

STATEMENT BY:

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**BEFORE THE
SUBCOMMITTEE ON EMERGENCY MANAGEMENT,
INTERGOVERNMENTAL RELATIONS, AND THE DISTRICT OF
COLUMBIA**

**COMMITTEE ON HOMELAND SECURITY AND GOVERNMENT
AFFAIRS
UNITED STATES SENATE**

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Chairman Begich, ranking member Paul, members of the Subcommittee, I am James Schwartz and I currently serve as the Chief of Arlington County fire and EMS. I would like to thank the Subcommittee for this opportunity to share with you some of the preparedness efforts here in the National Capital Region. I would like to note that the region has a special set of working relationships that are used every day of the week and it is those relationships that have been and will be leveraged for the next event we might experience whether it be a Boston like attack or a coastal storm. The National Capital Region is well versed in managing large scale events from those that occur without warning to those that involve the coordination of dozens or even hundreds of agencies in support of a National Special Security Event.

On September 11, 2001 the Arlington County Fire Department was the lead agency for response to the attack on the Pentagon. I served as the incident commander in a unified command effort recognized nationally and internationally as a model of intergovernmental, interdisciplinary and inter-jurisdictional collaboration. The success of that response was the result of many lessons learned from previous tragedies in the region including the importance of mutual aid, the need for joint planning and the use of the Incident Command System which after 9/11 became a national doctrine for incident management across all professional disciplines, jurisdictions and levels of government.

My work in regionalism goes back to my early career as a member of the Northern Virginia Fire and EMS automatic aid system whereby the jurisdictions of Arlington, Alexandria, Fairfax County and Fairfax City have been sharing response resources since 1975. Almost 40 years ago we essentially eliminated the jurisdictional boundaries for the purposes of better response to our communities and better safety for our responders. Today that automatic aid system includes the original jurisdictions and has added Prince William and Loudoun Counties as well as the cities of Manassas and Manassas Park. Each of these jurisdictions also participates in the NCR Mutual Aid Plan that includes the District of Columbia and the suburban Maryland jurisdictions of Prince Georges and Montgomery Counties. Under the auspices of the Council of Governments (COG) various professional committees such as fire and police chiefs, emergency managers and health directors meet monthly to discuss regional coordination and preparedness and, as importantly to forge the relationships that prove so valuable during a crisis.

In a further example of regional preparedness it should be noted that the National Capital Region was the first in the nation to develop a regional CBRN response capability when the public safety professions and jurisdictions of the metropolitan area established the nation's first civilian CBRN response team known then as the Metropolitan Medical Strike Team (MMST). In the wake of the 1995 sarin attack on the Tokyo subway, the NCR jurisdictions brought together a team of 120 responders from hazmat, EMS, and law enforcement as well as medical professionals to deliver specialized response capabilities not available in any agency or jurisdiction at the time. The team had specialized equipment for hazardous material detection, mass casualty decontamination and medical care to better prepare the NCR for a possible

attack on our subway. That effort, developed in 1995, was a catalyst to one of the most successful federally sponsored preparedness programs in recent memory, the Metropolitan Medical Response System which, until approximately one year ago, served 124 metropolitan jurisdictions across the nation. The MMST was for many years forward deployed during the State of the Union Address and for Presidential Inaugurations.

Following the September 11 attacks, the region amplified its efforts at regional collaboration. There continues to be a significant effort to evaluate risks to the region and learn from incidents here and elsewhere in order to make the best possible investments in preparedness. Allow me to provide several examples of ways the NCR has improved its preparedness for a host of hazards. These examples would also play a significant role in a response to a Boston like incident.

- On September 11, 2001 virtually the only mass casualty supplies in the region were located at the Reagan National and Dulles Airports. To assist with patient care at the Pentagon those units were deployed but proved insufficient due to the limited amount of supplies and the unfamiliarity that most of the regions responders had with the equipment. Based on that lesson the region undertook a project to improve our mass casualty response capabilities. Through a combination of local funds and federal grants the region now has 23 mass casualty response units and ten medical ambulance buses to support the response to a mass casualty incident. Each mass casualty unit carries enough supplies to care for between 50 and 200 victims. The medical ambulance buses each are capable of transporting 20 non-ambulatory patients or up to 25 ambulatory patients.

These vehicles and the equipment carried are standardized to ensure interoperability and ease of maintenance. The units are deployed throughout the National Capital Region and available to any jurisdiction in the region for a crisis or as a pre-staged asset for a special event. The operation of these assets is governed by standard operating procedures that were developed in a collaborative fashion with representatives from around the region. Finally, each of the jurisdictions that house these units is responsible for vehicle maintenance and its readiness for response.

- In terms of patient care the region has embarked on the institution of Tactical Emergency Casualty Care (TECC) which seizes on the lessons of combat medicine for trauma care learned in Afghanistan and Iraq and adapts them for use on a civilian populace. TECC has already been taught to several fire and EMS departments in the region and as we speak, thousands of law enforcement officers are being taught the techniques and are being equipped with individual kits to be used if they or a fellow officer are shot. In a further effort to prepare for the unthinkable, we have studied the 2008 Mumbai attack and some departments have developed a capability for EMS personnel

to enter an area where casualties from an active shooter may lay before the gunman is subdued. This capability includes the use of TECC and extraction of victims to a casualty collection point where more advanced medical procedures can be provided.

- Again taking from the lessons of September 11 the region has initiated an important project on Patient Tracking. In the aftermath of 9/11 it took several days to locate all the victims that had been transported from the Pentagon to area hospitals. This has serious implications for patient identity, family reunification and the ability for law enforcement to locate witnesses. Today, throughout the region we have deployed handheld devices that enable EMT's and paramedics at an incident scene to scan the triage tag of a victim and to enter basic information on the pre-hospital care and identity of the victim. This information is transmitted to a regional hospital coordinating center where the distribution of patients to the region's hospitals is coordinated so that no facility becomes overloaded. Note that in this context the three sub-regions operate their own version of a hospital coordinating center but the three centers all coordinate with each other.
- The NCR is home to seven local and two state bomb teams. The teams are highly integrated and interoperable through standardized equipment and procedures. Each team operates with the same equipment, tools, robots and Personal Protective Equipment (PPE) and provides mutual support to each other through our mutual aid system. Three of the regions teams are designated as the highest level capability (FEMA Type I) and can function as stand-alone teams; the other four achieve that designation when paired with a hazardous materials team.

Under the joint leadership of the regions fire and police chiefs the bomb teams coordinate through a regional organization called Metrotech. This organization has developed a strategic plan that guides operational capabilities to include electronic countermeasures, underwater disposal, and the coordination of bomb disposal with SWAT operations.

While these and many other response capabilities represent significant capacity it is important to observe that these discreet capabilities are useful only when deployed under an effective incident management system. On 9/11 the NCR established the model for regional incident management utilizing a unified command structure that included assets and organizations from local, state and federal government, some coming from as far away as the west coast. The success of that effort was largely due to two factors; the Incident Command System was well understood and practiced daily throughout the region for smaller incidents, and, key leaders, especially at the operational levels, had grown to know and trust each other. This continues today.

Throughout the region local agencies handle a variety of incidents large and small. Incident command is established for virtually all of them with local authorities using capabilities inherent to their organizations and calling for mutual aid as necessary. Because many incidents are both complex and may extend over many days the NCR created a multi-disciplinary Incident Management Team (IMT). The team is designated as FEMA Type III and consists of members from the fire, police, public health and emergency management agencies throughout the NCR. The NCR IMT is used to staff special events and to augment a jurisdictions command capacity in the event of a large incident. The IMT has also been deployed during region wide events to support operational planning. IT has also been utilized to provide situational awareness during long term threats such as the outbreak of pandemic flu in 2011. Also, in 2010, FEMA used the NCR IMT at the National Response Coordination Center during the Haiti Earthquake.

In closing I would like to emphasize that the NCR has made significant improvements to its preparedness efforts especially over the last 12 years. It is worth acknowledging that there is more to be done and each investment we make must be regularly evaluated for its currency and we must continue to ensure that the capabilities that we have developed are well maintained and can be properly executed when necessary. The strength of the NCR continues to be the strong relationships that have existed and continue to be fostered in recognition of the special nature of our region.

Thank you for this opportunity and I look forward to your questions.