



The Role of AFG and SAFER Grants in COVID-19 Response

Statement of

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presented to the

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Good afternoon, Chairwoman Johnson, Ranking Member Lucas, and distinguished members of the committee. I am Gary Ludwig, President and Chairman of the Board of the International Association of Fire Chiefs (IAFC), and fire chief of the Champaign, Illinois, Fire Department. I appreciate the opportunity to testify at today's hearing on the importance of the Assistance to Firefighters Grant (AFG) program and the Staffing for Adequate Fire and Emergency Response (SAFER) grant program to America's COVID-19 response efforts.

The IAFC represents the leadership of over 1.1 million firefighters and emergency responders. IAFC members are the world's leading experts in firefighting, emergency medical services, terrorism response, hazardous materials (hazmat) incidents, wildland fire suppression, natural disasters, search and rescue, and public-safety policy. Since 1873, the IAFC has provided a forum for its members to exchange ideas, develop best practices, participate in executive training, and discover diverse products and services available to first responders.

The Fire and Emergency Service Community and COVID-19 Response

America's fire and emergency services are the only organized group of individuals who are locally situated, staffed, trained, and equipped to respond to all types of emergencies. There are more than 1.1 million men and women in the fire and emergency service – approximately 370,000 career firefighters and 745,000 volunteer firefighters – serving in approximately 30,000 fire departments around the nation. They are trained to respond to all hazards ranging from earthquakes, hurricanes, tornadoes, and floods to acts of terrorism, hazardous materials incidents, technical rescues, fires, and medical emergencies.

The nation's fire and emergency medical services (EMS) are at the tip of the spear in the fight against the SARS-CoV-2 virus and its resulting illness (COVID-19). Every day, fire and EMS personnel are responding to 911 calls for help by Americans as they suffer at the hands of this unseen foe. Firefighters meet patients in their homes, provide lifesaving aid and transport patients to hospitals across the nation. These interventions take place in patients' homes, which increases the chance of infection. In some cases, an EMS call for an unrelated case may turn out to be for a COVID-19 patient, which can lead to unanticipated exposures of fire and EMS personnel.

Fire and EMS departments are changing tactics to limit the exposure of their personnel. In treating COVID-19 patients, fire and EMS personnel must wear extensive personal protective equipment (PPE) including gowns, N95 masks, gloves, and other specialized equipment. They also must use hand sanitizers on scene and sanitize their ambulances, equipment, and stations to prevent infection. However, fire chiefs are having trouble getting the PPE and sanitizing agents that they need to protect their personnel.

Even though fire and EMS personnel should be considered top priority for PPE, fire chiefs were unable to receive this equipment from the federal government and the states. They were forced to purchase necessary supplies on the open market, which meant that a rural volunteer fire department could be competing with the states of New York and California for supplies. In some cases, fire chiefs had to buy rain gear to protect their personnel as they treated COVID-19

patients. In other cases, fire chiefs have been forced to contend with disreputable suppliers and a flood of counterfeit N95 masks from overseas.

In this situation, firefighters are being exposed and infected with COVID-19. The IAFC estimates that more than 1,000 fire and EMS personnel have been infected. Sadly, approximately more than 55 fire and EMS personnel have died in the line of duty from infection to COVID-19. When fire department personnel are exposed to COVID-19, the fire department must quarantine them for 14 days or until test results come back. This situation requires fire departments to pay to quarantine firefighters and pay for backfill and overtime costs to maintain staffing levels. In addition, the cost of supplies for fighting COVID-19 continue to escalate. An N95 mask that might have cost less than a dollar in December can cost up to \$5 now.

Because the economic slowdown is cutting revenue for local jurisdictions, fire departments are planning for budget cuts this summer, fall and next year. Small volunteer fire departments are being hurt worse as they are forced to cancel fundraisers, such as bingo, pancake dinners and fish fries, due to social distancing requirements. These budget cuts can result in reduced service to communities and layoffs. In one Illinois community, the fire chief was laid off.

This spring, the IAFC surveyed its membership to understand the budgetary effects of the COVID-19 pandemic. We found that fire departments will suffer a \$16.9 billion shortfall in budget revenue in 2021. Our members also reported that approximately 1,000 fire department personnel had been laid off already this year. We estimate that almost 30,000 fire department personnel will lose their jobs in the next twelve months. Fire departments are caught in a vise, where the cost of supplies and personnel to provide service to their communities is increasing while revenue to support these operations is decreasing.

The CARES Act (P.L. 116-136)

At this time of crisis, Congress began to help the nation's fire and emergency service with the passage of the CARES Act (P.L. 116-136). This legislation included a special appropriation of \$100 million for the AFG program to fund the cost of PPE and sanitizing agents for fire departments. The IAFC appreciates the work of the Federal Emergency Management Agency (FEMA) in expediting the application period, which ended on May 15. These grants can be used to cover both the costs of equipment to respond to COVID-19 cases since January and for fire departments to stock up and purchase equipment for a potential "second wave" of the pandemic in the fall. We urge FEMA to move quickly to begin awarding these grants.

The CARES Act also included \$45 billion for the Disaster Relief Fund (DRF) to reimburse activities such as medical response, procurement of PPE, coordination of logistics, implementation of safety measures, and provision of community services. According to FEMA, these funds will cover overtime and backfill costs; the costs of supplies such as disinfectants, medical supplies, and PPE; and apparatus usage. It is important to point out that the federal government only reimburses 75% of the costs incurred through the Public Assistance program. In addition, the local fire departments must work with the states to be reimbursed for their expenses. While FEMA has tried to streamline the system, the IAFC has seen delays in

reimbursement through the DRF. We prefer the funding stream in the AFG and SAFER programs, which goes directly to local fire departments.

Overall, the funding in the CARES Act was a good first step to assisting local fire departments. Nevertheless, the economic damage and stress on the system caused by the COVID-19 pandemic will require more assistance for local fire departments.

The HEROES Act (H.R. 6800)

Considering the strain on fire departments in both an operational and financial sense, local fire chiefs looked to their Representatives and Senators to be the heroes and help us. The IAFC was grateful for the public safety provisions in the HEROES Act (H.R. 6800). This bill included many provisions that will help local fire departments both now and, in the fall, when a second wave may strike.

Most importantly, the bill includes \$500 million each for the AFG and SAFER grant programs. The AFG funds can be used for the purchase of PPE and related supplies, mental health evaluations, and training and supplies to decontaminate and sanitize facilities and equipment. The SAFER funds can be used to protect firefighters' jobs by retaining and re-hiring recently laid-off firefighters. For the AFG program, the bill also would waive the maximum amount of the awards, the local match requirements, and the maintenance of expenditure requirements. For the SAFER grant program, the HEROES Act also would waive the local match requirements, the maintenance of expenditure requirements, and the requirement that federal funds cannot be used to supplant local funds. These are extraordinary waivers for these programs, but the IAFC believes that they will help local fire departments weather the storm of the pandemic.

The IAFC also supported the provision in the HEROES Act which waived the peer review panels for the AFG and SAFER programs. This is a special exception for the pandemic. The IAFC believes that fire departments need this assistance as soon as possible. Currently, it can take two years between when Congress appropriates funding for the AFG and SAFER program and when the grants are awarded finally. Even though the AFG program expedited the application process for the special COVID-19 funding, the CARES Act was signed into law on March 27 and yet the AFG awards have yet to be funded. Meanwhile, the U.S. Department of Justice has awarded CARES Act funding under the Byrne grants already. FEMA has a program to review AFG programs before the peer review process. If the peer review process is waived, FEMA can use this system and work with the AFG criteria development committee to develop a plan to process AFG and SAFER applications in a quick and efficient manner.

Provisions in the HEROES Act also included legislation to help individual firefighters. Most importantly, it will help volunteer firefighters. Volunteer firefighters provide critical care in their communities while receiving little or no compensation. In the case of COVID-19, they risk exposure to the virus, which can result in the inability to work at their paid jobs while they are quarantined. Recognizing their unique service to their communities, the HEROES Act would make permanent a temporary provision in the tax code that exempts any state or local property tax benefit, and up to \$600 in other benefits, from federal taxation. The bill also would include a provision for first responders to deduct up to \$500 from their personal income tax for

expenditures on training, tuition, and uniforms. For 2020, they also would be able to include supplies and equipment in their deductible expenses along with tuition and uniforms. The IAFC thanks the House for recognizing the sacrifices that fire and EMS personnel must face during this crisis.

The IAFC also supports provisions in the HEROES Act to repeal the requirement that the Federal Communications Commission (FCC) auction public safety spectrum in the T-Band (470 MHz – 512 MHz). The T-Band spectrum is used by 11 major metropolitan departments and their surrounding regions to support interoperable communications between fire, EMS, and law enforcement. The T-Band is so integral to New York City’s communications that the FCC allowed the city to broaden its use of spectrum on this band to support its COVID-19 response operations. In Los Angeles, the T-Band provides a critical link between fire, EMS, law enforcement and the 911 public safety answering points. As local jurisdictions begin to face budget cuts, they will be unable to spend the \$5-6 billion that the FCC estimates will be required to relocate their communications systems from the T-Band. Because of the cost to local fire, EMS and law enforcement agencies and the likelihood of an unsuccessful auction, both the Government Accountability Office and FCC Chairman Ajit Pai have called for Congress to consider legislation to allow public safety agencies to retain their T-Band spectrum. The HEROES Act recognizes the need for public safety agencies to maintain interoperable communications during this pandemic.

The IAFC asks that the Senate include these public safety provisions in its companion to the HEROES Act. We also ask that the Senate consider a special appropriation of \$50 million for the Rural EMS Training Grant program (popularly known as the “SIREN” grant program) at the Substance Abuse and Mental Health Services Administration. This newly authorized program will help rural fire-based and non-profit EMS organizations recruit and train EMS personnel in rural areas. As COVID-19 spreads across rural America, there is a need for trained EMS responders to provide lifesaving care to those Americans infected by the disease.

Operational Needs of Local Fire and EMS Departments

As fire and EMS departments adapt to the continued demands of COVID-19 response, they still need federal assistance with meeting basic operational requirements. While the House has addressed many financial issues in the HEROES Act, we ask that Congress continue to work with the Administration to address the following issues for local fire and EMS departments:

- 1) Ensure that fire and EMS departments are top priorities for receiving PPE and sanitizing supplies.** As the COVID-19 pandemic spreads throughout the nation and into rural areas, the desperate need for PPE and sanitizing equipment remains. Because the supply chain issues remain, fire and EMS departments still must buy PPE and sanitizing agents on the open market. The flood of counterfeit equipment from China remains a problem as the counterfeiters improve the appearance of their gear, but not its effectiveness. Congress and the Administration must work together to ensure a secure and trustworthy supply chain that produces PPE and sanitizing agents and delivers these necessities to local fire and EMS departments. If a second wave occurs in the fall, we will

see yet another rash of shortages resulting in exposures for our nation's fire and EMS personnel.

- 2) **Ensure that fire and EMS departments are top priorities for testing and vaccines.** In March, the U.S. Public Health Service set out its priorities for COVID-19 testing and listed first responders with symptoms as second-level priorities for testing and other first responders as third-level priorities. In light of the shortage of COVID-19 tests, it was close to impossible to obtain tests for fire and EMS personnel. When fire and EMS personnel were tested, it took five to eight days to get the results back. In the interim, fire departments had to quarantine these personnel and incur the costs of replacing them. Since fire and EMS personnel are providing aid to COVID-19 patients in their communities, it is important that they have access to accurate and rapid COVID-19 tests.

We are concerned that a similar scenario may occur in the case of vaccines. As of now, we have been unable to ascertain a federal strategy for vaccine distribution. Because of the chance of exposure to COVID-19 and infection, the IAFC urges Congress to ask the Administration to release its COVID-19 vaccine strategy and include fire and EMS personnel as top priorities for vaccines.

- 3) **Notification of Drug Shortages:** Fire departments often encounter shortages of basic emergency medications such as saline, epinephrine and glucose. The Food and Drug Administration (FDA) announced that shortages are possible for medications that can be used to treat COVID-19. However, these at-risk medications have not been identified. Fire departments are especially hit hard by these shortages because medications for EMS use often are limited by state regulations and local policies. Without advance notification of at-risk drugs, fire departments will face difficulties caring for patients with COVID-19 or other critical illnesses and injuries. The IAFC asks Congress to direct the FDA to provide advanced warning of all drugs at risk for shortage and to assist state and local governments in developing guidance on the use of alternate medications when a primary medication is in shortage.

The U.S. Fire Administration

I would like to highlight the helpful role that the U.S. Fire Administration (USFA) has played in this response. The U.S. Fire Administrator, Chief G. Keith Bryant, and his staff have been responsive to requests for assistance by fire chiefs across the country. In addition, they advocate tirelessly within interagency meetings for the needs of fire departments in meeting supply and testing needs. Also, USFA staff have developed guidance and participated in webinars to educate the fire service about COVID-19 response and federal reimbursement policies. It is important to recognize that USFA has been a critical partner for the America's fire and emergency medical service during this pandemic.

Conclusion

I would like to thank the committee for bringing attention to the vital role that the nation's fire and EMS departments play in the response to the COVID-19 pandemic. America's firefighters

and EMS personnel are on the streets every day providing lifesaving aid to COVID-19 patients in their communities. However, we need heroes here in Washington, DC in both the legislative and executive branches to help us fight this unseen enemy. I look forward to working with you to support local fire and EMS departments and answer any questions that you may have.