

EMERGENCY PREPAREDNESS IN THE NATION'S CAPITAL

Testimony

before the

Committee on Government Reform

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by

James H. Schwartz,

Director of Emergency Management,

Arlington County, Virginia

Mr. Chairman and members of the Committee, my name is Jim Schwartz. I am the Director of Emergency Management for Arlington County and, effective this week, will become the Fire Chief. I served as the incident commander after the attack on the Pentagon.

I appreciate the opportunity to provide testimony on the issue of homeland security in our national capital region today, and I am grateful, Mr. Chairman, for your leadership in trying to ensure as effective and efficient a process as possible to provide resources to the level of government with the greatest responsibility to respond to an act of terrorism—not just to protect that government’s citizens and resources, but in this region, to also protect federal employees and federal resources. Our county is not only home to the Pentagon, but also provides approximately 60 percent of its commercial office space to federal agencies. Our county bears significant responsibilities for protection and response to critical parts of the nation’s national defense and anti-terrorism capacity.

The successful response of Arlington and its regional partners in the wake of the attack on the Pentagon on 9-11 underscores the fact that the National Capital Region has a strong foundation upon which to build. While the incident at the Pentagon paled in comparison to the attacks in New York, it was, nonetheless, an indication of the years of work of regional leaders. We knew we had the capacity to coordinate responses, and, indeed, based upon those experiences, we think we have made significant improvements since then.

It is clear that continued progress is needed, and, therefore, we regard this hearing as a positive opportunity.

This morning I would like to focus my testimony on the priority setting process, the undermining uncertainty of the federal funding process, the lack of coordination of the plethora of federal funding streams, the inadequacy of current assistance, the significant administrative burden imposed on local government recipients, and mutual aid indemnification.

Priority Setting Process

Former Utah Governor and current EPA Administrator Michael Leavitt made the point after his state hosted the Winter Olympics that we really need a new paradigm in our intergovernmental anti-terrorism process. As he said, it cannot be top-down; rather it has to be some combination of bottom-up, horizontal, and top-down. It must more closely resemble emerging global corporate trends of governance.

Ironically, it was our national capital region that brought the issue of interregional coordination with federal support to the federal government’s attention after the 1995 incident in the Tokyo subway system.

Our efforts led to the first locally-staffed terrorism response team in the nation. That team, the Metropolitan Medical Strike Team, was the predecessor of the Metropolitan Medical Response system (MMRS), which remains the only federally funded program to require a systematic and integrated regional approach to planning and response to acts of terrorism. It is a model that should be expanded, not scrapped.

The federal government should ensure a meaningful role for the level of government most affected by terrorist threats and should shift to a threat-based formula that more appropriately recognizes greater responsibilities for those local governments that will be first to arrive, render aid to casualties, and manage the incident. Local governments should not be junior partners.

We appreciate that there have been adjustments made in the NCR to ensure a more meaningful process for local input for the establishment of homeland security priorities in the National Capital Region. We encourage the direction of the change and a longer term commitment to our regional governments' critical role in the provision of Homeland Security.

Uncertainty in the Federal Funding Process

There is significant uncertainty in the federal funding process: federal funding shifts from year-to-year, even after grant programs are decided; decisions are made to retroactively cut funds and transfer them to other uses. It is difficult to discern whether the war on terrorism is a year-to-year effort, or a long-term commitment.

The federal process makes it difficult to develop a longer term plan and meaningful 1st responder infrastructure.

We would respectfully suggest, Mr. Chairman, consideration of consolidating the many and varied federal grant streams in the NCR into a five-year block grant. Such a change would significantly increase our regional capacity to put together the infrastructure necessary to make real and sustainable progress.

Lack of Coordination of the Plethora of Federal Funding Streams

There remain too many funding streams, often not coordinated at the federal and state levels. They reflect competing purposes at the federal level, but immense administrative demands at the local and regional level. It means we devote too much time to trying to determine what federal or state officials want, instead of focusing on the most critical needs in the region.

Inadequacy of Current Assistance

The Homeland Security Act of 2002 created the Office for National Capital Region Coordination within the Department of Homeland security in recognition of the vulnerability of the region, its high risk of terrorism, and the unique and dominant federal presence. Despite that recognition, the region receives less in federal per capita assistance than Wyoming. We

appreciate that there are serious debates in the House about modifying the formulae, but we think any discussion of how terrorism funds are allocated should reflect the unique characteristics of this region. We believe it would be constructive to ask DHS to establish baselines—basic requirements for local governments based upon tiers of risk assessment—so that federal grant funds meet fundamental needs.

Significant Administrative Burden Imposed on Local Government Recipients

Because of the many different grants and funding streams, Arlington devotes enormous administrative and management resources to emergency preparation and prevention which are ineligible for reimbursement. This diverts resources from priority needs—again, so that we are forced to devote resources to a plethora of grants and grant management requirements that detract from the job at hand.

Provide Greater Budget Certainty

As the House and Senate work to reauthorize a six-year surface transportation program, we believe the concept has merit for emergency preparedness. To the extent that federal funding beyond next September 30th—on an annual basis—remains uncertain, it directly affects local budget decisions about whether to make longer term investments in human and capital infrastructure to prepare and respond, or whether to make short-term purchases.

This uncertainty is increased by reprogramming requests made by the Department of Homeland Security in the last two months of funds already appropriated by Congress. Can you imagine the construction of the mixing bowl project or the new Wilson Bridge in such circumstances?

Last month, the Administration requested to “redirect” \$55 million in already appropriated FY 2002, 2003, and 2004 bioterrorism funds to states and local governments and instead provide the funds to the U.S. Postal Service and to 21 cities. This would be robbing Peter to pay Paul. It would be a retroactive cut in already inadequate bioterrorism funds that are urgently needed to ensure that local health departments can promptly detect and respond to bioterrorism attacks or outbreaks. The adverse impact of this “redirection” would be in addition to the new unfunded federal mandate that has been created by the installation of Biodetection Systems in postal facilities across the country—as it would simply impose new costs on local governments who are expected to respond to adverse test results, with no funding for the extra staff needed and no provisions for compensation for costs incurred. Worse, it came in the wake of an unexpected request by the Homeland Security Department to reprogram \$40 million in already appropriated funds for the Metropolitan Medical Response System (MMRS) to buy anthrax vaccines and anti-viral pharmaceuticals for the National Strategic Stockpile. The DHS reprogramming request for the MMRS funds was made in the last week in April, just a month after Michael D. Brown, DHS undersecretary for emergency preparedness and response, told the House Homeland Security Appropriations Subcommittee the MMRS funds would be expended as appropriated.

These twin requests, coming as the 9-11 Commission hearings have demonstrated the importance of comprehensive organization at the regional level to respond to a terrorism incident, raise grave concerns about what federal commitment or resources states and local governments can anticipate—even those that Congress has previously enacted and funded. As the level of government that bears a first response responsibility, this is especially troubling.

Bioterrorism preparedness became a priority following September 11, 2001. Arlington's public health team has been responsible not just for the county, Pentagon, other federal military installations within its borders and Ronald Reagan National Airport, but has also expended county funds and resources to respond to a false anthrax test at a D.C. Post Office.

Building an effective bioterrorism response capacity will require long-term commitment and investment. That can only be achieved through a long-term, stable, and equitable federal commitment.

Neither Arlington, nor any other grantee was informed of the abrupt decision. The MMRS is a local capability that is organized, trained, and equipped to respond to a terrorist incident. It is specifically designed to integrate the planning and response elements of a region toward the human health consequences resulting from such an event. 120 local governments in regions across the country have developed, or are in the process of developing, such systems under contract with the U.S. Department of Homeland Security (DHS). Communities under contract with the Department of Homeland Security are required to develop detailed operational plans for response to chemical, biological, radiological, and explosive incidents. They must also develop plans for incident management, pharmaceutical distribution, and coordination of how hospitals will be part of the response effort. The development of these plans must result in an operational system that reflects an integrated approach that includes all response disciplines. A study by the Institute of Medicine has validated this approach.

Arlington is currently under contract with DHS and had anticipated \$280,000 in FY 2004 funds to continue our MMRS development and possibly expand it throughout the Northern Virginia region. When these funds were first added to our contract, they were represented as the first steps toward sustaining developed systems and were described by DHS as part of the strategic plan for the future of MMRS.

MMRS is one of the best approaches ever devised for regional planning and response to a large scale incident. We think MMRS should be considered as a national model for how local governments should plan and organize for a large scale incident where mass casualties are involved, as well as to address the additional hazards that an integrated approach to planning affords. This unanticipated interruption could jeopardize all such efforts.

This systematic approach integrates the planning and response of first responders (fire, EMS, hazmat and law enforcement), including public health, emergency management and hospitals

and medical care facilities to work together to develop the capability to reduce the human health consequences which result from terrorist acts. It also requires concurrent integration with neighboring jurisdictions and State and Federal agencies.

Arlington County is in the second year of its contract for development of its MMRS. Completion of all base contract requirements is expected by September 2004. In fulfilling contract deliverable requirements, Arlington County has coordinated all MMRS development with neighboring jurisdictions in the Northern Virginia area, including:

- City of Alexandria
- Fairfax County
- Fairfax City
- City of Falls Church
- Loudoun County
- Prince William County

Together with Arlington County, and for the purpose of this proposal, the above listed jurisdictions make up the Northern Virginia (NOVA) Region.

Mutual Aid Indemnification

Finally, we support federal legislation to provide for mutual aid indemnification. The incidents in New York and at the Pentagon graphically demonstrated that major emergencies cannot be managed without mutual aid from all jurisdictions in a region. A serious obstacle for inter-jurisdictional response to major emergencies in the Capital Region is lack of indemnification for mutual-aid responders. This problem is created by the differing sovereign immunity laws in the District, Maryland, and Virginia. This is not an abstract legal issue for Arlington: we suffered a major legal and financial loss in 1979 when a civilian was severely injured during a pursuit in the District. Police departments in the region have found a creative solution for mutual assistance to the District when there is adequate time to plan ahead: Maryland and Virginia police officers are deputized as federal marshals. However, Arlington has no solution for unplanned situations requiring police mutual assistance or for any situations requiring fire and emergency medical service. The Metropolitan Washington Council of Governments has passed a supportive resolution. We would hope the DHS regional office would be a strong advocate for this proposal.

I trust these comments are helpful and appreciate your consideration of them. I look forward to answering any questions you might have.