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2100 CLARENDON BOULEVARD, SUITE 300 ARLINGTON, VIRGINIA 22201 TESTIMONY BEFORE THE COMMITTEE ON GOVERNMENTAL AFFAIRS UNITED STATES SENATE

ON THE "LOCAL ROLE IN HOMELAND SECURITY"

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On September 11th, our world changed forever. This nation suffered the most grievous loss ever known in a single day of armed conflict. Yet, those who died were not at war with anybody. They were mothers, fathers, sons and daughters—average people, starting off a beautiful morning in the innocent, everyday act of simply going to work. On that day, they saw the face of pure evil...and in a heartbeat they were taken from us. Those who were called upon to respond to this tragedy were the same people who respond to every emergency in America, large and small, every single day – local government. In the case of the Pentagon, this meant Arlington County and our mutual aid partners from throughout the region. We are proud that Arlington rose to meet the challenge. In this year of Arlington's 200th birthday, our response built on a history rich in accomplishment. Towering figures in American history left their footprints here. In 2001, Arlington again showed its character. Words cannot describe the selflessness and tenacity of Arlington's emergency rescue and public safety personnel. They were the first to respond to the scene at the Pentagon. They coordinated the fire, rescue, and recovery operations for a full ten days. From around the region and around the nation others came to work side-by-side, thinking only of doing their duty, bound by their dedication to saving lives. Joined by countless volunteers, and backed by a dedicated county staff that activated our Emergency Operations Center in mere minutes, our men and women looked the wickedness squarely in the face. They gently and caringly undertook the work that they were trained to do. Over the course of the event, staff from literally every County agency came together to respond - first to the Pentagon, then to the economic disaster from the closing of Reagan National Airport, then to the anthrax threat, and now to community recovery and preparedness. We have learned many lessons from these events, one of the most important of which is the critical partnership between local government and the federal government, especially in communities like ours where there is a large federal presence. From our experiences since September 11th, I offer these recommendations.

There must be a clear articulation of roles and responsibilities among federal, state, and local agencies in emergencies, especially on federal installations, such as the Pentagon

and Congress. This especially includes the roles of FEMA, CDC, and local fire and health departments. One of the central reasons that our response at the Pentagon was successful is because there was clearly established command and control for the different operations. A history of Arlington's Fire Department working with the Pentagon helped make this happen. Arlington fought a fire at the Pentagon several weeks before September 11th and has also responded to two fires since September 11th. In calendar year 2000, Arlington responded to 251 fire and EMS calls at the Pentagon. Despite this history of dependence on Arlington and a spirit of respect and cooperation, we have not ever been able to successfully complete a formal memorandum of understanding. The anthrax incident in the Capitol complex further illustrates the need for clear lines of authority and responsibility. While the incident occurred in Washington DC, it effected residents throughout the region. Frankly, we were receiving conflicting and inconsistent information. We recommend that the federal government work to establish formal memoranda of understanding with local and state officials for emergency responses at all major federal installations.

As part of the development of MOUs, an assessment should be made of local capacity to respond to different events in support of the federal government and provide financial support to fulfill that capacity. As noted earlier, Arlington responds to the Pentagon continuously; however, we have never received any support for the capital and operating costs necessary to meet the Pentagon's needs. We are proud to serve the Pentagon and other federal installations in our community – as our most communities. Given the reality of the new threats we face, the federal government must accept some of the financial responsibility to meet those threats. We specifically recommend that such aid go directly to local government based on the specific needs of federal installations.

In the case of the greater Washington area, Congressional action is especially needed to approve legislation to eliminate issues of local liability in providing mutual aid. During the inauguration and other pre-planned events, local police are deputized as federal marshals in order to avoid issues of local liability. In an emergency, there is not time for such action, nor has there ever been an ability to address issues of fire mutual aid. Congress needs to put this issue to rest by passing legislation that has been developed by the Washington Council of Governments.

The largest challenge facing the federal government is the development of a national strategy for terrorism preparedness. As a nation, pulling together at all levels of government, we responded exceedingly well on September 11th and afterwards. A major reason why we did, however, is because we had no more casualties than we did. As horrific as the attacks were, we did not have mass casualties flooding our limited hospital capacity. The subsequent anthrax attacks, however, did begin to tax our public and

private health care capacity, even though these attacks were also relatively confined. Both events have served as a wakeup call to the hospital systems to develop greater coordination in today's competitive healthcare environment. And, it also needs to serve as a wakeup call to the federal government about the limited capacity that healthcare competition and cost containment have created. The same is true for public health capacity. With the development of antibiotics in the last century, there has been a steady erosion of public health capacity — those who are the front line investigators in a biological attack. They are the disease police, but there are few of them. Arlington has one full—time epidemiologist.

The point is there is no national strategy or standards for preparing for or responding to biological and chemical attacks. In the case of the anthrax attack, it is clear to any observer that we were making it up as we went. Now that we know such attacks are more than theoretical, we need to do better. We need to assess our hospital capacity, assess local public health capacity, and establish clear lines of authority and responsibilities for the different levels of government, especially for the different federal agencies. We need to assess protocols for the national pharmaceutical stockpile. We need to train and practice its deployment. We must have a way to get consistent, accurate, and authoritative information to the public.

Conclusion. What happened on September 11th and the days and weeks that followed could not have been imagined a year ago. People who brushed-off emergency preparedness as a waste of time now see its critical relevance. We now have a window of opportunity in people's awareness that we need to act on. At the local level, we know that we will always be the first responders and we are working hard on our own planning and development of capacity. But no local government will be able to respond to a major event alone, especially on federal installations. The federal government needs to by fully engaged in the preparedness assessment and planning, and in providing the resources necessary to make it happen.