

One Police Plaza Security Plan EIS

CHAPTER 3: COMMUNITY FACILITIES

A. INTRODUCTION

According to the *CEQR Technical Manual*, a community facilities analysis examines a proposed action's potential effect on the provision of services by those community facilities. For CEQR purposes, community facilities typically include schools, libraries, day care facilities, health care facilities, and police and fire protection services. Direct effects occur when a particular action physically alters or displaces a community facility. Indirect effects result from increases in population that create additional demand on service delivery. Although the security plan's street closures would not have a direct or indirect impact on health care facilities under the analytical methods set forth in the *CEQR Technical Manual*, as a direct response to the court's order, a discussion of the street closures and their potential effect on access to emergency medical facilities is included in this chapter. As the action would not physically alter or displace any community facility or add population to the area, the remaining community facilities outlined in the *CEQR Technical Manual* (schools, libraries, and day care facilities) have been screened out and have not been assessed within this chapter.

For police and fire protection services, the *CEQR Technical Manual* suggests that a detailed assessment of service delivery be conducted if a proposed action would affect the physical operations of, or access to and from, a fire station or police precinct house. While the With-Action condition would not result in such direct effects, as a result of the court order, this chapter addresses police and fire protection services as well.

B. BASELINE CONDITIONS

Health Care Facilities

Health care facilities include public, proprietary and non-profit facilities that accept public funds (usually in the form of Medicare and Medicaid reimbursements) and that are available to any member of the community. The types of facilities include hospitals, nursing homes, clinics and other facilities providing outpatient health services. According to the *CEQR Technical Manual*, the CEQR assessment of health care focuses on emergency and outpatient ambulatory services that could be affected by the introduction of a large low-income residential population which may rely heavily on nearby hospital emergency rooms and other public outpatient ambulatory services. As discussed above, the With-Action condition would not physically alter or displace any health care

facility or add population to the area. However, as a direct response to the court's order, a discussion of the street closures and their potential effect on access to emergency medical facilities is provided below. Hospital emergency room services and outpatient ambulatory care facilities (regulated by the NYS Department of Health and Office of Mental Health) within approximately a quarter mile of the security zone boundary have been identified and are shown in Figure 3-1.

Hospitals and Emergency Rooms

As shown in Figure 3-1, within approximately a quarter mile of the security zone area, there is one hospital with emergency rooms available to residents and workers in the general study area. The closest and only hospital in the study area is New York Downtown Hospital located at 170 William Street. New York Downtown Hospital is the sole full-service hospital in Lower Manhattan serving approximately 600,000 people who work and live in Lower Manhattan.

As shown in Table 3-1 below, the hospital serving the study area had approximately 72,016 outpatient ambulatory visits and approximately 29,235 emergency room visits in 2001¹. The Emergency Department and Ambulance Entrances are located along Gold Street between Spruce and Beekman Streets.

TABLE 3-1
Hospitals and Emergency Rooms within a Quarter-Mile of With-Action Area

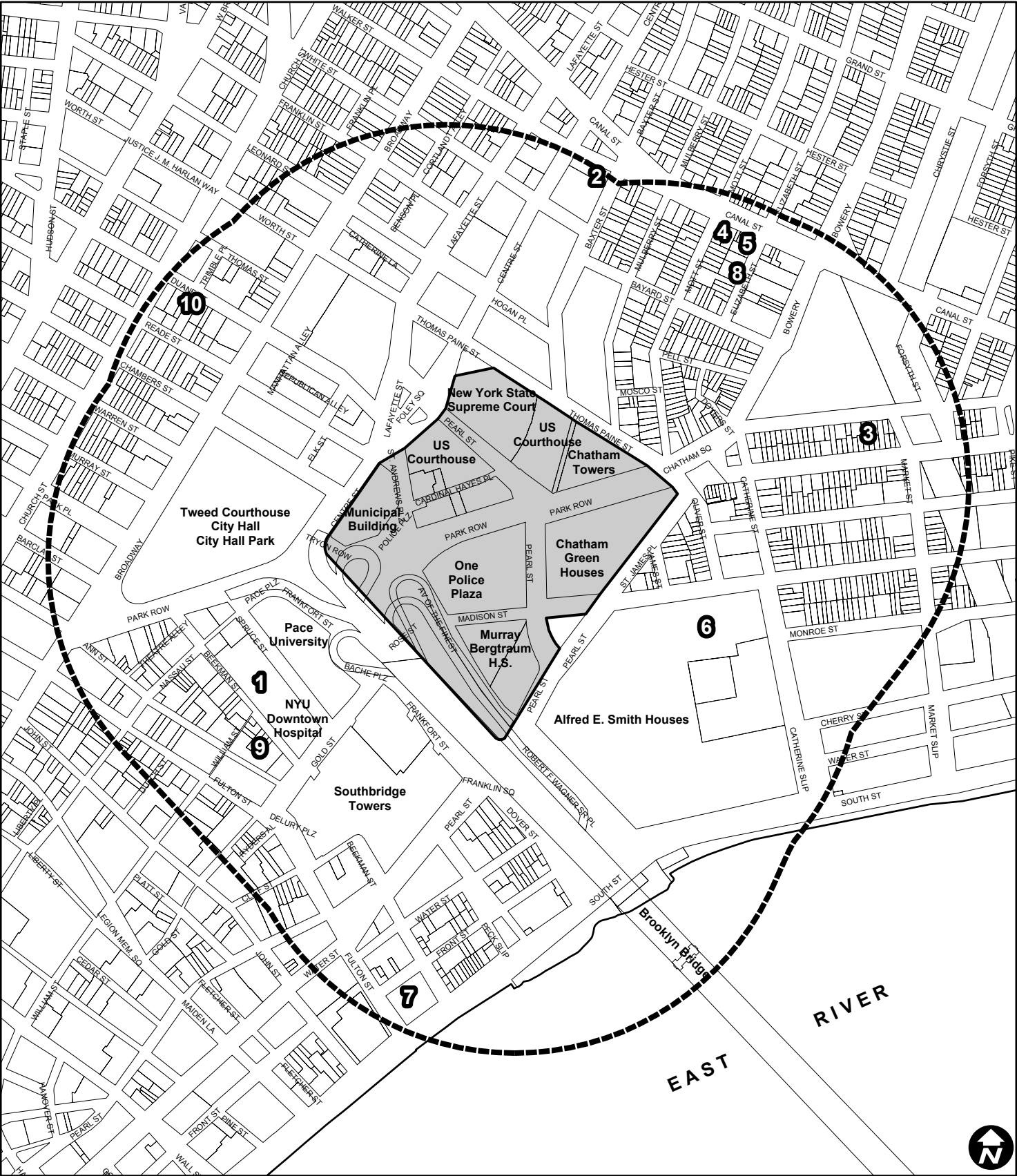
Map No.	Hospital	Address	Outpatient Dept. Visits	Emergency Room Visits
1	New York Downtown Hospital	170 William Street	72,016	29,235

Source: United Hospital Fund: *Health Care Annual Update: 2004 Update*

Other Outpatient Services

As shown in Figure 3-1, within approximately a quarter mile of the With-Action area, there are 6 outpatient locations (as inventoried in the DCP *Selected Facilities and Program Sites in New York City, 2003 Edition*). They cover the entire area with a full range of ambulatory care facilities and are listed in Table 3-2.

¹ Data are from June 2000 to July 2001



Legend

- Security Zone (Closed to Public Vehicular Traffic after 09-11-2001)
- Community Facilities Study Area (Quarter-Mile Radius)
- Community Facility Location



TABLE 3-2
Other Outpatient Services within a Quarter-Mile of With-Action Area

Map No.	Hospital	Address	Facility Type
2	Charles B. Wang Community Health Center	125 Walker Street	Free Standing Health Center
3	Lower East Side Service Center	46 East Broadway	Free Standing Health Center
4	Chinatown Clinic	168 Canal Street	Free Standing Health Center
5	Chinatown Health Services	25 Elizabeth Street	Free Standing Health Center
6	Governor Smith Health Center	60 Madison Street	HHC Communicare
7	The Medical Practice of St. Margaret's House	49 Fulton Street	Free Standing Health Center

Source: *Selected Facilities and Program Sites in New York City, 2003 Edition.*

Police Services

Although the *CEQR Technical Manual* suggests that a detailed analysis of police services is generally conducted only in the case of direct impacts on facilities, as a result of the court order discussed above, this EIS will present an examination of potential impacts on service delivery. The study area is served by the NYPD's 5th Precinct, which is located at 19 Elizabeth Street in the Chinatown neighborhood of Manhattan (Map No. 8 on Figure 3-1). In total, the precinct serves an area of approximately 1.2 square miles and is generally bounded by Canal Street to the north, Allen Street to the east, South Street to the south, and Broadway to the west.

Crime within the 5th Precinct service area has declined between 2001 and 2004 (see Table 3-3 below). Total crime within the 5th Precinct service area decreased by 45% between 2001 and 2004 with major changes in robbery and felony assault. In addition, although outside of the community facility study area, the NYPD's 7th Precinct, located at 19 ½ Pitt Street, serves the southern portion of Community Board 3 (portions of which are located within the study area). The 7th Precinct's average response time to a critical crime in progress has decreased by 15% from 4.6 minutes in 2001 to 4 minutes in 2005.²

² www.nyc.gov, *My Neighborhood Statistics, Community Board 3*, Accessed September 2005.

TABLE 3-3
Crime Statistics for the 5th Precinct: 2001 to 2004

Crime	2001	2004	% Change
Murder	4	1	-75%
Rape	6	5	-17%
Robbery	352	130	-63%
Felony Assault	227	92	-59%
Burglary	394	174	-56%
Grand Larceny	965	697	-28%
Grand Larceny Auto	159	70	-56%
TOTAL	2,107	1,169	-45%

Source: NYPD, CompStat Unit, *CompStat; Volume 12, No. 33*

According to the NYPD's Office of Management Analysis and Planning, overall response times to crimes in progress within the study area have dropped substantially between 2000 and 2005. As shown in Table 3-4 below, response times to crimes in progress also dropped within the 5th Precinct, Manhattan Community Board 1, and Citywide.

Table 3-4: Average Response Times to Crimes in Progress 2000 & 2005
(in minutes)

	2000	2005	% CHANGE
CITYWIDE	11.1	7.2	-35%
CB 1	9.7	6.8	-30%
5th PRECINCT	7.5	5.8	-23%
STUDY AREA	8.4	5.6	-34%

Source: NYPD Office of Management Analysis and Planning

Fire Protection

Although the *CEQR Technical Manual* suggests that a detailed analysis of fire protection services is generally conducted only in the case of direct impacts on facilities, as a result of the court order discussed above, this EIS will present an examination of potential impacts on service delivery.

In New York City, FDNY engine companies carry hoses, ladder companies provide search, rescue, and building ventilation functions, and rescue companies specifically respond to fires or emergencies in high-rise buildings. In addition, the FDNY operates the City's EMS system. As shown in Table 3-5 and Figure 3-1, there are two fire stations that serve the study area. Normally, a total of three engine companies and two ladder companies respond to each call, although initial responses to

alarms from any given call box location are sometimes determined by the specific needs of the geographic location or use at that location. FDNY can also call on units in other parts of the City as needed.

TABLE 3-5
Fire Protection Services

Map No.	Facility Name	Address	Facility type
9	Engine 6	49 Beekman Street	NYC Fire House
10	Engine 7 Ladder 1	100 Duane Street	NYC Fire House

Response times are generally the same in the study area when compared to response times in Manhattan and Citywide. As shown in Table 3-6, average emergency response times in the study area decreased from 2000 to 2001, then increased in 2002. Between 2002 to 2004, average response times in the study area decreased, but increased between 2004 to 2005. In Manhattan as well as Citywide, response times decreased between 2000 and 2001, then increased from 2001 to 2002. Citywide, response times increased from 2002 to 2003, remained the same from 2003 to 2004, and increased again between 2004 and 2005. In Manhattan, response times decreased slightly from 2003 to 2004, then increased from 2004 to 2005.

Table 3-6
Average Emergency Response Times: 2000-2005

PERIOD	CITYWIDE*	MANHATTAN*	STUDY AREA**
2000	4:46	4:48	4:49
2001	4:43	4:46	4:37
2002	4:46	4:50	4:49
2003	4:53	4:54	4:36
2004	4:53	4:52	4:29
2005	5:07	5:08	5:02

Source: New York City Fire Department

* Averages based on response times to structural fires, non-structural fires, non-fire emergencies, and medical emergencies.

** Averages based on response time to major categories from selected alarm boxes within the study area.

C. 2006 NO-ACTION CONDITION

For analysis purposes, under the No-Action condition, it is assumed that the security plan would not be in place. The roadways would be open with the 1999 street closures and municipal garage closure in place and transportation services would continue as they were prior to September 11, 2001.

Health Care Facilities

In the No-Action condition, health care facilities in the study area would continue to have access through the streets that are currently closed as a result of the security zone as police vehicles are authorized to enter the security zone.

Police Services

In the No-Action condition, police vehicles would continue to have access through the streets that are currently closed as a result of the security zone as police vehicles are authorized to enter the security zone.

Fire Services

As with police services, in the No-Action condition, FDNY vehicles would continue to have access through the streets that are currently closed as a result of the security zone as FDNY vehicles are currently authorized to enter the security zone.

D. 2006 WITH-ACTION CONDITION

Under the With-Action condition, the roadways in the vicinity of One Police Plaza that have been closed to unauthorized vehicular traffic since soon after September 11, 2001 would remain closed, along with all pedestrian restrictions currently in place.

As discussed above, according to the *CEQR Technical Manual*, a community facilities analysis examines a proposed action's potential effect on the provision of services by those community facilities. Direct effects occur when a particular action physically alters or displaces a community facility. Indirect effects result from increases in population that create additional demand on service delivery. Although the action does not have any direct effects or indirect effects on community facilities by CEQR standards, as a result of the court's order, a discussion of the street closures and access to emergency medical facilities in addition to fire and police services is included below.

Health Care Facilities

As the action has not and would not result in an increase in population, healthcare facilities within the study area would not experience changes in utilization or capacity as a result of the action.

In the With-Action condition, emergency service vehicles dispatched from and destined to New York Downtown hospital are granted access through the security zone at the barrier locations after displaying proper identification. Emergency vehicles may traverse the security zone to travel to and from the Chatham Green Houses and Chatham Towers. However, access to these buildings is also possible from St. James Place and Worth Street, respectively, which are not restricted access streets.

Several phone interviews were conducted with New York Downtown hospital staff to gain a better perspective on if, and how, the street closures have affected emergency service delivery at the hospital³. Dr. Antonio Dajer, Intern Director of the Emergency Department at New York Downtown indicated that emergency service and ambulance access have not been impacted by the street closures and he has not noticed an increase in emergency response times for ambulances. Mr. Peter Fromm, Director of EMS at New York Downtown indicated that at times, at the discretion of the EMS operator, an ambulance may re-route around the security zone if the operator believes it will be faster than going through the barricades; however response times and EMS operations at the hospital have not been significantly impacted by the street closures. Mr. Fromm also added that there is a low impact on operations from the street closures between 8:00 AM and Midnight because the hospital's EMS units are positioned on each side of the barricades during that time. After midnight, there is only one EMS unit at the barricade and it must circumvent the barricade to respond. Mr. Fromm also added that overall response times are not above standard, but that crews have reported that it takes longer to get to certain locations. However, the record of ambulance response times are not kept by the hospital, but rather the New York City Fire Department (see Table 3-6 for emergency response times).

Dr. David Goldschmitt, Director of Emergency Medicine at New York Downtown hospital, also in a phone interview, indicated that there has been an increase in emergency response times for ambulances traveling to the hospital due to the re-routing of traffic and because ambulances must show identification at the barricades before being allowed to go through the security zone.

³ Phone interviews were conducted between August 31 - September 7, 2005

Police Services

The action has not resulted in the construction of any new permanent structures or land uses that would increase the population or number of employees in the study area. As discussed above, police vehicles have access through the restricted streets as police vehicles are authorized to enter the security zone. Any emergency requiring police attention that would require police units or personnel to enter the restricted security perimeter would result in advance communication with NYPD personnel stationed at the barrier locations, resulting in the lowering of delta barriers. In addition, police access to the Chatham Green Houses and Chatham Towers, which are located within the security zone, is not restricted by the street closures since access can be obtained from St. James Place and Worth Street, respectively, which are not restricted streets.

As discussed above, the average response time to a crime in progress has decreased substantially within the study area as well as within the 5th Precinct, Manhattan Community Board 1, and Citywide. In addition, these security measures reduce the likelihood of a terrorist attack in the security zone. As such, the With-Action condition does not and would not adversely impact the policing capabilities in the study area.

Fire Protection

As the action has not resulted in an increase in residential or worker population, the demand for fire protection services remains unchanged. As with police services, FDNY vehicles have authorized access through the streets that are currently restricted as a result of the action. The FDNY has reviewed the action and has determined that it does not have a negative impact on fire operations. The FDNY stated that they are able to respond and operate within the security zone and in the surrounding area. The delta barriers that are installed at various locations are staffed 24 hours a day, seven days a week, and are quickly lowered to permit emergency access. In addition, the jersey barriers through the site do not affect FDNY emergency operations.⁴

As shown in Table 3-6, fire and EMS response times have not increased substantially within the study area since the security plan has been implemented and are consistent to response times in Manhattan and the City as a whole. Therefore, no significant adverse impacts on FDNY fire and EMS service response times have occurred or are anticipated as a result of action.

⁴Letter dated July 25, 2005 from Salvatore J. Cassano, Chief of Operations, Bureau of Operations, FDNY

E. CONCLUSION

According to the *CEQR Technical Manual*, impacts on health care facilities are identified if an action would result in an increase of 5 percent or more in the demand for services over the No-Action condition, that would result in a facility exceeding its capacity. As the action has not resulted in additional population in the area and would not directly alter a health care facility in the area, no significant impacts on health care facilities have occurred or would occur in the future. However, as discussed above, as a direct response to a court order, an analysis of access to emergency facilities was presented. Although there were differences in the opinions of New York Downtown Hospital emergency room and emergency medical service staff on whether access to the hospital's emergency room has been affected by the street closures, FDNY response times indicate that response to emergencies in the study area have not been affected by the street closures. Although response times within the study area have increased slightly between 2000 and 2005, the same is true for Manhattan as a whole as well as Citywide. As such, no impacts to emergency facility access have occurred as a result of the street closures.

As discussed above, the street closures have not impacted police or fire service delivery within the study area. Both the NYPD and FDNY would continue to evaluate area operations on a regular basis and continued adjustment of resources would be made, if necessary. Therefore, no significant adverse impacts on FDNY and NYPD services have occurred as a result of the action.