.Nar. at 1. The group operates both BLS and ALS ambulance service daily using four (4) staffing shifts on a 24 hour/7 day per week schedule. GOVAC reports operations are consistent with both NYS and REMSCO-NYC protocols. Id.

Ambulances are typically staffed with “3 EMTs on a BLS crew and 2 Paramedics and 1 EMT on an ALS crew.” Id. Henry Ehrhardt, a senior officer with GOVAC, spoke of the organization’s resources, human and otherwise at the Public Hearing, in a manner consistent with the written submission. Public Hearing Transcript (hereinafter “Transcript”) at pp. 19-31.

Planned Staffing and Establishment of Ambulance Services

The Applicant reports tentative plans to its staffing and operation once its expansion is approved.

GOVAC predicted an annual increase of 350, above its current call volume of 500, resulting in a projected annual response volume of 850 for such an expanded organization. App.Nar. at 13.

Specifically, the group’s plans note:

“[GOVAC’s] operational plan is to post/stage an ambulance, such that we can maintain our 3-5-minute response time to our expanded, as well as the
existing response areas. We will then progress to establishing a fixed facility within the area, to provide vehicle storage and crew quarters for those members responding to calls within this expanded area.” Id. at 13.

Specific details were seemingly not finalized, but GOVAC stated that it could respond effectively. Transcript at pp. 33-35.

GOVAC also plans to extend to the Bayside community the services it already provides, namely “training in life-saving procedures - CPR/AED, First Aid, Stop the Bleed, and opiate overdose awareness.” App.Nar. at 11.

Population and Demographics

The Applicant indicates that it seeks to expand into and serve the neighborhood of Bayside, in northern Queens. Its description notes Bayside’s borders:

“It is bounded by Whitestone to the northwest, the East River to the north, the Long Island Sound and Little Neck Bay to the northeast, Douglaston to the east, Bellerose and Floral Park to the southeast, Queens Village to the south, Hollis to the southwest, and Fresh Meadows to the west.” Id. at 12.

Federal census data from 2010 asserts Bayside’s population was 43,808. The neighborhood covers 1,857.24 acres, with a population density of 23.6 inhabitants per acre (15,100/sq mi; 5,800/km²). Id. at 12.

In addition to the resident population, the Applicant cites the area’s ambient presence of people may increase an additional 75% of the number of current residents due to commercial, business, school, restaurant, and congregant traffic. Id. at 12.

The Applicant did not provide a comparative description of Bayside to other Queens or New York City neighborhoods. Other nearby communities’ population-densities also were not provided in the application, thereby preventing a ready comparison.

The application provides age data, citing NYC statistics:
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“Most inhabitants are youth and middle-aged adults: 19% are between the ages of 0–17, 26% between 25–44, and 31% between 45–64. The ratio of college-aged and elderly residents was lower, at 6% and 18% respectively.” Id. at 12.

The area has a higher life expectancy (84.7 years) than the median NYC life expectancy of 81.2 years.

The area is patrolled by the New York City Police Department's 111th Precinct; the neighborhood is located in two NYC Council districts: the 19th and 23rd.

The GOVAC service area is noted as smaller than some other volunteer ambulance organizations, as noted in the Public Hearing. Transcript at 34.

Ambulance Call Volume

The Applicant referenced NYC data and statistics via the NYC Open Data website. The Applicant reported that:

“there were approximately 2,871 requests for EMS assistance for calendar year 2019 within the proposed expansion area. Of these calls, approximately 1,080 (38%) of these requests were of high priority, according to the FDNY EMS system of typing EMS assignments. This yields on average, 7.87 calls per 24-hour period.” Id. at 12.

After expanding its service area, GOVAC anticipates “an annual increase to its annual call volume would yield an additional 350 responses, at minimum in the first year, totaling approximately 850 total responses for the new combined areas.” Id. at 13.

Based on this information, GOVAC appears to respond to approximately 500 annual calls. Adding 350 calls would represent a 70% increase in call volume.
Hospitals Served

GOVAC currently transports patients to Long Island Jewish Medical Center in New Hyde Park, NY; North Shore University Hospital in Manhasset, NY; New York Presbyterian Queens in Flushing, NY; St. Francis Hospital in Roslyn, NY and NYU Winthrop Hospital in Mineola, NY.

The call increase from GOVAC is anticipated to increase calls to New York Presbyterian Hospital, Queens due to that hospital’s status as a Level I trauma and stroke/thrombectomy center. App.Nar. at 13.

Ambulance Response Times

The Applicant notes FDNY response times for “critical calls” in the three prior years of 2017 to 2019, respectively, as being 7 minutes 47 seconds; 8 minutes 4 seconds; and 7 minutes 47 seconds. It cites its own response time for “critical calls” as 4.25 minutes. App.Nar. at 13.

Questions were raised as to the effect of changes in GOVAC’s response times considering the possible expansion of its service area. See e.g. Transcript at 74-75 and 103.

GOVAC’s application anticipated this concern:

“[GOVAC’s ambulance service] model has always been community-based, See ethereby, we maintain our availability within our service area, thereby maintaining our target response times.” App.Nar. at 14.

Quality of Service

The Applicant notes the absence of a “standard metric in place to develop a reporting model” to assess quality of pre-hospital ambulance services. App.Nar. at 14.
Its state-certified emergency medical technicians and paramedics also participate in a “robust credentialing and orientation program” for EMTs, paramedics and ambulance drivers. Id. Training is offered both in-person and via virtual means.

The agency maintains records exclusively via electronic methods. Call-review and training are performed by in-house and guest professionals, including by its Medical Director, Robert Crupi, M.D.

GOVAC also conducts in-house QA/QI reviews, and it participates in a QA/QI review consortium through the West Queens Volunteer Ambulance Association. A.Nar. at 14.

Mutual Aid

GOVAC reports that it is an active participant in Mutual Aid agreements with the NYC Regional EMS Council, App.Nar. at 15, and by implication with the FDNY and its EMS system.

The Applicant did not report any mutual aid agreements between or with other volunteer ambulance services in its area.

During the public hearing, the Applicant reported no existing mutual aid agreements with Nassau County or ambulance services there, despite the organization directly bordering on Nassau County. Transcript at 31-33.

Employee/Members Qualifications

The professionals who provide health care through GOVAC maintain either an EMT or paramedic certification from New York State. App.Nar. at 15. The same certifications will be required of health care providers in the extended area of
Fiscal Stability

The Applicant has provided information that purports to demonstrate a sound financial footing and a commitment to fund its operation costs. App. at 15.

GOVAC reports an average annual operating budget of $120,000 to $130,000 per year. Id. Revenue exceeds expenses, Id., and generally “maintains at least one year of operating funds” in cash to prevent operational disruptions. Id.

Communications, Organization and Administration

GOVAC reports using a suitable radio and cellular communications system, suitable for EMS purposes.

Additionally, GOVAC reports that

“In 2005, we sponsored a plan to develop a regional volunteer EMS two-way radio communication system for East Queens agencies. This system has been maintained and upgraded and is active to this day.” App.Nar. at 16.

Cost/Benefit Ratio

The Applicant has internally determined that its operation following an approved expansion would not impose burdensome costs on the organization.

It notes:

“The added fuel, equipment and maintenance, should this arise, would be directly offset by the recoupment from commercial insurers for EMS care and transportation of these additional responses and transports, as well as some likely increase in community contributions, this expansion request comes in at a cost zero factoring for our organization.” App.Nar. at 17.
The Applicant, however, seems to examine only financial costs. The operational/administrative burden of an increase of 70% in call volume seems only examined from a financial standpoint, and not in how its all-volunteer organization will manage a prodigious increase in calls from a human standpoint.

It was not clear that if call volume rises that there would be an increase in staffing, new members, or hours worked.

How such an increased burden, if any, on volunteer members will be experienced, met, or addressed is noticeably absent in the Applicant’s discussions and its presentation in chief in the public hearing and its application.

Community Support

The Applicant submitted voluminous letters from members of the public in support of its efforts to expand its ambulance service into Bayside. These documents constitute a large part of the Exhibits submitted by GOVAC Application, Appendix, Part 1.

The organization cites public concern over the years on the cessation of the Bayside volunteer ambulance service, despite the then-existence of an active NYS ambulance operation certificate. App.Nar. at 17-18. See also Footnote 3, supra.

Community leaders and groups are purported to support the extension of GOVAC’s service area into Bayside. Id. and Transcript at 49-52 and 53-56.

Public hearing testimony was mixed. A former Community Board 11 leader was staunchly in support of the Application. Transcript at 49-52.

Other community members, many of whom had connections with the former Bayside volunteer ambulance group, asked for a delay in deciding this application, to allow Bayside volunteers to re-enter the ambulance operation field.
Yet other portions of the community note that the new territory GOVAC would service is not immediately adjacent to its current service area. Transcript at 72-79; and 103-104.

GOVAC reports that it “held meetings with local elected officials and community board members”, and that it secured the support of elected officials who represent portions of the current service area.

GOVAC reports that it has “the consensus and backing of community, city, state and federal elected and community stakeholders, inclusive of the FDNY, which manages the municipal EMS 911 activities, who concur with our seeking the authority to operate in this additional area.” App.Nar. at 17. See also Appendix C to the Application.

Critics of GOVAC’s application, including Paul Mai, a representative of the Little Neck Douglaston volunteer ambulance group, noted that after reviewing the application submitted to NYC-REMSCO.

“[W]e don’t see any endorsements from residents or businesses of Bayside supporting the need for this expansion” Transcript at 104.

Indeed, that section of GOVAC’s application is noticeably thin.

Reallocation of Existing Resources

The Applicant indicated that allowing them to operate an expanded ambulance service within Bayside will be beneficial.

“First and foremost, the expansion would provide for improved and expanded EMS Resource utilization with existing resources immediately. There would be no inherent delay to operationalize our response within the proposed expansion area.”
A. Application for Determination of Public Need

Under Article 30 of New York’s Public Health Law, to determine whether a new ambulance service may begin service and operate or for an existing ambulance service to expand, the Applicant for the permission to operate or expand must establish public need for the new or expanded service.

The process to determine the public need is largely delegated to local regional emergency service councils. New York City’s Regional Emergency Services Council (NYC REMSCO) has for the most part adopted state suggestions for the determination of public need.

A document entitled “The Process for Determination of Public Need for a New Ambulance Service and/or Expansion of an Existing Ambulance Service” is the guidepost for applicants, and it outlines the steps required under NY law and under NYC REMSCO practice for a Certificate of Need to be issued. This document is widely
available both on-line and through the offices of the NYC REMSCO. It was provided to the Applicant; the Applicant has demonstrated knowledge of the document, the process and the requirements.

Many of the requirements did not generate much if any concern among the individuals in attendance or the undersigned. Therefore, we will address selected portions of the process in greater or lesser depth as the circumstances herein require.

**B. Public Hearing of October 28, 2020**

A public hearing was conducted via shared Zoom meeting, shared live and recorded via YouTube. The hearing was conducted in such a manner in the interests of public health.

The hearing was scheduled to begin at 5:00 pm on the question of whether there was public need for the expansion of GOVAC’s existing service to the community of Bayside, Queens as the territory was defined in the application.

The hearing got under way at about 5:20 pm and continued for several hours due to the extensive and passionate community comments and opinions. It concluded at about 8:30 pm. Transcript at 127.

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5 [https://youtu.be/Zy3tMwNXxEg](https://youtu.be/Zy3tMwNXxEg)
C. Scope of Hearing

According to the New York State Department of Health, Bureau of Emergency Medical Services, Policy 06-06⁶, “public need” is defined as

“The Demonstrated Absence, reduced availability or an inadequate level of care in ambulance or emergency medical service available to a geographical area which is not readily correctable through the reallocation or improvement of existing resources.”

There are a number of factors to be considered in determining "public need"

❖ Geography
❖ Population (size, density, projections)
❖ Level of care (existing, available)
❖ Quality, reliability, and response patterns of existing services
❖ Type of service (emergency, non-emergency)
❖ Special need (i.e. Air, Industrial or Facility)
❖ Service effectiveness, cost, and operation
❖ Other local factors

D. Burden of Proof and Submissions

In this process, the Applicant bears the burden of proof

⁶ https://www.health.ny.gov/professionals/ems/policy/06-06.htm#public_need
for the demonstration of public need and is responsible to respond to and/or provide data for all requirements and criteria stated in this policy.

The Applicant must complete, submit, and affirm before a Notary Public the required forms, attachments, endorsements, evidence and other supporting and explanatory material the Applicant wishes the Council to consider.

E. Competency and Fitness

Each Applicant shall attest that its owners, directors and officers have the requisite competency and fitness. Under Section 3005(8) of the New York Public Health Law, "competent" refers to the level of prior experience and high level of care a proposed operator has demonstrated in one or more of a number of enumerated positions with an ambulance service in the past 10 years.

The fitness required under Public Health Law §3005(8) refers to the lack of convictions by the owners, operators and senior management of certain specified crimes.

The Applicant asserts that the entity and its key personnel and management meet the competency and fitness requirements.

F. Overview of Hearing – Focus on Discerning and Understanding

New York State law and local procedures require public hearings to provide input and information on the _bona fides_ of the application for a certificate of need.

The public hearing on this application was held on Wednesday October 28, 2020 in a public manner accessible to anyone with an internet connection.
The hearing was conducted in a spirit of openness, transparency and fairness. See Transcript at 6, 14, 61, 66 and 121.

The goal was to elicit the key points of the Applicant’s proposal, as well as to maximize the opportunity for opponents and members of the community to test and comment on the application.

The undersigned hearing officer was joined by several members of the NYC REMSCO Ambulance Committee, including Scott Orlanski, Nancy Benedetto and Dr. Yedidyah Langsam. Several staff members of NYC REMSCO were present, including the Executive Director, Marie Diglio, as well as Joseph Ranieri, who acted as Zoom meeting host and tech guru.

The Applicant, Glen Oaks Volunteer Ambulance Corps, was represented by the firm of Greenberg Traurig, LLP and the presentation was led by Michael A. Berlin, Esq. The Applicant presented several witnesses, including Henry Ehrhardt, a senior officer of GOVAC.

Members of the community also presented on the need for a new ambulance service.

Mr. Ehrhardt presented the overview of the application largely consistent with the submitted written documentation in the application for a Certificate of Need.

In brief, Mr. Ehrhardt discussed the cessation of volunteer ambulance services several years ago, and that the community has not been serviced by volunteer emergency medical technicians since then. Footnote 3 refers to a NYS Department of Health finding that the Bay Community volunteer ambulance squad had not provided pre-hospital patient care since 2013.

Mr. Ehrhardt’s presentation portrayed GVAC as well-staffed,
adequately funded, and ably equipped to meet the needs of both the additional 2.9 square mile area of Bayside, as well as the existing territory served by GOVAC. Transcript at 19-31.

Community support came initially from a former administrative head, or manager of Community Board 11, which included Glen Oaks, Ms. Susan Seinfeld. Transcript at 49-52.

Louis Greco, the long-time head of a Park Slope volunteer ambulance squad and the president of District 4 of the NYS Volunteer Ambulance and Rescue Association, also supported GOVAC’s application. Transcript at 53-56.

Christopher Capo, associated with the organization that formerly provided volunteer pre-hospital ambulance care, Bay Community, spoke in opposition to the application. Transcript at 62-66.

Mr. Capo’s position was that individuals from outside the Bayside community could not be as effective as residents and EMTs from within Bayside. He requested the delay in this Certificate of Need process to allow a reconstituted Bayside Community Volunteer Ambulance squad to re-form and return to the Bayside community.

Another Bayside resident and supporter, and a long-time Bayside EMT, Joseph Heffernan was more succinct in his plea: “Give Bayside a chance!”

However, it was made clear through the Hearing Officer and others that the process was not to determine whether Bayside Community Ambulance should be given another chance.

Nor are we decide which service could ultimately provide optimal ambulance care in Bayside. Instead, it is whether the Certificate of Need that GOVAC requested should be granted, a point made during the public hearing at several points. See e.g. Transcript at 66-68.
Yet even the criticism of GOVAC coming from Bayside Community’s Mr. Capo was measured: “Glen Oaks is a fine Unit”. Transcript at 63. “I'm not saying they couldn't [serve the Bayside community], nor am I saying they are understaffed.” Id.

But the distance between GOVAC’s headquarters on Union Turnpike in Glen Oaks and the Bayside neighborhood was a concern expressed by nearly all of the opponents.

Mr. Capo of Bayside Community:

“If [a GOVAC ambulance] were dispatched from their [Glen Oaks] location and they have to go through highways and congested areas just to get to the center of Bayside.” Transcript at 64.

Mr. Lyons, formerly of the Bayside Community squad, said that it is a 20-minute drive from Glen Oaks to the center of Bayside. Transcript at 74-75. Mr. Ehrhardt of GOVAC summarily dismissed this concern, but did not offer proof, other than his own purported swift driving abilities. Transcript at 80-81.

Paul Mai, speaking on behalf of the Little Neck Douglaston Volunteer Ambulance Corps expressed opposition to the application because of extended response times, requiring transit through communities that already have closer volunteer ambulance squads. Transcript at 103.

Mr. Mai summed up his position and that of Little Neck Douglaston VAC: they do “not see the need for this expansion. The benefits of this expansion do not outweigh the risks.” Transcript at 106.

Issues of boundaries were discussed at several points during the public hearing. Transcript at 39-47; 109-113. Additionally, ambulance calls outside its designated territory. However, no evidence of formal complaints on the issue to the NYS Department of Health were shared by anyone in opposition or by any other party. Transcript at
Analysis of Establishment of Need

The central focus of this process is to determine whether the Applicant has demonstrated whether it has proved the need for expanded ambulance service.

While the process requires that “need” be established, there is no overall determinative encompassing standard for measuring and assessing the need. Rather, a series of factors can be examined, including local factors.

The factors are varied, ranging from geography; population size, density and projections; the level of care that exists or is sought; the quality, reliability and response of existing services; the type of services to be provided; special needs and local factors.

Combined, the evidence that can be assessed should allow the Ambulance Committee to make a holistic determination on the totality of the evidence. No one factor or group of factors is determinative and the Ambulance Committee should be free to give its own weight to the factors discussed herein.

This Report, however, will attempt to review the evidence that was presented in a comprehensive manner, giving balance to individualized factors pertinent to the Applicant and the community, as well as to general global concerns of the health care system of today. The overarching question is whether the Applicant has met its burden of proving need.

The question of “need” is paramount here; it must be
distinguished from “want” or “desire”. Very few people would not “want” more ambulance services and coverage to be available in their neighborhoods. Ambulances provide the skilled individuals, the technology and the means to save lives that might otherwise perish due to illness, disease or trauma.

But “need” is of a higher order, indicating basic minimum standards without which it would not be possible to proceed.

The issue before the Ambulance Committee is whether without the Applicant’s inclusion and addition to the network of ambulance services already present in Brooklyn would be additive and beneficial, thereby meeting a need.

**Geography, Population Size, Density and Projections**

From the evidence, it is possible that GOVAC’s expansion in area by 2.9 square miles may be excessive. But we have no evidence relating to the size of the new territory. However, the fact that this ambulance provide will be responding to two areas some distance apart is concerning from the viewpoint of response times.

The Applicant is aware of the issue, and it has indicated that they may station response vehicles in Bayside or establish a new satellite station in an

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7 The psychologist Abraham Maslow is known for developing a structure to organize and differentiate between human elemental needs at a basic level, and higher order wants and aspirations at a more advanced and developed level. Maslow’s “Hierarchy of Needs” is often understood to mean that “needs” must be satisfied before “wants”. See e.g. [https://accountability.spps.org/uploads/maslow_s_hierarchy_of_needs.pdf](https://accountability.spps.org/uploads/maslow_s_hierarchy_of_needs.pdf).
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It is somewhat comforting, but not completely so, that the Applicant is aware of the problem. The Ambulance Committee must determine whether GOVAC’s 70% increase in calls, which all would occur distant from their current supply base undermines the effective ability of this agency to respond to medical emergencies.

Swift Care and Dilution of Existing Care - Ambulance Response Time

It is somewhat comforting, but not completely so, that the Applicant is aware of the problem. The Ambulance Committee must determine whether GOVAC’s 70% increase in calls, which all would occur distant from their current supply base undermines the effective ability of this agency to respond to medical emergencies.

The Applicant did not suggest how much, if at all, response times will change.

It was mentioned in the application that the effect on full-time NYC managed ambulance resources will be minimal should GOVAC enter the Bayside community.

But the issue of response time was unanswered, as well as the possible dilution of resources across a greater and extended geographic area.

Quality, Reliability and Response of Existing Services

The Applicant has demonstrated that the need for volunteer ambulance providers is real. Volunteer ambulance squads provide necessary overflow relief to municipal ambulance services during the calmest of times. They become savers of lives then, but even more so during times of strife and calamity, such as our current COVID
There is no shadow cast on GOVAC’s operations or their current ability to provide quality care.

The question DOES arise when that care is demanded in geographically distant locations – responses which may stretch or even fray the ability to respond competently and professionally to life-threatening medical emergencies.

“Value Added” of Having a Volunteer Response in Bayside

The historic principles of need, if strictly applied could, under certain perspectives, deny the Application because of the Applicant’s failure to show sufficient cause and need for the new ambulance service.

To be succinct, in the absence of volunteer EMTs in Bayside, the community does not appear to be ripped apart, with mortality and morbidity rates rising. There are no screaming headlines demanding more ambulances on the streets of Bayside. Protests may justly seek to recognize that Black Lives Matter, but today there are no protests demanding more volunteer ambulances.

However, if a different paradigm is used, a “value added” approach, the Ambulance Committee may be able to approve the requested ambulance request. What is the “value added”? By having an additional, qualified ambulance squad, those responders could actually address the invisible yet very real needs of the Bayside community, whether in days of calm or during months of Coronavirus or another medical epidemic.

Is having a community-based emergency ambulance response a luxury or a need? Is having a local ambulance squad responding to this community a privilege or a right?
Summary and Recommendation

The Applicant, Glen Oaks Volunteer Ambulance Corps, has the burden of proving the need to establish a new ambulance service. As has been discussed, need must be distinguished from the mere desire to expand services. The question of need can only be determined when all circumstances are considered.

Several circumstances tend to argue against the grant of an ambulance operating certificate. The chief reason is that a volunteer component of New York City’s ambulance matrix has been absent nearly a decade. What was once a thriving, vibrant part of the safety net protecting the people of Bayside has been missing.

The previously recognized need, community-based, volunteer health care, from youth classes, CPR, as well as ambulance response and transport were not provided to the people of Bayside.

These missing services can be easily deemed essential by this Committee -- essential for the community of Bayside’s ongoing and long-term health and overall vibrancy.

The Ambulance Committee is fully entitled to weigh the factors present here.

A conservative approach might deny the request for an ambulance certificate on the strength of the ability of the NYC ambulance matrix to meet the minimal ability to respond to ambulance needs in Bayside.

But that approach ignores the clear need communities like Bayside need organizations like GOVAC to go beyond ambulance response. Volunteer ambulance squads provide health screenings, support community events like races and walkathons, inspire young people to consider careers in
medicine and nursing, and provide an extra level of health care by neighbor to neighbor.

Now, one of the chief weaknesses of this application is that GOVAC, despite its good intentions and unchallenged capabilities, is based a significant distance from downtown Bayside. Union Turnpike is not across the road from Bell Boulevard.

The Ambulance Committee should well take into account this factor, and the level of GOVAC’s capacity to respond effectively. Do we find the organization’s plans to station their volunteers in Bayside adequate or even convincing? Will GOVAC rent or buy space? Are ambulances placed at a center-of-rove in Bayside in case of call-out?

Many of these concerns have been addressed in a superficial manner by GOVAC. But they have been addressed. GOVAC’s leadership seems capable of effectively extending itself into the Bayside community. While speakers at the public hearing sought to have a reconstituted Bayside volunteer ambulance squad coming from Baysiders, that’s not the issue this committee faces.

GOVAC can meet Bayside’s pre-hospital and ambulance needs, and it can strengthen the community’s historically strong social fabric. Can GOVAC, develop stronger ties from WITHIN the Bayside community than now exists? Perhaps, and hopefully so.

Will Baysiders join GOVAC? Will elements of the former Bayside squad join with a welcoming GOVAC to create a stronger, more synergistic ambulance response system for northern and eastern Queens? Only time can tell.

The need for ambulance service from the volunteer sector has been previously established. By all metrics, GOVAC seems capable to provide the minimal care this community needs. No other group has sought to fill the void.
The grant of a certificate of need for extending GOVAC’s ambulance service is warranted and hereby recommended.

Based on the evidence presented, I recommend that the Ambulance Committee grant the requested certificate of need based upon the totality of the evidence and circumstances presented by the Applicant, Glen Oaks Volunteer Ambulance Corps.

Respectfully Submitted,

/s/ Frank J. Schorn

Hearing Officer on behalf of
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