

**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
AMBULANCE SERVICES**

REQUESTED BY

CHASEDI DEVORAH, INC., dba EZRAS NASHIM

November 11, 2019

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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 need for ambulance services requested by Chasedi Devorah, Inc.¹, dba Ezras Nashim² (hereinafter "Ezras Nashim"). The hearing was held on Wednesday October 30, 2019 at Brooklyn Methodist Hospital, 506 6th Street, Brooklyn, New York 11215 in the 2nd floor auditorium.

The public hearing was moderated and conducted by the undersigned.

Application and Its Scope

Ezras Nashim applied to NYC-REMSCO in an effort to permanently expand from a volunteer first-response service to a volunteer ambulance service. At present, Ezras Nashim is a NYC-REMSCO recognized first-response organization, providing pre-hospital care and intervention but does not transport patients to hospitals.

The Applicant seeks to establish an all-woman volunteer ambulance service, apparently the first in New York City. Some 50 years ago, women in the Orthodox Jewish community in New York were trained as emergency medical technicians, largely to address the medical needs of women, especially in obstetric and gynecological emergencies. (Printed Application (hereinafter "App."), page 3.)

In the interim, a volunteer emergency medical group,

¹ The Certificate of Incorporation was filed on or about March 24, 2004. App. at 45-48.

² The notification of the assumed name of the Applicant was formally filed with the New York State Secretary of State in 2012. App. at 49.

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Chevra Hatzolah (hereinafter "Hatzolah") was established as the primary emergency medical response network in the Orthodox Jewish community in New York.³ Id.

The Applicant, speaking on behalf of its volunteers, states that they are

"[i]nspired by our innate personality as mothers and caregivers, and following in the footsteps of the ancestral midwives [the Applicant] was formed to proudly reclaim our role as pre-hospital caregivers for our mothers, daughters, sisters and fellow women." Id.

The Applicant addresses the concept of "modesty" in its presentation. Indeed, modesty was a key element in the Public Hearing as well. In its application, Ezras Nashim describes modesty in the light of medical care in this manner:

"As observant Jewish women, modesty is a way of life. It dictates the way we dress, speak and act on a daily basis. Our personal identity and the defining characteristic we bring forth is our dedication to modesty. Religious men are precluded by Jewish law from touching unrelated women except in the event of a life-threatening emergency where there are n qualified women available." Id. at 4.

The Applicant notes that "Jewish women have been given only two uncomfortable options in pre-hospital emergency care: (1) be treated by men from their community, resulting in "frequently traumatic situations" due to community cultural norms or (2) turn outside the Orthodox Jewish community for medical care, where cultural norms are likely not to be addressed or understood. Id.

Ezras Nashim posits that a new ambulance service would

³ The Hatzolah ambulance group is staffed exclusively by males, a large portion of whom (if not all) identify as Orthodox Jewish. [

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better serve the needs of women who are reluctant to call an ambulance staffed by male EMTs.⁴

Ezras Nashim states in its Application that it wishes to serve the area of Borough Park. It also states its plans to cover an area of "2.071 miles", which would include various other Brooklyn neighborhoods, including Kensington, Bensonhurst, Sunset Park and Ditmas Park. A map included in the Application at Section 1a, p. 9 was not helpful in clarifying the proposed service area.⁵

According to its submission, the Applicant has submitted a budget appropriate for its plans to operate a single ambulance and to have dispatch operations available at all times. App. at 25 and 29.

Need

As the basis for its request, the Applicant has posited that extension of a new ambulance service to certain limited areas of Brooklyn are necessary because of unmet pre-hospital medical needs of Orthodox Jewish women.

Ezras Nashim currently responds to a wide swath of medical needs from pediatric care, obstetric, gynecological and geriatric needs, primarily among women.

The needs stem from the unique characteristics of a discrete religious and cultural community of Orthodox Jews. Testimony at the Public Hearing from within this

⁴ The Public Hearing made explicit that which the Applicant implied: the Hatzolah volunteer ambulance squad is all male and does not accept women as volunteers.

⁵ But see App. at p. 28, which seems to equate "Borough Park" with the coverage area of Hatzolah of Borough Park.

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community identified ways that Orthodox Jewish members of our city are different from other New Yorkers: modesty was a key difference highlighted. The word “modesty” appeared some 64 times in the public hearing. Transcript at 256.

Its members avoid technology, like iPhones, Transcript at 105, that might breach or pierce the cloak of modesty that this community holds tightly around them, and which is inherent in the daily activities of Orthodox Jewish people.

The need for modesty was portrayed in the Public Hearing as not merely a religious requirement, but as much more of a cultural necessity, as necessary to the Orthodox Jewish community as the air it breathes. For example, see the testimony of Mrs. Schmidt. Transcript at 105-110.

Current Ambulance Operations

The Applicant does not currently operate any ambulances. It has plans to purchase a used ambulance, following the approval and authorization that may come from NYC-REMSCO. App. at p 10-11.

Planned Staffing and Establishment of Ambulance Services

The Applicant reports that as of September 2019, their staffing consisted of one (1) paramedic, two (2) registered nurses, five (5) certified doulas⁶, twenty (20) emergency medical technicians and two (2) administrative staff members. App. at 25.

⁶ For those unaccustomed to the term, “doula” is defined by the Merriam-Webster dictionary as “a person trained to provide advice, information, emotional support, and physical comfort to a mother before, during, and just after childbirth.” <https://www.merriam-webster.com/dictionary/doula>

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Staffing of a certified ambulance service would be expanded, with two daily shifts of “approximately 10-15 volunteer EMTs, 10 dispatchers and 2 Charge members” App. at 25.

Ezras Nashim will have part-time administrative staff, App. at 11 and 25, and will operate their service without interruption. App. at 25.

At the outset, a single ambulance is envisioned to meet the needs of Ezras Nashim’s community, as well as several response vehicles that are already in use by the organization. Id.

Population and Demographics

The Applicant indicates that the neighborhood of Borough Park is the area it will serve. At the same time, it states that

“Borough Park covers 2.071 miles and includes Kensington, Bensonhurst, Sunset Park, and Ditmas Park. The Police Precincts that cover these areas are the 62nd, 66th, 70th, and 72nd Precincts. The area is covered by Community Boards 7, 11,12,13, and 14.”

App. at 25.

Note is being made here that 2.071 is a linear distance and does not represent any area of coverage the Applicant might have intended.

The Applicant’s defining of Borough Park to include other communities not generally recognized as being part of Borough Park, like Kensington and Bensonhurst, is confusing and confounding.

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However, the Application at p. 28 seems to equate "Borough Park" with the ambulance coverage area of Hatzalah of Borough Park.

Whatever the intended service area, the Applicant notes that the community it serves is experiencing sharp population growth. App. at 25-26. The coverage area has a high birth rate, a very high life-expectancy rate and a low homicide rate.

As evidence of the birth rate, or at least the high number of births, Maimonides Hospital is reported to have assisted in more than 8,000 births in a recent year. App. at 26.

The longevity of the community covered was also noted: "During the last decade, persons of 60 and older experienced an increase in life expectancy of 12.4%" Id. Borough Park residents are reported to have a life expectancy of 84.4 years. Id.

In addition to residents of the Borough Park area, the Applicant notes that "hundreds of thousands of [Orthodox Jews] travel from all over the world to visit their Rabbis multiple times a year." Id. The combination of religious tourism and visitation of extended family members for religious holidays adds to potential medical demand, Id. at 26-27, as does the flow of individuals who come from outside Brooklyn for high-quality and culturally sensitive medical care and treatment. App. at 27.

Ambulance Call Volume

The Applicant does not currently have an active ambulance certificate.

The Applicant cites that Hatzolah of Borough Park receives about 50 calls per day, and more than 17,000

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each year. Within Brooklyn, FDNY daily responds to an average of 20 choking and cardiac arrest calls, 427 life threatening emergencies and 781 non-life-threatening emergencies. Id. at 28.

As a first response service, Ezras Nashim responded to 347 calls in 2018, and projects a total of 428 calls for 2019. It anticipates receiving and responding to 475 calls by 2020.⁷ Id. at 28.

Ezras Nashim anticipates transporting patients throughout Brooklyn to more than a dozen hospitals within the County of Kings. Id. at 28-29.

Hospitals Served

Ezras Nashim anticipates transporting patients throughout Brooklyn to more than a dozen hospitals within the County of Kings. Id. at 28-29.

Ambulance Response Times

The Applicant notes FDNY response time (as of June 24, 2019) to be "9 minutes 67 seconds" (sic) for life threatening emergencies and 15 minutes and 56 seconds for non-life-threatening emergencies.

Ezras Nashim's average response time for emergency calls is 8 minutes and 2 seconds. It anticipates a faster response time once they are authorized to operate an ambulance service. Id. at 29.

⁷ It is not clear if Ezras Nashim's 2020 projections are based on continuing as a first-response service, or as a certified ambulance service.

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The Public Hearing and Opposition brought up Hatzolah's faster response times, said by Mr. Reiser as 2 minutes. Transcript at 29, and Opposition Documents submitted by Hatzolah.

Quality of Service

The Applicant notes that there is no ambulance service that currently "meets the need, let alone public convenience, of observant Jewish women." App. at 30. Factors noted by the applicant include increasing FDNY response times, fast-growing population and increasing call volume." Id.

Neither FDNY not Hatzolah are guaranteed to provide female EMTs or paramedics. Ezras Nashim will "meet the existing public need of observant Jewish women". Id.

The Applicant cites the two options that observant Jewish women face in seeking emergency medical care: be treated by men from their community "resulting in very uncomfortable, and often traumatic, situations", or turn outside the community for assistance. Id.

According to the Applicant, and which was not contested in the Public Hearing or in any written objections, religious Jewish men are precluded from touching unrelated women except in the event of a life-threatening emergency. Id. at 31.

The ability for women to treat women is cited as a significant improvement to public convenience. Women are "hesitant to call male EMTs, thus delaying [treatment of] their emergency" condition until that condition exacerbates and becomes more serious. Intervention at the onset of a condition is preferable. Id.

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Mutual Aid

Ezras Nashim has a mutual aid agreement with FDNY. App. at 128. The Applicant does not have an active ambulance service, and thus currently relies on outside ambulance assistance for transport. App. at 31.

The Applicant does not have any mutual aid or other cooperative relationship with Hatzolah, the other provider of emergency medical care from within the observant Jewish community. Transcript at 81.

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 11 and 34-35. They have raised, in actual or pledged donations, \$157,000. Id. at 34.

Communications, Organization and Administration

NYUHC has addressed only indirectly that it will have an appropriate EMS communications system. App. at 25.

The Applicant reports an organized and active Board of Directors and has internal controls, structures and administration necessary for management and supervision of even an expanded EMS program. Application at p. 35-36.

Community Support

The Applicant submitted voluminous letters from members of the public in support of its efforts to run an ambulance service. These documents constitute a large part of the Exhibits submitted by Ezras Nashim. App. at 67-127.

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The organization has previously been recognized by both the New York State EMS Council and NYC-REMSCO for its break-through first response activities and services. App. at 38-39.

Other members of the community provided opposition to the application largely on the strength that the same - if not superior -- medical care is already provided by Hatzolah. See the Objection submissions and Transcript at 96, 126, 137, 190 and more.

Reallocation of Existing Resources

The Applicant indicated that allowing them to operate an ambulance service will shorten response time and avoid the current situation where calls to other agencies for ambulance transport results in more extended ambulance transport times. App. at 39.

Perhaps an effective alternative to the Applicant's new ambulance service would be a proposal raised and acknowledged by the Applicant itself. It states in relevant part:

"A viable alternative, for example, would be a women's division within another agency which would address concerns regarding strict guidelines and the religious sensitivities of our population. "

It may be presumed by the reader which organization was meant in the above writing. However, the Applicant wrote that the unnamed EMS agency did not invite them to join in their activities or operations.

The Applicant noted that there will be "no skill deterioration" among other response agencies should an ambulance service be approved. App. at 18. Similarly, the

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number of calls Ezras Nashim expects to take in contrast to the total number of calls in their areas to which other EMS agencies would respond to is deemed to be "negligible." App. at 18.

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-line⁸ 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

⁸ <http://www.nycremsco.org/images/formsandapplications/FINAL%20CON%20PROCESS%200701.pdf>

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of the process in greater or lesser depth as the circumstances herein require.

B. Public Hearing of October 30, 2019

A public hearing was conducted at Brooklyn Methodist Hospital, 506 6th Street, Brooklyn, New York 11215 in the 2nd floor auditorium . The hearing was scheduled to begin at 5:00 pm on the question of whether there was public need for a new ambulance service. The hearing got under way at about 5:15 pm and continued for several hours due to the extensive and passionate community comments and opinions.

C. Scope of Hearing

According to the New York State Department of Health, Bureau of Emergency Medical Services, Policy 06-06⁹, "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

⁹ https://www.health.ny.gov/professionals/ems/policy/06-06.htm#public_need

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D. Burden of Proof and Submissions

In this process, the Applicant bears the burden of proof 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 30, 2019 in a public space within

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Methodist Hospital in central Brooklyn. The hearing was conducted in a spirit of openness, transparency and fairness. 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. See Transcript at [citations].

The undersigned hearing officer was joined by several members of the NYC REMSCO Ambulance Committee, including Scott Orlanski, Joseph Marcellino, Norman Gillard, James Downey, Dominick Battinelli, Dov Jacob, Nancy Benedetto and Dr. Josef Schenker. Several staff members of NYC REMSCO were present, including the Executive Director, Marie Diglio.

The Applicant, Ezras Nashim, was represented by the firm of Garfunkel Wild, P.C., and the presentation was led by James E. Dering, Esq. The Applicant presented a number of witnesses, including several operational leaders of the existing Ezras Nashim first-response service. Members of the community also presented on the need for a new ambulance service.

The Ezras Nashim team offered a summary of its application in an explanatory slideshow presentation.¹⁰

The Ezras Nashim presentation by its team of several witnesses including Cecilia Pomerantz, a registered nurse

¹⁰ The Applicant was precluded from presenting "new" information outside of its Application. The Applicant noted that its presentation was consistent with and culled from the documents submitted to NYC-REMSCO which make up the formal Application. Objections were considered from Jeff Reisner, Esq., Transcript at 11-14, at but the presentation was largely considered to be re-presentation of material that was already submitted in the Application. The PowerPoint presentation was not referred to or considered in the preparation of this report.

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affiliated with the Applicant. (Transcript at 40-42); Miriam Sprei, an Ezras Nashim volunteer EMT, who is a first aid teacher, labor coach, and doula, as well as Leah Levine, Director of Outreach and Development of Ezras Nashim.

The women discussed operational and organizational aspects of Ezras Nashim, as well as the need for women to provide pre-hospital emergency medical care to other women, in accord with Jewish custom and religious practices. Transcript at 42-63.

Mrs. Sprei discussed the discomfort a woman might feel when a male neighbor would treat her in an emergency. Transcript at 65. She also discussed how women in childbirth would feel more comfortable if women were along with them during the transport to the hospital. Transcript at 63.

The issue of modesty was addressed throughout the hearing by both the Applicant, as well as by the organized opposition, both in testimony as well as in written documents which are made a part of this record.

The organized objections largely came on behalf of the other volunteer ambulance service in the observant Jewish community, Chevra Hatzolah. That organization was ably represented by Jeffrey Reisner, Esq., of the firm Taddeo, Shahan & Reisner, LLP, who raised key issues that this committee must address.

Mr. Reisner questioned Mrs. Sprei who admitted that the desire to have women treat other women was not religious but was cultural. Transcript at 67. She expressed fear of being treated not by a male stranger, but by a male

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neighbor. Id.

In response to questioning as to possible disdain for Hatzolah, Mrs. Sprei stated "I have no disdain for Hatzolah. I just feel that a woman has a special place in dealing in emergencies in certain situations..." Transcript at 68-69.

One of the Applicant's witnesses, Ms. Levine, noted that Hatzolah does have "an unbelievably fast response time." Transcript at 87.

However, she also noted that

"In some situations, you know, having that secondary trauma could be overriding the three-minute response time, you know? There's so many different situations where the extra two minutes doesn't make a difference and it makes more a difference to have a female, someone who is going to, you know, keep the patient calm and, you know, do the right thing for the patient."

Transcript at 87.

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

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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".¹¹ 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

¹¹ 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.

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additive and beneficial, thereby meeting a need.

Geography, Population Size, Density and Projections

From the evidence, it is possible that Ezras Nashim's service area may be co-equal with what Hatzolah of Borough Park's service area is. It is a population-dense, aging, aged observant Jewish community with many children, and more children to be born.

Though it is not clear, it is being presumed that females constitute approximately half of the Brooklyn observant Jewish population.

Swift Care and Dilution of Existing Care - Ambulance Response Time

The Applicant admits that its response time is markedly greater than that of the Hatzolah squad. As was presented in opposition by Hatzolah, "There is no lack of care when you're talking about a 300 percent increase [by Ezras Nashim] in response time with a lower level of care at the door." Transcript at 28-29. Hatzolah is staffed by a combination of male volunteer EMTs and paramedics.

Is response time alone determinative? Some individuals will no doubt say that is the only issue that this committee should look at. The argument is that care would be diluted by having slower response times.

And this argument indeed has merit. Looking at this factor alone and comparing a new volunteer service for the observant Jewish community with the existing Hatzolah service, one could be justified in finding that Ezras Nashim could not satisfy need for a new ambulance service.

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Quality, Reliability and Response of Existing Services

The Applicant presented significant evidence that the need for their presence in their service does not hang on the duration of their average response time.

Rather, the concern they present is that fully half of their adult community can be concerned (“traumatized” was a word mentioned in the Application and the Public Hearing) about having an exclusively male cohort of emergency responders from Hatzolah intrude upon their cultural sensitivities and norms.

The opposition highlights the timeliness of pre-hospital response times from Hatzolah. Indeed, that is advisable and beneficial. Observant Jewish community members acknowledge that life-threatening emergencies allow male treatment of females.

But not all medical emergencies are life-threatening. In its Application, page 28, FDNY’s ambulance services daily respond to some 20 choking and cardiac arrest calls, 427 life threatening emergencies and 781 non-life-threatening emergencies. That comes down to approximately 14 non-life-threatening calls for every 8 life-threatening calls.

This translates to approximately 63% of the calls in Brooklyn as being non-life threatening. More than 6 in 10 ambulance calls for females could be expected to trigger some level of discomfort and anxiety from the transgression of cultural and/or religious norms.

The Applicant expresses concern about many female community members not seeking pre-hospital emergency care for non-life-threatening situations.

Do the responding EMTs and patients pretend that the situation is life-threatening when it is not? At what

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cost to the psyches and cultural/religious concerns of the women affected?

Not treating the non-emergency condition could allow the medical situation of affected women to worsen over time, possibly pushing the patient into a life-threatening position, allowing delayed treatment by male medical responders.

On its own, this factor cannot be dismissed. If it were dismissed out of hand, then it would be because of more timely responses. Under that view, all that would be required to satisfy the "need" requirement would be to have faster response times.

"Value Added" of Having a Female-Staffed Ambulance Squad in the Observant Jewish Community

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.

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 cultural norms of fully half of the observant Jewish community in Brooklyn.

Is culturally responsive emergency ambulance response a luxury or a need? Is having an all-female ambulance squad responding to this particularly conservative community a privilege or a right?

The opposition to the Application, as presented by Hatzolah:

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“[I]t is Chevra Hatzolah's position that if you're adhering to the emergency services exception to the doctrine, who I'll call the doctrine of modesty, then there is no need for Ezras Nashim's application.”

Transcript at 28.

But by the evidence presented, Hatzolah does not fully meet the needs of women who are NOT experiencing a life-threatening emergency.

Summary and Recommendation

The Applicant, Ezras Nashim, 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 the observant Jewish community is served by perhaps the most rapid medical response service in New York, Hatzolah. The size and swiftness of Hatzolah's volunteers cannot be ignored.

Yet, we have the equally undeniable fact that perhaps 60% of women-involved emergency medical needs are either being no met or are being met to some degree in contravention of their cultural/religious concerns.

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

A conservative approach would deny the request for an ambulance certificate on the strength of faster response times by all-male Hatzolah, or slower non-culturally aware FDNY and other responders.

But that approach ignores the clear need that exists among the Orthodox Jewish women.

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This need is unique because of the insular community whose medical care this Application seeks to serve.

The Ambulance Committee need not fear of splintered “needs” being proposed for other societal groups. The Orthodox Jewish community is so inherently unique that an application like this one is not likely to be repeated or seen again.

The grant of a certificate of need for a discrete service area in the borough of Brooklyn is warranted.

The Ambulance Committee should take a proactive, prospective viewpoint when considering this application, not necessarily limiting its view to what worked in years past.

Though it is not readily a clear decision, 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, Ezras Nashim.

Respectfully Submitted,

/s/ Frank J. Schorn
Hearing Officer on behalf of
The Regional Emergency Medical Services
Council of New York City, Inc.

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