



**Testimony of Richard Sposa
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**House Committee on Homeland Security
Subcommittee on Emergency Preparedness, Response and Communications
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Chairman Donovan and members of the Subcommittee on Emergency Preparedness, Response and Communications, on behalf of Barry Ostrowsky, President and Chief Executive Officer of RWJBarnabas Health, I would like to thank you for the opportunity to come before you today to discuss first responders and their role in supporting efforts to secure surface transportation in the region.

RWJBarnabas Health is the largest not-for-profit integrated health care delivery system in New Jersey. The system includes eleven acute care hospitals, three children's hospitals, a pediatric rehabilitation hospital, a freestanding behavioral health center, ambulatory care centers, geriatric centers, the state's largest behavioral health network, comprehensive home care and hospice programs, and several accountable care organizations. As the second-largest private employer in New Jersey, RWJBarnabas Health includes more than 32,000 employees and over 9,000 physicians and we train more than 1,000 residents.

Jersey City Medical Center's Emergency Medical Service (EMS) has served the City of Jersey City uninterrupted as its ambulance and emergency service provider for more than 130 years. In fact, April of 2016 marked our 133rd year of providing 24/7/365 Basic and Advanced Life Support ambulance service to this great City. JCMC EMS has utilized many nationally recognized best processes and practices and has found that this has been instrumental in our system's success.

I would like to thank this Subcommittee for its dedication to seeking input from a wide range of stakeholders, including first responders, on this critical issue. I hope to show how your financial commitment to emergency preparedness have better prepared the region and how continued appropriations will continue to support the medical surge needs, and prepare healthcare systems for any disaster we could face, including a transit disaster or attack on its infrastructure.

Today I will speak from both the perspective of the pre-hospital EMS provider as well as the emergency preparedness role of front line acute care facilities. And I could not think of a more fitting setting to discuss this topic than the City of Jersey City, New Jersey. It has been nearly 15 years since the deadliest terrorist attack on American soil, which occurred a mere 4 miles from this spot. I can tell you that we are most certainly better prepared today than we were in 2001 because of the development, funding, and implementation of federal programs and local initiatives to bolster response capabilities. But I would be remiss if I told you there wasn't more work to do, more goals to accomplish, and more loops to close.

To begin, I would like to give you a snapshot of programs that exist within the healthcare community today because of the federal government's commitment to better preparing the community to protect the residents, visitors, and workers in New Jersey. Since 2003, the federal government has invested more than \$33 million in bolstering the healthcare preparedness in the North Jersey UASI region, which includes Jersey City. This money has built new programs and provided the basis for some of the most unique and forward thinking solutions to deal with medical surge and mass casualty incidents that exist in the country today.

I would like to highlight some significant accomplishments both in the hospital and EMS worlds that indeed make this region safer and more resilient in the face of attack or large scale incident. These programs enhance the ability of EMS and Hospitals to respond to Mass Casualty Events, Pandemic Events, and Acts of Terrorism and would not have been possible without the funding that was supplied by these important UASI grants.

Hospitals are, by their very nature, considered to be a soft target for a number of reasons. The mission of all hospitals is to be available to their community 24/7/365 and because those in need of aid must have immediate access to life saving care, entry to these facilities can't be hampered or restricted. Our lights are always on, our doors unlocked, and our prominent role in the surrounding community unquestioned. This could easily be exploited and therefore the need to protect an open campus is paramount and a necessary first step in providing excellent patient care. The Trauma centers in the UASI region have been able to harden their structures and better protect themselves from unwanted attacks through the Trauma Center Target Hardening grants. These improvements include increased closed circuit television capabilities, the creation of blast buffer zones around the structures, the installation of radiation detection and the placement of better access control systems to aid in that mission.

Our hospitals have also become better prepared for a medical surge event as a result of the receipt of UASI grants. For example, each of the 34 hospitals in the NJ UASI region has been provided with a medical surge trailer, designed to provide the necessary supplies, tools, and personal protective equipment that would be needed in the face of a medical surge event. The coordination and uniform outfitting to each facility would not have been possible without an overarching mission directive like that of the UASI grant stream. These trailers have been utilized for many events, such as during Hurricane Sandy, and are easily shared within the hospital community for more isolated incidents that don't involve all the hospitals.

In any medical surge event, communication systems and modalities will play a crucial role. If you read any after action report from an incident or exercise you will almost certainly find multiple references to communication gaps that occurred during the event. And UASI has allowed the hospitals to bolster their communications capabilities. The implementation of a mass notification system that allows hospitals to communicate and recall their staff was a key to building more resilient hospitals. The other major step forward for interoperability and communications that was undertaken is the MutualLink system that allows for cross platform, multi discipline communication in real time. This tool will assist with the overall response coordination by allowing multiple disciplines, radios, phones, and even video feeds to be shared in real time and increase capabilities communications instantly.

As you can see through these examples, the Emergency Medical Services community in the NJ UASI has dramatically improved its response capabilities and resiliency since the inception of UASI grant process. And these initiatives directly support securing the infrastructure of mass transit in the region. Through regular interfaces and exercises with the transit community, relationships are built and responses refined. The UASI program has directly impacted and improved these relationships through mutual training and cross discipline planning.

Turning specifically to our role in protecting and responding to emergencies within transit systems, I want to focus on two collaborative endeavors – our efforts in the creation of the Passenger Rail Security Plan as well as our work, through UASI grants, to furnish our partners with specialized equipment geared toward transit events.

First, the Passenger Rail Security Plan, which represents the most comprehensive initiative undertaken by EMS in New Jersey related to the transit system. The Plan was developed by the New Jersey EMS Taskforce, which is a stakeholder group of specialized resources of which Jersey City Medical Center's EMS is a charter member. The creation of the Plan began with a kickoff meeting in October 2009 and included nearly 80 representatives from local EMS agencies and the state OEM, as well as state, federal and private planning partners. The Task Force reviewed and analyzed response guidelines, best practices and lessons learned from authorities such as Madrid's emergency services, the London Ambulance Service, District of Columbia Fire and EMS, the Los Angeles Fire Department, Jersey City Medical Center EMS, the Hudson County Office of Emergency Management. Completed in March 2011, the Plan is an unprecedented 1,238-page detailed document and, as I mentioned, it represents the largest EMS planning project in New Jersey's history. Its authors invested more than 10,000 hours of work, and more than 70 agencies collaborated between its inception and completion.

The Plan incorporates more than 300 stations throughout the State overall. The most vulnerable stations, of which there are 38 spanning 10 counties, have either a ridership of at least 500,000 per year or are attached to critical infrastructure such as an airport, sporting arena or entertainment venue. This Plan made unprecedented strides in terms of EMS coordination and integration with our transit partners.

Next, we have equipped our partners with specialty equipment designed to enable remote access to patients, support mass casualty events, and aid in the mass transportation of patients. This is critically important as one of the largest challenges that EMS faces during mass transit events is the availability of access to remote locations. When an event occurs away from a station it can be incredibly difficult to access the incident location. To address this issue, in New Jersey we have amassed a fleet of off road ambulances built specifically to access remote locations and remove patients to central locations for further treatment and transport. These assets allow for the quick extraction of patients from remote locations and, in time life critical circumstances, will mean the difference between life and death.

New Jersey EMS has assembled the largest known fleet of Medical Ambulance Buses, which are designed to meet the needs of mass casualty events and are capable of transporting up to 22 patients with one trip. These assets would not have been obtainable without the support of the UASI dollars coming to the region, and these assets have been proven time and time again in the region and continue to be a valued resource, regularly assisting with nursing home evacuations and large-scale incidents throughout the State. These assets have been put into action on countless occasions and transported thousands of patients allowing for quick evacuation and relocation with much less manpower during a disaster response. This fleet has become an indispensable asset in the region and a model for other locations to emulate.

NJ also has a large fleet of mass care response units (known as "MCRUs"), spread throughout the State to meet the ever-evolving threat profile and these units will play a critical role in providing the much needed supplies, equipment, and transport devices at an event. There are 5 large scale MCRU's capable of treating 100 patients each and an additional 7 smaller units that can each treat 50 patients. Should a large scale transit event occur, these assets would be a critical asset that will be mobilized quickly and allow for adequate supplies to be delivered to the scene.

Based on some of the examples I've provided you with today, you can see that hospitals emergency medical providers and other partners in the region are better prepared to handle adverse surge events, such as those that could be created by large scale transit attacks or accidents, as a direct result of federal dollars supplied. But there

is more work to do in order to continue to ensure we are exceptionally prepared for any emergency response necessary. This is particularly important as we see terror threats evolving.

As the challenges we are facing change, our needs to meet those challenges will change as well. We are talking about protecting our transit systems and how different aspects of the healthcare continuum support that. What we see unfolding is a new disturbing trend of active shooter and mass shooting events, such as seen in Orlando last weekend. Of course we need to be prepared for the next threat, but there is a benefit to the tasks already undertaken. We are prepared for the “all hazards” approach and are already refining that mission to include the latest trends in EMS and Hospital care by bolstering our bleeding control equipment and training and working with our partners in Law Enforcement and Fire. To date the NJ UASI has already invested nearly \$4,000,000 in the rescue task force concept and getting the right equipment into the hands of those who need it this is another successful example of how these dollars prepare us for these events.

We are cognizant of the limited resources available and the difficult decisions that you must make in Congress on how to allocate resources; however, because of the changing landscape, we are hopeful that the recent trend to reduce homeland security grants, is reversed.

In closing, I would like to once again offer my sincere appreciation for the opportunity to speak with you today. The region is most certainly more prepared for an emergency of any kind than it was 15 years ago. But the job is not done, the threat is not gone, and the realities are continually changing. I urge you to work with the vast group of stakeholders here today, and others, to begin planning how to continue make us safer, more resilient, and more ready to face what seems to be a never-ending threat stream.

Thank you.