JUSTIN B. BROWN

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Dear Members of the Committee,

I have been asked by Local 36 of the International Association of Firefighters to provide testimony before you today. I am an employee of the Washington D.C. Fire and EMS Department where I have served in the capacity of both a civilian paramedic and uniformed firefighter/paramedic. I have spent a total of seven years as a member in good standing with this department and I have served nearly equal time in both divisions and as a member of both unions. More importantly however, I speak to you as a member of this community; as a taxpayer and longtime resident of the District. As such, my primary concern is for the health and welfare of my community.

My comments today will briefly address three issues that have come before this committee: quality of EMS care, ability of the fire service to adequately provide EMS and the potential for creating an independent EMS agency in the District. My comments, which express only my own personal opinions, are the result of nearly a decade of both field practice and formal education in public safety and health sciences.

In the past, I along with scores of other department members have felt that this agency lacked the ability, and quite frankly, the will to address issues of EMS delivery. Despite claims that department managers lacked the EMS background and education needed to address failures in EMS, it is my opinion that what was in fact lacking was the ability to manage the department in general. To be sure, chief executives are rarely expert in all matters of their organizations and the will to obtain expert knowledge and provide overall leadership is of much greater importance. I believe that the promotion of several key officials and the appointment of Dr. Williams have already benefited our service. A more open and accessible administration has already provided multiple opportunities for employee input, has increased visibility and provider's interaction with the Medical Director, and provided progressive positive feedback to employees along with clearer communication of expectations. All of these are critical steps in laying the foundation of a more successful service. A paramilitary organization such as ours offers stability but until recently it was used instead to stifle creativity, input and proactive change. I believe that support of this new leadership approach will yield better results in the future.

Any agency of this size will find that the ability of its employees to resist change is inherently stronger than the administration's power to affect it. To combat this, the administration must find ways of subtly altering the organizational culture. As other organizations have found, it is possible to identify those issues which act as trim-tabs: small changes in policy that produce a large effect by altering the environment in which we operate. Improving our service lies with identifying these and committing to change. Our new administration has, at least the very least, demonstrated the energy and will needed to accomplish this.

In my experience, there is little if any difference in the care provided by employees of the Firefighting and EMD divisions. However, the structure, direct supervision and team oriented nature of the firefighting division lends itself quite well to EMS care.
In three years of service as a civilian paramedic, I do not recall participating in or witnessing a single critique, drill, or training session related to EMS, outside of the mandatory requirements for recertification. As a firefighter, I have not only participated in countless hours continuing education, but been tasked with conducting in-house EMS training. The organization of the Firefighting Division yields better oversight and provides accountability for members and supervisors. This is only one example of how the structure of the Firefighting division helps to stabilize the quality of EMS care.

I would like to state clearly that I am not inherently opposed to the idea of separate EMS agencies and that, in fact, I believe some separate EMS systems have led to improved public health and patient outcomes . Time and again we have seen examples of thriving, effective and efficient "third-service" agencies, such as those in Boston, New Jersey, Etc. But EMS systems can be neither created nor operated in a vacuum. One must account for the local culture, government and role of other institutions. The District operates in an environment with poor health education among its residents, high EMS call volume, limited input and leadership from public and private health agencies and strained relationships with hospitals. In my opinion, we have do not have the history, infrastructure, communication or mobilizing structures in place to create a high quality separate EMS system. In fact, it is sure to prove more difficult to accommodate the opinions, politics and operations of all those in the public heath community than to find common interagency grounds. I find no logical reason to believe that EMS will find a better home in the field of public heath than it has in public safety. By its very nature, EMS is a black sheep that lies squarely between to these two fields. It is more important to rectify those issues, such as uniformity in pay, training, standards and promotion that prevent full integration of EMS into the fire service than begin to being anew. EMS can and should be an integral part of any truly all-hazards public safety agency. With a clear vision and commitment to molding a high-quality public safety agency, DC Fire and EMS can overcome the obstacles of the past. As a member of this community, I would prefer to see the vast resources required to further divide public safety go into building a stronger public health system.

Respectfully Submitted,

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