

GOVERNMENT OF THE DISTRICT OF COLUMBIA



FY24 Performance Oversight Hearing

Fire and Emergency Medical Services Department

Testimony of
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Fire and EMS Chief

Before the
Committee on the Judiciary and Public Safety
Council of the District of Columbia
The Honorable Brooke Pinto, Chairman

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Good afternoon, Chairperson Pinto, Councilmembers, and staff. I am John Donnelly, Chief of the Fire and Emergency Medical Services Department. I am pleased to testify before you today about the Department's performance during Fiscal Year 24 and 25. My testimony is also available online at fems.dc.gov.



I would like to take a moment to recognize and thank the employees of DC Fire and EMS, Metropolitan Police Department, Office of the Chief Medical Examiner, Department of Forensic Sciences, Office of Unified Communications, our regional partners in the Council of Governments, our federal partners, and countless others for their extraordinary support in our response to the January 29 mid-air collision over the Potomac River. DC Fire and EMS, MPD, and the Office of the Medical Examiner worked hand in hand in the immediate aftermath of the crash and the days after. Roughly 2,500 responders from federal and regional partners also mobilized. And our local community stepped in with extraordinary acts of kindness and support to our first responders and those affected by the crash.

January saw an unprecedented public safety mobilization before January 29: the counting and certification of electoral votes, the state funeral of President Jimmy Carter, the Presidential inauguration, and significant weather events. Our response and teamwork during these events demonstrate to our community that DC Fire and EMS is a well-trained, multi-disciplined skilled workforce, ready to confront any challenge.

The uniformed and civilian employees of Fire and EMS planned, drilled, and executed these missions with the professionalism our residents have come to expect.

We are also the third largest healthcare provider in the city: committed to improving life-saving patient outcomes within the nation's capital by focused hiring, training, and training of health care professionals, innovating through the development of new programs, and by assessing and communicating risk reduction strategies to targeted communities. And in January we administered our 200th unit of whole blood.

The fact of the matter is DC Fire and EMS must be able to do it all—fire prevention and suppression, technical rescue, and emergency care—and that is the focus of my testimony today.



Historically successful hiring

In fiscal years 24 and 25, the Department remained focused on hiring to our staffing factor.¹ This measure is critical to both ensure we are not over-working our members and to control overtime spending. In FY24, we hired 166 new operational employees, significantly driving down our

¹ The staffing factor is determined by taking the number of hours required for an operations employee in a year, then subtracting hours for leave, required training, and details out of operations, and then comparing that to the "seat time" needed to fully staff a 24-hour shift. This calculation results in a need for 1.41 FTEs, or 0.41 above 1 FTE, to fill each operations seat without using overtime at 1.5x hourly pay.

vacant operational positions. In February 2025, we had just nine operational vacancies. While this number fluctuates with retirements and attrition, this is the lowest number we have had in my career.

Progress has continued into FY25. Cadet Class 27 started in November and currently has 35 members; Recruit Class 411 began in December with seven firefighter/paramedic recruits; and Recruit Class 412 started two weeks ago with 12 firefighter/paramedic recruits and 15 firefighter/EMT recruits. The Department's vacancy rate is currently 2.4%, down from 8.3% two years ago.

The Department's recruitment and hiring process is inherently staff-intensive with sworn and civilian employees and officers engaged at various points throughout the process. Our employees are our best recruiters, sharing this great career and opportunity to serve with members of the community.

This past year we have expanded programs to improve patient health outcomes

DC Fire and EMS is no stranger to leveraging innovation in medicine to meet the Department's and community's greatest needs.

In April, the Department launched the **Low Titer O+ Whole Blood Initiative** which provides pre-hospital administration of whole blood to patients suffering from massive blood loss (hemorrhagic shock). Fire and EMS has emerged as a national leader in this area. Where previously the best care may have been "the gas pedal" as they say in the field, we have expanded treatment for patients with the most serious injuries like gastrointestinal bleeds and penetrating injuries. Since launching Whole Blood, the Department has transfused 239 units—an average of one unit every 30 hours—with zero reported complications. Most recipients are young men with penetrating trauma. This treatment has proven to be lifesaving and speeds their recovery.

The Department also continues to see **out-of-hospital cardiac arrest survival rates that exceed the national average**, particularly for the category of bystander-witnessed, non-traumatic cardiac arrests presenting in ventricular fibrillation (Utstein population). In FY23, we achieved a record-high 44% survival rate, compared to the national average of 28%. In FY24, the survival rate was 37%, still significantly exceeding the national benchmark. While this reflects a slight decline, these percentages are based on small sample sizes, where just a few outcomes can notably influence overall rates.

Improvements in cardiac arrest care management—including increased citizen CPR, protocol updates, new technologies, targeted training, and specialized roles—have driven these high survival rates.

Related to this, we achieved 45% **Bystander CPR participation** during FY24, up from 31% during FY23. This is the highest level since COVID, when bystander CPR significantly decreased. We also achieved a milestone of training more than 100,000 members of the public in hands-only CPR since the program's inception in 2015.

Finally, in FY25, the Department launched the **direct dispatch** of our third-party Basic Life Support, or BLS, provider, AMR. This is fundamentally a resource allocation improvement: through effective triage at the call level, AMR can be initially dispatched to a scene without a Department ambulance being sent first. This initiative was made possible by investments by Mayor Bowser and Council and has had an immediate positive impact on critical measures – better transport unit response time to BLS calls, shorter AMR drop times at hospitals, and better transport unit availability for both the Department and AMR units.

To create pathways to the middle class

The Department takes great pride in the opportunities we are providing to the next generation of first responders. We recognize meaningful exposure to career opportunities must begin well before young people enter the workforce. These programs are not just about workforce development—they are about building a stronger, more resilient community and department by investing in our youth early and often.

One of our flagship initiatives is the **ACTION Program**, a six-week summer youth employment program developed in partnership with the Department of Employment Services. This program provides DC teens, ages 14-19, with hands-on exposure to all facets of the Fire and EMS Department. Through this initiative, young people gain invaluable insight into the diverse career paths available in our profession, from firefighting to emergency medical services and even to information technology.

Building upon that foundation, we have also expanded our **Cadet Program**, which offers a direct pathway into our department for DC high school graduates. Cadet Class 27 is 75% larger than Cadet Class 26 and provides structured training, mentorship, and the skills necessary to build a long-term career in fire and emergency medical services.

Recognizing the importance of building a fire service that reflects the community it represents, our **Women’s Advisory Council** hosted **Camp Spark** twice, creating a unique space for young women to receive mentorship and hands-on experience in the fire and EMS field. Programs like Camp Spark are essential in inspiring and empowering the next generation of female firefighters, EMTs, and paramedics.

Finally, we are making significant investments in **paramedic education**. Paramedics are essential to our emergency healthcare system, providing advanced medical care to thousands of patients each year. Paramedics can make more advanced medical decisions earlier—including administering pain medication on the scene and performing airway management. They are critical both when seconds count and when time is not necessarily of the essence. While there is a paramedic shortage nationally, this shortage is especially felt here in DC due to our increased demand and limited local training options. The availability of paramedics to quickly assess and manage emergencies saves lives—whether by providing Advanced Life Support or diverting less-critical cases from emergency rooms—and is a critical hole we are committed to filling.

Last month, in support of the development of the DC Paramedic Program, Fire and EMS announced an educational partnership with the University of the District of Columbia (UDC) and

a clinical partnership with Howard University Hospital, further strengthening our training pipeline. UDC will now take the lead on achieving accreditation which should take until early 2026, at which point it will be able to accept students. We look forward to spending the year working together to identify the best curriculum, achieving accreditation benchmarks, and soliciting community feedback to create a world class paramedic program.

We are not waiting for the UDC program to develop new paramedics, however. The Department continues to send EMTs interested in upgrading from EMT to paramedic to other area institutions. **Fifty-one of our firefighter/EMTs** are actively training in external paramedic programs using department funding, demonstrating our commitment to career advancement and high-quality emergency medical care for our residents. And more EMTs express interest every day.

Each of these initiatives reflect the Department's dedication to expanding opportunity and ensuring District youth have clear, supported pathways to careers that provide stability, purpose, and a direct impact on their community. In this way, we are building the future of public safety in our city.

Trends to watch in FY25

As you might expect, with nicer weather, we expect to once again see our call volumes rise, and workload increase. We are also watching four interconnected trends for the rest of FY25.

First, I have discussed the need for more paramedics in our system because of the quality of health care they provide for our residents and the stability they provide to the system. At the same time, we are still responding to fire and technical rescue calls every day. Fire calls are elevated, and the Department has responded to several significant fire incidents over the last 15 months including multiple second-alarm fires and significant brush fires. **Effective resource allocation** to meet the demands of our workload is critical to always ensuring citywide coverage and preventing employee burnout.

Second, **patient transfer of care and unit availability challenges** continue to be our biggest operational issues. Fire and EMS is working closely with DC Health, the DC Hospital Association, and hospital leadership to reduce ambulance patient offload times (APOT) and improve patient flow in emergency departments. In July 2024, Fire and EMS helped establish the DC Hospital APOT Performance Improvement Initiative, a working group dedicated to defining and tracking APOT metrics, implementing hospital-driven solutions, and holding stakeholders accountable.

Third, we continue to believe that **increased pre-hospital 911 triage and diversion** to neighborhood medical clinics or alternative destinations like the Stabilization Center will provide "breathing room" to the health care system. The Office of the Medical Director and our community risk reduction and engagement programs will be pivotal to these efforts. We will redouble our efforts to develop innovative programs that improve patient health outcomes and address the underlying root causes of health care conditions to the extent it makes sense for Fire and EMS to do so. For example, in February, in honor of American Heart Month, we offered and installed free AEDs to qualifying entities across the city to promote heart health.

Finally, **inflation and supply chain challenges** continue to impact availability of supplies and our fleet preventive maintenance and purchasing. We have the resources we need today, and I have directed our teams to ensure we can stay ahead of any resource challenges within our control. To that end, we continue business process improvements to ensure timely procurement of critical contracts occurs and align true costs of contracts to budget.

Progress on the *John Glenn*

Before I conclude my testimony, I would like to address the status of the Department's largest fire boat, the *John Glenn*.

The *John Glenn* is an important resource, but it is not the District's primary life safety and rescue vessel, regardless of weather conditions. The *John Glenn's* primary mission, when in service, is to pump large volumes of water for fire suppression. District first responders have more nimble and faster waterway resources.

Inspections conducted in dry dock identified unforeseen structural and mechanical deficiencies, which expanded the scope of repairs needed to meet safety standards. The vessel's age is a significant challenge in obtaining replacement parts. Further, the design of older vessels often involves a high degree of interdependence between structural, mechanical, and electrical systems. This all created a cascading effect on the timeline and financial planning for the project. The Department remains in constant contact with the vendor repairing the *John Glenn* and we have also regularly sent personnel from the Harbor Unit to the vendor location to monitor and inspect ongoing repairs.

We expect the vessel to return to the District in the coming weeks. To be clear, while the *John Glenn* has been out of service, Fire and EMS has been able to respond to every water call with the resources it needs to complete its mission. While I wish the repairs had been completed more quickly, we must recognize the complexities involved and constraints of the process.



Our employees are committed to the Department's core values of Bravery, Accountability, Safety, Integrity, Compassion, and Service, and have integrated those values into everything we do—from personnel in fire houses in each neighborhood in the District. Thank you to our Labor Organizations: IAFF Local 36 and AFGE Local 3721 and to all of our employees who bravely respond when called, deliver compassionate care to your loved ones, and to those who work behind the scenes to keep everything operating efficiently. Thanks to Mayor Bowser's and the Council's commitment to the workforce and community safety, the Fire and EMS Department had a remarkable record of performance in Fiscal 24 and 25.

Chairperson Pinto, thank you again for the opportunity to testify today. My team and I are available to answer your questions.