

**Working Conference on Emergency Management and Individuals
with Disabilities and the Elderly
Marriott Wardman Park Hotel, Washington, D.C.**

General Session Transcript: Thursday, June 29, 2006

Table of Contents

	Agenda	1
I.	Welcome	1
II.	Introduction, Housekeeping, and Announcements	10
III.	Topic C: Evacuation: Why Don't (Or Can't) People Leave?	13
IV.	Topic D: Sheltering Innovations: Florida's Evolution	30
V.	Assignments for State and Region Afternoon Session	43

Agenda

- I. Welcome
 - Patricia A. Morrissey, Ph.D.
 - Daniel W. Sutherland, JD
 - Robert Zitz
- II. Introduction, Housekeeping & Announcements
 - Elizabeth A. Davis, JD, EdM
- III. Topic C: Evacuation: Why Don't (Or Can't) People Leave?
 - Brenda Phillips, Ph.D
- IV. Topic D: Sheltering Innovations: Florida's Evolution
 - Karen Eaton, RN, MBA
 - Rhonda White, RN, MBA
- V. Assignments for State and Region Afternoon Session
 - Elizabeth A. Davis, JD, EdM

I. Welcome

DR. MORRISSEY: Good morning, everyone. Thank you, very much, for coming back. The game plan for this morning, I have a few points to review with you and Dan will introduce Deputy Undersecretary Zitz from the Department of Homeland Security and I will leave the stage so I can go to the bathroom and Elizabeth will come up; okay? That's the game plan.

I am really, really, really happy to see so many of you come back. I think that's a testament to your commitment to our initiative. And if you were like me, you slept in a little longer this morning.

I have about five things I have to cover and none of them are related, but I think they are important points to make.

The first thing is my friends in the Office of Civil Rights of HHS have asked me to clarify some information about how the HIPPA privacy rule applies in emergencies. So I asked them to write it up so I can say it clearly. They are also available today at the same location where they were yesterday, if people have questions.

Yesterday there was a great deal of interest in the information presented by the Office of Civil Rights about the HIPPA privacy rule and disclosures for emergency preparedness planning. OCR staff has informed me that this new decision tool, permitted disclosures of health information by the privacy rule for emergency preparedness activities, is now up on their website. The tool is also available for demonstration at their table in the exhibit area here today and tomorrow. That's the key thing. They actually have an Internet connection and they can show you how it works.

You can also get information about disclosure permitted by the privacy rule, including fact sheets that describes how the rule permits clinics, doctors and other providers to disclose information, to coordinate care and services for their patients.

Just so we know who you are, will the OCR representatives please stand up for us. Okay. There they are. Those are my two new best friends. I just don't want to go to jail, you know. Okay.

(Chorus of Laughter)

DR. MORRISSEY: I'm going to review how the Administration on Developmental Disabilities grantees got here. I had two really good conversations with the facilitators. I think we have about 12 or 13. I'm very impressed with every single one of them and I hope you get to know them well and they are a resource for you going forward in your region.

The Administration of Developmental Disabilities oversees three major grant programs and in each state there is a Developmental Disability Council who members are appointed by the governor. There are university centers for excellence in developmental disabilities who work with a broad range of populations beyond those with developmental disabilities and protection and advocacy agencies who work with a broad range of people with developmental disabilities, including those with development disabilities. Because they were our grantees we wanted them to be at this conference, so we asked our network within the state to identify that person from among the grantees.

The governors picked everybody else. So if somebody shows up at your table and says, "I am a part of your delegation" and you didn't know it, I apologize. We sent information to the governors outlining this and I think in some cases that did not get transmitted to your office before you came.

Our goal is to get our grantees to work with you all and vice versa so that you can be partners in the states. I think in most cases most people had an inkling that there was somebody from our network coming as part of the delegation but not in every case. So that's one point.

The second point I would like to make is that the afternoon sessions where the delegations work as a delegation is for them. That means that other people who come to that table have to be invited by the delegation. We also made a great effort to have activities for non-delegates in the afternoon. And my knowledge base said we had about 120 NGOs and federal folks registered. And only about 45 max came to the afternoon session.

So I urge those of you who are not members of the state delegation to please take advantage of what we have arranged for you in the afternoon and to respect the fact that delegates need to work on what delegates need to work on.

The other reason why it's important for NGOs and federal people to be in the non-delegate activity is so that when a state delegation needs somebody to answer a question, we can more easily locate you. And that's very important because we had at least about six or seven instances yesterday where we found either a federal person or somebody, for example, from the Red Cross to come and answer some questions and we found them where they were supposed to be. So that's very important.

The exception of everything I just said has to do with regional people. We are fortunate to have regional representation from the Administration for Children and Families who will have responsibility for human service coordination with states in a disaster here. I think there are about nine or -- eight or nine regional administrators actually here. They should sit in the regional room from the region from which they come so they can be an immediate resource to people in that room and also to learn. So that's one exception to my rule.

We also have regional representation from other agencies and I encourage them also to sit in regional rooms.

At this point I just want to make one observation of something that I think is important for you to put in your hip pocket or in your brain.

We are focused on sheltering today. That's one of the topics and that's a tough topic. It's probably a controversial topic.

One of the things that a couple of us at ADD are working on with others is the concept of, "How much does it take in terms of money and stuff to make anyplace at least minimally accessible?" You know, we have our short list but you might want to give some consideration to that. One \$45 toilet that you can sit on top of a regular toilet is a good thing to have, to move around town and put in different shelters. Straws are a good things to have because then anybody can drink for themselves. Velcro is a good thing to have because then anybody can maybe feed themselves.

So as you talk about sheltering and get beyond the fact that some things, you know, are not compliant with the ADA, what do you really need to give people a greater degree of independence when they are in a shelter? Make that list and make sure that we all get copies of it and you can influence the thing that we are trying to push down from the top.

At this point I would like to turn things over to Dan. I truly appreciate the fact that you all came back today and if you come back tomorrow, I will really be a happy camper. Thank you, very much.

(Chorus of Applause)

MR. SUTHERLAND: Good morning, everyone. Hope you enjoyed breakfast and have a little something to eat and drink while we get started.

We have had a great friend to these issues named George Foresman, who I think many of you know. George is our undersecretary at the Department of Homeland Security, our undersecretary for preparedness. Before that George was the Homeland Security advisor in the State of Virginia. And I think a number of you know him from that capacity prior to joining the department.

But George has been very interested and committed to the issues we're discussing today. For a number of years -- as a matter of fact Elizabeth Davis, the National Organization on Disability and the National Capital Region sponsored a conference somewhat similar to this two years ago that George was really instrumental in organizing and participating in and funding. And he has just been a great friend. And he has just really opened the doors to these issues within the preparedness directorate in a lot of different areas.

For example, the work that we've referenced and Chief Paulison last night referenced on the Nationwide Plan Review comes out of the preparedness directorate that George helped open the doors for us there. Citizen corps has also been very active in this issue and comes underneath the preparedness directorate and others.

Unfortunately George could not be with us today and we have instead another great new friend that we want to introduce to you, is Rob Zitz, who is the deputy undersecretary for preparedness.

Rob came to the Department of Homeland Security with George and his new team in January so he is new to the department. But we are quickly realizing a great friend we are going to have in him as well.

He and some folks from my staff have been meeting over the past -- I guess we've talked and he's met with people on my staff over the last couple of weeks about innovative ways to move forward on some of these issues that he'll describe. There is a long biography for Rob in the speakers' book so I don't want to take up his time by reading through all of that.

But essentially Rob is the deputy undersecretary for preparedness and he's spent most of his career in the intelligence community, which is very good because we need intelligence associated with this.

(Chorus of Laughter)

MR. SUTHERLAND: Probably more intelligence jokes, so I will skip those. I just want to welcome Rob this morning. Thanks you for coming. Thanks, Rob.

MR. ZITZ: Thanks a lot. Thanks for skipping the bio because sometimes it reminds me of how old I have gotten. I'm turning 50 years old here in July and I still feel like I'm 16. And when the bio is longer than the presentation, you start to worry that maybe it's time to move along.

How many are like me in the last couple of days -- I guess you have been here at least a day and a half, right, I mean, folks who come from other parts of the country. I was starting to wonder if I was going to see pairs of animals going by the front door there. I never seen the kind of rain we have experienced here. Turns out it is about an every-300-year event.

Thanks for mentioning George. George would have wanted to be here but actually he is in Florida with his small children. As you know, he's really got little kids and they're down in Florida at Disney World. And given the kind of intense pressure George has been under since he arrived at DHS in January and the work that he has been doing, the work still to be done, we thought it was really appropriate he get at least a week off. So we kind of pushed him out the door and made sure he went down to Florida with his children and with his wife.

I'm sure the Florida delegation, in particular, was glad to see the former fire chief of Miami Dade here. A great man, a great American. It was great to see him in that position. I think it is an example of maturation of the Department of Homeland Security that you are seeing people with the kinds of expertise that Chief Paulison and George Foresman bring to bear. I mean, there is no doubt, there is no question that these are folks that have got the expertise required to be in those jobs. And I think America and all of us will be better off for that.

I wanted to really start by thanking all of you and you should really thank each other. Because what is happening here is a landmark event. I mean, I have gotten some feedback on what occurred just yesterday and we are already seeing the power and the importance of this type of event.

What is this about? This is about sharing, this is about collaborating, this is about lessons learned, this is about telling each other what you think. And we are actually using the information already.

As an example, yesterday the University of Montana had a presentation where they showed how they use demographic data in geospatial information systems to show some really key features that would be absolutely critical in the event of a disaster and the need for evacuation, particularly evacuation of persons with disabilities.

We didn't have this information readily available at the Department of Homeland Security. We do now. Because of this event, we are uncovering this information. In preparedness we have something to do with the geospatial systems that underpin our department. We are going to get this information and we are going to bring it in and we are going to have it be part of our operations center. So thank you, very much. Just this alone was worth having this event.

(Chorus of Applause)

MR. ZITZ: But there is a lot more that is going to come out of this and I would say to you that as you go into your breakout sessions later in the day, as you did yesterday, ensure that the facilitators are taking good notes because those reports are going to come back in to George Foresman and to myself and to Dave Paulison and others and we're going to use this information. This is not shelfware. It is going to be used. And I am going to talk more about that in my presentation.

The other thing I think is important that you all should really be congratulating yourselves -- and it is important to do that periodically. Because, you know, sometimes there are a lot of people who stand on the sidelines and they stand on the sidelines and they watch and they observe and sometimes they worry. And then there are other people that take up the task, that get involved and that make a difference.

The people that are in this room today, everyone of you, all of us are in that second category that are making a difference. And I want to applaud you for your efforts. So thank you for doing what you're doing.

Now, I would like to start presentations, and I have done this in the intelligence community and I'll do it here at DHS as well by taking a informal poll. I'm not a statistician. I'm a political science major. So don't hold me to this if you are a statistician.

But I asked people in the intelligence community, "How many people think that within the next, say, five years there is a probability of the United States being attacked with a weapon of mass destruction?" And it is interesting. How many people in this room in the next five years think there is a possibility that we could be hit by our enemies with a weapon of mass destruction?

You know, generally speaking this is about the same response throughout the intelligence community, academia, industry, people who are doing that kind of work, worrying about that, 65 or 70 percent of the people raised their hand.

Then I will say to them, "Well, what more evidence do we need than that there is an imperative for change, to improve things, to put better capabilities into place?" We may never have an impervious shield but we can do a better job of trying to protect, identify and try to mitigate.

Now, let me ask a similar question not about a manmade threat but about some natural threats to us.

How many people in this room believe that it's not a probability but a certainty that within the next 12 months there will be some type of natural disaster in the United States that will cause loss of life and loss property? You know, hopefully it's 100 percent. What more imperative do we need than that to do what we are doing here in this room. And, again, what you are doing is you are making a difference.

A few other questions, because what we are about is preparing, being ready, preparedness.

How many people in this room have got a family plan of what to do in the event of a disaster? That's good. George likes to tease all of us and say, "Okay, I know we are not 100 percent honest here. There is probably somebody in the room who hasn't done it yet." But we need to, we all need to have that.

Because that plan needs to include having chosen an out-of-town contact. I mean, let's face it, when a disaster happens, it's generally not when all of your loved ones and everyone who is important to you is all together in the same place at the same time and then you can move together as one. It generally doesn't work that way, does it?

So it's really important to have a plan, to know that there's a place that you can call and make sure everyone else is okay and what their situation is.

Have decided where to meet, have a communications plan, have evaluated routes and safe places, have talked to caregivers and care providers about some of the special considerations that persons with disabilities have, including what happens if electrical power goes down, is there backup capability and so on.

It's really important that each of us look at this as both a personal responsibility as well as an organizational responsibility no matter what organization or entity you are associated with.

I do appreciate being invited this morning to come and I'm really sort of a pale comparison to George Foreman and his 20 some years of experience, but I do bring a passion to this and I do understand what this is about. This is about saving lives. That is what this is about.

I know that many of you in this audience are from the emergency management field, either from state or local levels and we do have some federal representatives in the room. And we have representatives from associations that are working with either persons with disabilities or the aging community. So I do appreciate all of your participation.

And I know that many of you have been directly involved and working feverishly on the issues that were surfaced on the Katrina and post Katrina reviews.

This has been a lot of hard work. You all have been in that work and all of us know that we are constantly, collectively telling members of congress, the Executive Branch and the media and the American people about the great progress that has occurred since Katrina.

Now, for those of you who are specifically representatives of or working with the disabled community and/or the aging community and the organizations, particularly along the back there that are associations focused on those activities, I really appreciate the sacrifices you have made to attend the conference and the investment of time, energy and resources to be here.

Your organizations are stretched to support this catastrophe called Katrina just as all of our resources were stretched at federal, state, local and private sector levels.

Now we are making progress and we are going to make more progress, but I wanted to talk about some specific things that we can do.

I was preparing for the conference and Dan and I had a few conversations, it struck me that -- kind of like a blinding flash of the obvious that the Preparedness Directorate, which is the amalgamation of nine different parts of DHS that had been doing different pieces of preparedness, for example, the infrastructure protection aspects, the folks that are doing a joint fusion center with intelligence at DHS. In order to look at trend analysis of threats against the critical infrastructure and the American people, the fire administration, state and local coordination, grants and training, stand up of a new chief medical officer, lots of pieces came together.

And it occurred to me that the most obvious way to ensure that the plans and the activities that we're responsible for in preparedness really take into account, truly take into account and continuously take into account the needs of the persons with disabilities and the aging persons. That the best way to make that happen, the best way to inculcate that thinking is to bring people with those conditions and circumstances into our workforce.

It just so happens that preparedness has a very sizable set of vacancies right now. It's a new activity. We're standing it up.

We have got job vacancies that range from program analysts, program managers, system engineers, system integrators, human resources, budget, budget formulation, contracts, procurement, science and technology, intelligence, planners, medical, you name it. We have got vacancy in large number and we are in a very aggressive hiring campaign right now.

As Dan and I talked about this, we talked about the fact that we have at our disposal some levers or tools to use that the government has something called "Schedule A" which permits the government to be able to kind of cut through some of the red tape, if you will, concerning hiring, if we are hiring people who have disabilities.

It strikes me as the obvious thing to do here is to announce at this forum and at every forum that we want to bring in people with these understandings, these conditions, these circumstances who can help us to lift all of our votes inside preparedness and really across the Department of Homeland Security.

So what I will say to you today is that I need for you to get a hold of me, I need for you to tell me about people that you think have got the skills that we're looking for and who can be people who can come in and help us to do what George and I are responsible for doing.

And so I wanted to give you some points of contact and some information and we need to have the information soon. We need to have you call us.

Ms. Wanda Rhodes is the director of Human Capital and I will repeat this number a couple of times and Dan has got the number. But Wanda Rhodes' number is area code 202-692-4204. Again, 202-692-4204. And she knows and she's ready and she's waiting, kind of like waiting by the phone kind of thing, that we want to hear, we want to see applications coming in to us.

That to me seems like the most practical, most pragmatic, most real thing that I can do today to ensure that as we continue to improve on the plans and so forth that I'm going to touch on now, that I get it right, that we've got people who understand what we're talking about here.

(Chorus of Applause)

MR. ZITZ: Now, I presume that you have met Claudia Gordon, who is here at the front, senior policy advisor within the Office of Civil Rights and Civil Liberties and she is the lead on these issues with us in the department.

I don't know if this was announced yesterday, if it was, okay, it's worth saying twice, that Secretary Chertoff recently awarded Claudia the gold medal for her extraordinary work on these issues, particularly in the aftermath of Katrina. So you should know that Secretary Chertoff, the entire leadership team appreciates the important work you have done in this area. Thanks again for your great work.

(Chorus of Applause)

MR. ZITZ: Now, one of the key projects that we have entered into with the ICC in our Office of Civil Rights and Civil Liberties has been the Nationwide Plan Review. And I won't cover that in any detail because you will hear more detail about it later and you have heard Chief Paulison talk about it last night.

Just to let you know that the President's Jackson Square address is when this was tasked at DHS. We conducted the review and you're going to hear more about it.

But that was one example of many where bringing in the people with the right subject matter expertise, understanding the true issues here was absolutely essential. And hats off to Dan and to Claudia and the team that pulled it together to make sure we did bring in persons who could help us. But what I want to do and what I'm proposing today is not have that be ad hoc. Let's make that permanent. Let's instantiate that in just the way we do business.

(Chorus of Applause)

MR. ZITZ: I wanted to go over a few of the activities that are underway and are continually being revised to give you a little bit more appreciation for the kinds of things, the projects that we would be working on and that people that we hire will be involved in.

Again, I won't go over the Nationwide Plan Review because we touched on that. But let's talk, for example, about the National Response Plan. It's been updated and it is going to continually be updated. Just to give you a couple of bullet points on what we mean by the National Response Plan changes.

One, it is now always in effect. Two, we have now agreed upon having multiple joint field offices. We clarified the roles and the command of controls associated with that. We have got principle federal officials and federal coordinating officers roles and responsibilities better clarified. We have got DoD's Joint Task Force commander better aligned with what we're doing and we have DoD representation now full time working side by side with us in these regional offices.

The structure of the emergency support functions has been relooked and revised and improved. The catastrophic incident annex has been updated. There is a quick reference guide that is now available. The Interagency Management Group in the Homeland Security Operations Center has both been revised and updated and refreshed. When we would declare an incident of national significance has been revised.

And so these are just a few examples just from the NRP.

But to take you down maybe one more level of detail -- and I know in the morning it may not be the appropriate time to do that but hopefully your coffee and caffeine is kicking in a little bit. Other things that we're doing -- and all of these activities have got to bring the issues of handling and working with persons with disabilities and ensuring that we are ready, that we can mitigate these types of situations, all of these documents and all of these key activities need to inculcate that thinking.

The National Infrastructure Protection Plan phase -- base program, I should say, is being released later this week and then to be followed up in 180 days by the 17 sector specific plans.

I had mentioned the principle official structure earlier. Just to give you the next level of detail on that, we trained the five PFOs, five deputies, federal coordinating officers for 20 states and territories, have been trained. They're already exercising, they're working together today. Pandemic planning, multiple exercises for avian influenza, including departmental level and D-cabinet level exercises.

When we look at what's going on since Katrina, specifically on the hurricane readiness front, we now have relief supplies pre-staged. We have got a much more powerful tracking system in place for Region 4 and 6. We've got four times the number of meals ready to eat. One million -- enough for one million people for seven days. We have 770 trucks' worth of food as opposed to last year only 180. We have got 1,540 trucks of water as opposed to only 600 trucks last time. Enough for a million people for seven days.

We have got four times as many trucks of ice as opposed to last year, meaning 2,030 trucks as opposed to 430. That's enough for a million people for 10 days. We have got 829 generators ready to go. We have got 220 trucks with 90,000 rubes (ph) worth of blue tarp, blue roofing ready to go.

Emergency communications. If you remember last time around one of the key shortfalls was when the emergency telecommunication infrastructure was overwhelmed or destroyed. That

was a key problem where first responders in the emergency management community and law enforcement, feds, local states were having a very difficult time communicating. This time around there has been a full court press ensuring that the emergency communication is there, it's ready and it's the latest technology.

In terms of having situational awareness and common operating picture, at the Department of Homeland Security level a lot of activity has been going into putting together the ability to bring in templated data streams and to portray that including live data on top of a geospatial information system foundation so that we can know what's happening and have that type of situational awareness. It's absolutely required.

And so those are just a few examples of the many things that have improved, but everybody in this room knows that we have got a lot more that needs to be done and a lot more can be done.

So I just want to end today by telling you that the way we make things better is by talking to each other, understanding each other, taking lessons learned from each other and then inculcating and driving those lessons into what we lay out in terms of plans, doctrine, resource allocation. And that the best way to do that is to have the people who really know the deal, know what needs to be done, be working with us, directly working with us and I hope you will help me make that happen. Thank you, very much.

(Chorus of Applause)

DR. MORRISSEY: Okay. The plan is, for those with a short term memory problem, I'm leaving, Elizabeth is coming up and we'll keep going.

II. Introduction, Housekeeping, and Announcements

MS. DAVIS: Good morning. Transition here. Also I would like to welcome you back. I am very happy to look out and see so many people still awake, still with us, still involved and still engaged. So here is that announcement again.

Should for any reason we need to leave this facility from this meeting room, we would -- see if I get it right again today -- preference is, first exit would be to my left, your right, through the doors you have become so familiar with. You would make a right, go the distance about a football field, bearing a little bit to your right and exit at street level into the parking lot from the exit doors across from the original registration location. Alternate location would be to my right, your left, taking a left down an equally long corridor, same doors to the parking lot.

And, of course, once again to remind you, if any of you find the need for medical or other emergency, call in support from hotel trained staff, please dial 11 on any phone.

The SITREP for this morning is kind of obvious so we will keep it short but the point is in Pennsylvania -- and is Pennsylvania still here? I was a little worried they were going to get recalled. Oh, we had some people who've stayed committed. Thank you, very much, Pennsylvania. Forty-six out of 62 counties are now declared -- how many? Forty-six out of 67, excuse me, are now declared in the national capital region. All EOCs that were activated yesterday are still up.

Now, I don't think it was a prelude to the flooding that we were going to encounter but we did provide you with some heater meals when you came in and registered the other day. So if you haven't tried them yet, either hang on to them for the continued flooding situation or perhaps to keep you in the center, in the area here so we can start on time in the afternoon again, you might want to enjoy them with a little bit of the Mrs. Dash that they give you there and have a nice lunch. You can switch them around.

I think we had lasagna for vegetarian choice, we had some nice looking meat and potatoes with some mushroom gravy and I thought I saw something that looked like a chicken ala king. That was pretty good. Give it a try. And if you need seconds, I can't provide everybody but you can talk to me if you really need another box.

Two housekeeping announcements. Those pair of glasses that we found in the back of the room yesterday are still here. They do, in fact, look like reading glasses. So if you are not seeing the fact that I'm holding your glasses up, please come to the front of the room. They will be left here on the podium for the duration until somebody claims them.

A second announcement that I was asked -- and this is more of a plea. One of our colleagues here seems to have misplaced a bag. And this is from our representative from Bethesda, Maryland, Frank Pasquali, I hope I said that correctly. Apparently identification is in the bag along with some very, very important documents and papers. So if anybody has picked up the wrong bag or found a second bag because you really wanted that other heater meal, keep the heater meal, keep the heater meal, but return the bag and no questions will be asked. Okay? You can return that either to the registration table or to anybody wearing a facilitator or staff badge.

Now, I think I have learned in the last few days a very interesting message about our hardware that we all carry, that is the pager, the Blackberry, the Nextel, multiple versions of those things on our hip, to the extent that we wear them through belts probably more frequently than we did before we became part of this profession. And that is while it might be business related hardware, you all remain fiercely independent and individual.

I heard the Battle Hymn of the Republic go off in one meeting yesterday, the Marines Come Marching in kind of thing, you know, da, da, da, da, and then I heard the theme song to Bewitched. I won't out you but could you please just turn it on vibrate. It's all interesting and everything. We can play with that later. Throughout and through all the proceedings, I just remind you, to just please put the functions on vibrate. If you need to leave the room to take a call or to follow up on something very important we certainly understand and recognize that.

I don't know, maybe if you have a really neat song I haven't heard yet you can come up and let me hear it later.

Okay. A point I wanted to make sure we kept clear. We continue to come back to references of Katrina and Rita and the events of last hurricane season and that, of course, is because this is the triggering event that most recently has sort of generated a lot of the activity in the areas that we're focusing on. But let it not be overlooked, that is the obvious, that these issues are also your ice storms and your mudslides and your earthquakes and your tornados and your heat waves and, you know, locust and all the other stuff too that comes along.

So we all know that we are looking at this, maybe under certain rubrics or certain examples. We are looking and focusing on issues of persons with disabilities across the age spectrum certainly, but much of the methodology, much of the information that comes out of this is by application can also be used for other marginalized applications with whatever planning we find ourselves moving toward.

So I just want to, you know, continue to remind people to walk into this as an exercise, as an opportunity to really take this in any direction that is most applicable and necessary to your perspective.

Now, that being said, I am going to drop my pen, excuse me, pick up my pen, and move us into some introductions.

As yesterday what I will do is introduce both the discussant panels for this morning one after the other, remembering, though, of course we will have a break in between the two.

Our first discussant this morning is going to be Dr. Brenda Phillips, who is a senior researcher with the Center for the Study of Disasters and Extreme Events and is a full professor in the fire and emergency management program with the Department of Political Science at Oklahoma State University. I assure you everybody has equally long titles and we are only halfway through the conference.

Dr. Phillips is very, very well published and extremely well respected in the academic fields that she is associated. She is also an associate editor for -- many of you will recognize this -- the Natural Hazards Review and past secretary and treasurer of the International Research Committee on Disasters.

Her bio that's provided to you is much shorter than it actually should be. And I would encourage you to listen to her academic review, her case study presentation, in particular because she also will be providing you with an overlay. This is the same attention that seems to be echoing some of our themes about community level from yesterday during Day 1's presentations. So I want you to see that even those these subjects change slightly from discussant to discussant, we are seeing threads and themes coming through.

Now, similarly, to the story that Dr. Morrissey gave you at the beginning of the intros yesterday, the fact that she and I have worked together on many projects for a number of years and only just met face to face, the same is also true with my experience with Dr. Phillips.

She and I have emailed and corresponded and been on the phone on many projects and talked back and forth on many issues for a few years and yet only just met face to face a couple of months ago. So I think this is an experience that is familiar to many of you as well.

We are really a community that works across lines to make the right things happen and we find the right people and we bring them to these kinds of opportunities to share their information. And that is also equally true with the second set of discussants, who after your short break, after Dr. Phillips' first presentation we will move to.

Karen Eaton, and we are very pleased that Karen Eaton and her colleague that will be presenting the second discussant panel are actually assigned, appointed attendee delegates for the State of Florida.

Karen Eaton is the director of the Florida Department of Health Office -- I'm sorry. The director of the Florida Department of Health, Office of Public Health Nursing. And while she has been incident commander for the SARS outbreak work and served as the director of the Office of Emergency Operations, she currently has managed Florida special needs shelter planning and response to -- are you ready for the litany here -- eight hurricanes, three tropical storms, a major interstate initiative to assist the State of Mississippi in its response to Hurricane Katrina. And I think there is a partridge in a pear tree in there somewhere too. She is joined by her colleague here today and her colleague will also be co-presenting.

This is Rhonda White. And Rhonda White is the director of the Office of Public Health Preparedness within the Division of Emergency Medical Operations at the Florida Department of Health. And most recently she led the operation to vaccinate Florida, the Smallpox Vaccine Administration Program and has provided leadership in the CDC Bioterrorism Cooperative Agreement and Bioterrorism Hospital Preparedness Grant from the Health Resources and Services Administration.

Together they'll share sheltering components coming out of Florida and we ask that they do this to not suggest that any other planning is not equally effective or equally worthy of coming up here to present. But since they are on the forefront of some of the issues, especially including things like asset typing and discharge planning, that that is a little further advanced in some of the planning stages than some of the other of us have found we have reached yet.

We felt it was important for Florida to come forward to present some of the dynamic work that is underway right now, hopefully so we don't have to reinvent the wheel or start from scratch. We can kind of pick up and see how that by application might have some consideration for the work we do, again, in our other geographical locations and in some of the other modeling that we have to undertake.

So let me ask that our first discussant, Dr. Brenda Phillips come up to the podium. After her presentation there will be a stretch break opportunity followed by the two colleagues that we've just discussed from Florida. Thank you.

(Chorus of Applause)

III. Topic C: Evacuation: Why Don't (Or Can't) People Leave?

DR. PHILLIPS: Well, good morning. It is an honor to be invited to be here. I am pleased to be here. I have been doing disaster research for 24 years. I guess that makes me one of the grizzled veterans in the field.

My specialty is vulnerable populations. I have looked at issues related to women, children, the elderly, farm workers, persons who are deaf, persons with disabilities. And I have had the pleasure to be able to go out and conduct this research in 13 of our U.S. states and I counted them up the other day. I was surprised it was 13.

Ohio, where I'm from -- where's Ohio? Go Buckeyes. Sorry Michigan. Pennsylvania, Louisiana a number of times since 1982, actually, Florida, California, Utah, Arkansas,

Oklahoma, my new state. I have been there for two years. Where's Oklahoma? Yeah. North Carolina, Mississippi, Texas, Indiana and Alabama.

I want to take the time to thank those of you who have participated in the studies I am a part of and also the studies I will be mentioning that other researchers have conducted in your states. I don't know anyone from America Samoa or Guam. But give any of us the opportunity to come and we will be there. Definitely on our list of places to visit. Most of this research has been funded by the National Science Foundation, by federal dollars. These are your tax dollars at work. This is pay back today.

This is a huge topic too. They've asked me to talk about evacuation and to include information on transportation and communication, to talk about individuals with disabilities, which is a very broad audience. It is not a homogenous group, as are the elderly. It is a huge, broad topic and I have an hour. Usually it takes me two or three semesters to do this. So I will do the best I can.

The research is even more challenging because it is uneven across these areas. We simply don't have enough information. So I have aimed for research supported insights and principles. I have brought a lot of material in the slides. The PowerPoint will be on the website and in addition I have created a three-page resource list for you. Yes, there is follow-up homework. You knew there would be that with an academic, right?

This resource list has a lot of the scholarly articles that I'm going to cite today and also a list of really practical guides. Because I do know that academics have a reputation as not being as understandable as they could be. So I've tried to give us some really, practical guides that I use in the classroom with my own students.

I hope it's useful. The risk there is not enough for everybody, especially those who are really experienced emergency managers. But there is also a lot of newcomers here and I have tried to bring information for them as well. The important thing is you are all leaders in an extremely important effort and I hope that there is something for everyone here.

Let's see if I can make this work correctly. Great.

The overview of the presentation comes in three parts. First, I wanted to give you a review of some of the empirical studies that have been conducted and separating them briefly out into disabilities and disasters and then looking at elderly and disasters.

The second part of the presentation will look at some of the challenges and barriers associated with evacuation, starting with issues of communication. And I have been asked to talk specifically about warnings and I will give you some examples from the research, and then to talk somewhat about transportation issues as well.

And the third part will be what I call the eco-systems solution framework. In other words, a comprehensive strategy for effecting change. And don't forget the resource list that will be available as well.

Okay. I want to draw illustrations from a variety of hazards. Sometimes I'll make that explicit and sometimes it will be more implicit, from hurricanes, from wild fires. And I'm also going to pull some from the structural fire research because there is some really good principles

and insights available in that, even though it is not the disasters we typically talk about in conferences like this. Also tornados, earthquakes and heat waves.

The photograph you see on the right and the photographs you will see all the way through this presentation come from Hurricane Katrina. I had the privilege of being able to go to the Gulf Coast and multiple states multiple times since Katrina hit and I have a lot of photographs from there.

But the principles really are drawn from a variety of hazards. And I say that because folks from Louisiana -- you're right here, right? And Mississippi, you feel like the bulls eyes for researchers and review panels coming down, don't you? I want you to understand that I'm not making you the bulls eye target on this and I really appreciate all the efforts that you have put in trying to rebuild and recover and respond. So none of this is meant directed at Louisiana.

Disabilities and disaster research. As I went back and looked through all the studies over the past couple of months just to make sure that I was right on target with this talk, I was once again impressed with what it is that we don't know. Look at these days going back to the 1980s, not much research exists, not much in the literature, no general agreement on how to evacuate or how to assist. That was '96.

Or one that just came out from Utah State University -- Utah here? Wonderful. You have got some great folks at Utah State University, Keith Christiansen and Judith Holt that are wonderful, doing great computer evacuation simulations of people with disabilities.

Faced with a significant lack of data, professionals are unable to suggest alternatives, or, what Dr. Campbell said yesterday, you are going to have to piece things together. You may be thinking, this could be a pretty short talk. I'm taking my full time, though. I'm an academic, you know.

The point that I wanted to make here is that we need a lot more research on disabilities in general and on disabilities in specific, and specific to a wide variety of topics across the full spectrum of all phases of emergency management.

Please support researchers when they knock on your door. We need scientific research. We wouldn't want somebody operating on us without a lot of really good scientific knowledge, right, coupled with some extremely good practical experience.

So what we really want to have is an evacuation planning that is based on the best things that we could possibly know; objective, empirical, rigorous, scientific research.

I'll tell you, by the time we come and knock on your doors to do research; we have put in a huge effort. It has often taken years to put a project together, to get the funding in place, to put a team together and to get to the field. So by the time we get there we are really ready to go and we so appreciate when you let us in.

We are in this game together. Disaster researchers want our work to make an absolute difference for you that are in the field. So let's join us in a partnership.

So what do we know about disabilities and disaster evacuation? Let's piece together what we do know from the research.

Well, the National Review keeps being mentioned. We aren't adequately prepared. We lack expertise, we lack time, and we lack funding to be able to put the things in place. But this conference is absolutely crucial. We have got the people in place that can make a difference. You are the leaders in your state, both existing leaders and emerging. You can carry the ball back -- there's that football metaphor again. You can carry the ball back and you take this all the way in for a touchdown on this.

We also know that perception is extremely important. The research says that individual responsibility is a possibility but not for all. This has to be a partnered solution for many people with disabilities and for the elderly. We know one of the things that people who believe shelters cannot support them will not evacuate. And there is a study that was done in North Carolina and what they found was that even though the shelters were ready there and could have accommodated people with disabilities, the people themselves weren't convinced so they didn't evacuate. So if you build it, will they come? Not necessarily. We have got to make sure that people know.

Public education outreach does work. One study found that those who feel vulnerable are more likely to take action. Well, one of those is if you feel scared but the other is if you teach people about what their risks are and what it is that they can do.

Another finding is that disasters may be just another challenge among many and so it may be far down the list of things that absolutely have to be taken care of, things that need to be done. Elderly and disasters, just briefly.

The elderly, there are a couple of different perspectives in the research literature. We know a lot more about the elderly. There are two different views. One is that they may be deprived or they may be inoculated. One perspective is they are more at risk or we need to do more for them because they don't have the resources, they don't have the capabilities to be able to respond the way that we want them to. Another perspective is they may be inoculated. It's like getting a vaccine. When you get the vaccine by virtue of life experience you are more likely to bounce back from and rebound from disasters.

Obviously the literature is just really contradictory. And I think it's probably specific to individuals and to contexts. I can see my own parents going back and forth from these two different realities depending on what kind of event happens within the family.

The elderly appear to be much less able to afford mitigated and protective actions. They tend to have disproportionate income. And this is particularly a concern for minority elders. And we'll talk more about minority elders here in a little bit. They also may feel that requesting help may lead to loss of independence and to institutionalization, which means they may be less likely to access services. They may be less willing to go out and participate in planning efforts because they are a little bit concerned about that. They also may be less willing to accept aid because they may perceive it as a form of charity.

I know my own dad is a little bit reluctant to try to accept sources of support because he is a very proud man and I've seen that also in Oklahoma when I was doing research. So many people there who are just so proud to stand up and take care of themselves, they tend to underutilize services that may be available.

How do the elderly respond to evacuation messages? What we know is they may lack the critical resources they need to evacuate. They may lack the physical health or the physical capability to do so, the transportation resources or they may not feel comfortable getting on the Internet and driving out in a mass situation. That can be a very intimidating situation if you haven't done it for 10 years.

There are some studies which suggest that when the elderly are warned, they do respond and they do comply at evacuation rates that are similar to general population. I know some of you may find it hard to believe because I think so many of us end up having to work with the elderly who are not evacuating, who cannot or will not for whatever reason.

We do know when they are not reached; their death and injury rates are much higher. And a number of us who were at the National Hurricane Conference a few months ago and somebody from Louisiana, one of the emergency managers said they believe that as many as 70 percent of Katrina fatalities may be over 65 years of age.

I don't want to leave this section without talking about how other variables influence age and disabilities as well.

Dr. Campbell said that poverty and disability are highly related compounding factors. This is not an effort to try to make this more complicated but frankly it is complex. We can't just look at an elderly person as being someone who is old and we can't look at a person with a disability as someone who has just a disability. We have to understand how other things may influence their reality, their perspective and their situation, things like race and ethnicity, income and gender issues. Let me just give you a brief one.

Where's Alabama? Hey, Alabama. I used to live in Alabama. Love that state. Do you remember the Oat Grove Tornado? Yeah, that was a bad one, F-4. There was a study that looked at where people got their warning information from with the Oat Grove Tornado. Eighty percent of Whites got it from television, 67 percent of African-Americans from TV, 50 percent of men from TV and 46 percent of women from television. They found some differences by culture and by gender. Race, ethnicity and gender influence message received. We seem to get it from somewhat different places. The solution is actually fairly simple. It is to use multiple media to try to reach people in different ways. One system, one message does not work. That's pretty clear.

So communication is absolutely key. Let's talk a little bit about this for a while.

I don't know if any of you have heard of something called the Second Assessment? How many of you have heard of the Second Assessment? Okay. Good. Something new.

The Second Assessment was an effort that was convened in the 1990s and it was an effort organized by the Natural Hazard Center in Boulder, Colorado, under the direction of Dennis Maletti. He brought together 100 experts, academics and practitioners to assess what we know from the disaster research literature. A book was published from that and it's available free on the Internet. This book is called *Disasters by Design*. It's listed on my resource list but you can get it at nas.edu, which is the National Academy of Sciences website. There are a series of other books including one on preparedness and response as well that you can get there.

What Maletti and these other experts found is that there are seven steps to a warning process, seven steps that people go through. So I want to walk us through those and to remember that when people go through these seven steps it takes time. And I know I'm sitting there in Oklahoma, we are all I think fairly weather savvy in Oklahoma, done a great job. We actually sit there and we watch it coming for seven, eight, nine, 10 hours. People are at the gym where I go and they are on the treadmill watching like five screens at a time. It is like a weather warning culture out there.

This process takes time to go through and we believe that it is elongated for people with disabilities and for the elderly for some reasons I will talk about in a minute. First of all, you have to hear the warning, then you have to believe that it's credible, confirm that a threat exists, decide if it pertains to you, determine if protective action is needed, determine if it is feasible for you and then you have to decide what action you are going to take and you take it.

Now with a tornado you may have eight to 15 minutes of warning. So obviously for a rapid onset event we want to motivate much more rapid compliance with the warning messages and if you are having a longer one you may have a little more time but sometimes people slow down their response processes it seems.

First we have to hear the warning.

Of course this is ground zero in St. Bernard's Parish. I think you can see out there where the slats have been kicked out for someone to look out. I don't think it's big enough to crawl out. Something happened up there at this home. This is ground zero. This is where we want to be able to get to the people that we are trying to warn.

And I'm going to tell a story on my parents. And I love my parents; let's just make that clear from the start. We were living in Alabama and there was a tornadic vortex signature passing over our county. The meteorologists have written "TBS" circled it, underlined it, it was coming our way. My husband and I are in the basement with the radio, with the TV. We have got the first-aid kit with the flashlight. The dogs are in their crates barking their heads off and I call my parents and I say, "Are you in your place of safety?" Mom said, "Why?"

"Because I'm an emergency management professor, Mom, and we know this." And I love my parents. I said, "Did you hear the warning sirens?"

"No, no, we didn't hear them. Wind is blowing pretty hard. We didn't hear the warning sirens."

"Did you see the message on TV?"

"No."

"Are you watching TV?"

"Yes."

"What are you watching?"

"Well, Dr. Quinn."

(Chorus of Laughter)

DR. PHILLIPS: Dr. Quinn doesn't have warning messages in Alabama, apparently, on our particular cable system. That's changing a lot lately but you have to get the message to people. Are you getting the message to people where they are going to get the message?

We had multiple systems; they failed us, including me failing them. Persons that are deaf or hard of hearing, let's talk about this one. And I want to also point out that if we talk about people who are deaf, I don't view them as people with disabilities. This is an amazing community of people. Rather I think that we disable people who are deaf through what we don't do well.

Those of you who are in Oklahoma probably know Vincent Wood with National Severe Storms Laboratory. If you don't know Vincent Wood's work, it's on the resource list. All you have to do is go to Google.com and type in "a hole in the weather warning system" to look at some of the issues that exist for people who are deaf or hard of hearing, someone like my father who has two hearing aids. There are issues with FCC policies and the implementation. Even though policies have been passed they are continually changed and updated. If you just Google "FCC policies, deaf and evacuation messages" what will come up most frequently are all the requests to be exempted from the FCC policies.

Closed captioning is not enough. We need multiple means to communicate risk information as well. Have you tried closed captioning, other than here? If you haven't tried closed captioning I encourage you to turn off your sound on your TV and put on your closed captioning and see what happens during the live weather events, or more likely, in your communities what doesn't happen.

Have we really thought about including the meteorological and broadcasting community and our committees that we are trying to form to try to reach people?

And I want to stop and say thank you to the people that are closed captioning and providing interpretation there. They are doing a great job.

(Chorus of Applause).

DR. PHILLIPS: There are problems with phones and TTYs. We know with Katrina that phone systems were compromised. Pagers have been used as updates. But I want to point out -- here's one of those compounding factors again. Pagers are forms of technology that cost money. And for people with disabilities, income is an issue for many so you cannot necessarily afford the things we might consider to be backup forms of ways to reach people.

Who is in the Washington, D.C., and Maryland area? I hope you know Judith Harkins at Gallaudet University. Wonderful resource for you and she's one of the people who really understands the uses of technologies for reaching people who are deaf and hard of hearing.

There are so many people in your states and I'm going to try and point out where some of them are as we are going through this presentation. But technology is not enough.

I found this quote from a Gallaudet University graduate student. Gallaudet, of course, is the National University for the Deaf here in Washington, D.C. She was assisting FEMA after one of the hurricanes in the U.S. Virgin Islands. And she said, "It's not just a matter of knowing sign language. It takes years of training to become an interpreter who can work with a group like this and it takes an understanding of the deaf culture in order to be effective."

Working Conference on Emergency Management and Individuals with Disabilities and the Elderly
General Session Transcript Thursday, June 29, 2006

I want to talk to you a little bit about some of the research that we did at Oklahoma State about the experiences of the deaf during Katrina just as an illustration of this issue of being able to get the warning messages.

One of the things that people kept saying to me is, "We had to invent a whole new vocabulary. There was no way to really convey what was happening in a catastrophic event like Katrina that was so massive and so widespread and so confusing."

Some of the issues that people told me about -- this is coming from the respondents who are emergency managers, who are people who are working with the deaf, who are deaf themselves, who are overseeing schools for the deaf, for example. They are telling me that English is a second language. So we have to start with that point.

Sign language is a language. It's a form of communication. English is a second form of a language and it's one which we may not know as well. So for issuing a warning message in English it may not be something that is easily understood or transmitted. Levels of communication also vary.

If you are deaf from birth or slowly losing your hearing as my father is, that's a different reality for people and we have to plan differently. Are you both deaf and blind? The people that I spoke with said this creates a particular challenge and for students in particular in schools who are helping with students who are deaf and blind, they said that many of them are also low functioning and also it was a particular challenge for them to go through this experience with Katrina. Cost of technology is also an issue, as I mentioned.

And let me mention my pet peeve which is TV meteorologists. Yours too? Okay. If the closed captioning isn't there or if it is poorly done, or if it is not transmitted well as a form of communication, and if that meteorologist turns his or her back to the television, you've lost everything.

I don't know what it is. They get really jazzed about their radar, don't they? You know they're looking at a blue screen. I always get a kick out of that. Looking at a blue screen so they don't really see what we are seeing but they are getting pretty excited about it. And sometimes they get so excited they are talking about what they're seeing they forget to tell you things like what you're supposed to do or to turn around and face the screen so that someone might have the chance of being able to read lips or at least get the gist of what is happening. Where is that tornado? How close is it to me or is close captioning covering up the scrolling part of where the message is? This happens in Oklahoma as well.

I'm fairly new to there and so I'm trying to figure out where the counties are and I'm having trouble sometimes trying to figure out where things are located when they do that zoom in and zoom out. So we need to do a better job with our meteorological community.

I also wanted to point out that the deaf and the blind community absolutely stepped up during Katrina.

One of the things that we do is we have a tendency to organize without including people who are from the communities we are trying to help. This is really important to do because they have something to bring to the table. And one of the things we were able to document through our research is the volunteer effort that came from the community, people who were deaf going

into shelters and helping other people, people being involved in rescues. I'm talking about going into New Orleans without authorization and rescuing people. I've talked to people who did this. Very scary thing, but they did it.

Also being involved with trying to reunite families and bring them back together, and helping them with the recovery, going down to the recovery centers and interpreting with FEMA. They did an amazing job. They are a tremendous, tremendous resource. So let's not just talk about the things that happened that are bad but also the good things that people bring to the table.

Deaf communications during Katrina, what we found is that people used Sidekicks or pagers, text messaging when cells began to pick up. And I was in Louisiana a week after having the cell phone disaster. I was volunteering with the Mennonite Disaster Service. I understand what a challenge that was.

Email, websites and newspapers were used a lot for communication, but there's a potential bias as well. Here's that compounding issue: Age and income matter. Who is most likely to use these kinds of technologies? Younger users? Privileged users? Absolutely right.

There is no technological panacea. We cannot just rely just on the technology. We have to build in some human systems where people have the potential to be able to connect with each other.

Second step in the warning process, is it credible. I want you to do your own self-assessment. How credible are you? Do you express the qualities that are associated with a credible communicator? Are you caring? Do you show concern? Do you come across as trustworthy, honest, altruistic and objective?

One of the things that we know is that people have filters that they use for information. For example, there are cultural credibility filters. Mexican-Americans, for example, tend to filter information through social networks, through people that they trust, people that they know. And we believe that this is a particular process and issue for Hispanic elderly who may not be as likely to speak English if they are fairly recent immigrants to this country. So they are going to rely on their family networks a lot more.

What's important here is that we tend to have messages that come from one communicator and what we think we really need is to have multiple effective communicators that are like the audiences we are trying to reach. When are we going to put a person with a disability on TV speaking to that community, signing to that community?

(Chorus of Applause)

SPEAKER: When are we going to put an elderly person on TV saying, "Get out"? On a related message, is the message content understandable? In one study communication was the critical factor that hindered the evacuation of individuals with disabilities. This is from the Utah State study. We need to make sure we give people extremely clear instructions, telling people exactly what to do.

I will go to my frustration sitting there looking at meteorologists in the many states I lived in with tornado threats, Texas, Alabama, Tennessee, Oklahoma, Ohio. It doesn't really seem to matter. You'd be surprised how quickly this doesn't happen through the broadcast

media. They get jazzed about the content and about the story and about the news and they tend not to tell people what to do.

We need very specific instructions given repeatedly over and over again. Fire research, we'll pull on that here, shows that for some populations practicing specific actions with frequent retraining works. We need to partner with fire organizations to design and implement training. They are very good at doing this.

I'm thinking for example here of my best friend's sister who is in a state school in Texas. She had meningitis as a child and had a disability that's fairly significant. We can work with fire organizations to design training but the key is that they have to be frequent. In the resource list I have an article called "Home Alone" about training children who are home alone and the principles can work there as well. I will be glad to give you a copy of it, if you want.

Third step, does a threat exist? Here's a really important thing. People who have confirmed the threat through their social networks. Confirmation behavior is common. We will check in with each other and see if they are interpreting things the same way. We will talk to each other.

So the question is how are you going to use the social networks to facilitate evacuations, not just the technology, but a social solution as well? Do we tell people in order to speed up this response to increase our warning compliance for evacuation? Do we encourage people to call their family members? How many broadcast journalists have you seen turn around to the camera and say, "By the way, call grandma because she's watching Dr. Quinn," okay, at least in my house.

Call your neighbor; check on your neighbor who is hard of hearing. Is there somebody on your street, maybe a kid who is home alone who's deaf? Who do we need to go check on? How do we activate those kinds of social networks? We have to do that. We have to reduce confirmation time.

I'll just give you one example of how we might do this. This is the compounding factor of gender again. Gender matters. Research shows women are more likely to believe the warnings, to warn others, to want to evacuate and they are more likely to gather the family. Now, you can argue about this one later.

(Chorus of Laughter)

DR. PHILLIPS: But I know the fastest way to get information through my community is to call a prayer chair at my mother's church.

(Chorus of Laughter)

DR. PHILLIPS: Women are an early warning system. So engage women in the community and facilitate their leadership, bring them to the table. First step, does it pertain to me. In order to decide I will ask, "What are other people doing"? How does this compare to my previous experiences? I bet this sounds familiar to some of you with Katrina. Are others like me heeding the warning?

And let me pull from social comparison theory. Oh, no, here comes a theory. Brace. Okay. Social comparison theory says that we are driven to evaluate our opinions and our abilities. We do this all the time, "Should I have brought a warmer sweater?"

(Chorus of Laughter)

DR. PHILLIPS: "Wish I would have asked somebody."

The story I like to tell is that I recently became a runner in December. After I fell and knocked out my front teeth in 1977 I gave up running and recently took it back up. After a couple of months I looked around at the other people on the treadmill and thought, "I'm looking pretty good, running well." So I signed up for a 5K road race. Then I checked the time of other people who run 5Ks in Oklahoma and they run pretty fast. My new goal became don't get beaten by anyone over 80.

(Chorus of Laughter)

DR. PHILLIPS: So I showed up for the race on April 29. I'm looking around at the start line and someone says, "You see that guy over there? He comes to all the races." I look around and someone says, "He's 82." Great. Took me a mile and a half to pass him. Never underestimate the elderly, I learned that, and never compare yourself to an 80-year-old runner in Oklahoma.

The point is we engage in social comparison theory all the time. This delays warning compliance behavior. So it is not just the physical cues of the storm; it is the social cues as well. Tell neighbors and family to help you warn those at risk and again get the media to help us with this.

Fifth thing, do I need to act? Do I need to act? This is an interesting one. Let's talk a little bit about the elderly and Katrina. And it's interesting, long time homeowners seem to be reluctant to leave. Now, the research says long time homeowners are more likely to do some preparedness actions but I think it was mitigated in this situation by income issues.

Long time homeowners seem to be more reluctant to evacuate, feeling if they could stay there, if they had apparently survived some previous events. They didn't have cars, they were afraid of the highway and for many that we talked to, Camille and Betsy were the benchmark. Was that your experience? They were saying, "I got through Camille, I got through Betsy. I'm not going to evacuate because of this."

Previous experience usually propels people to act but also serves as the benchmark as saying, "Well, that's probably the worst thing we are going to go through and it doesn't compare as well as that based on what I'm seeing so I don't think that I need to leave."

I talked to one family who evacuated from New Orleans. It was an African-American family, three different generations living in three different neighborhoods in New Orleans. They started trying to convince the elderly woman and the family to leave on Friday night. And they said it took all day Saturday and until Sunday morning to convince her to go. She didn't want to leave her home where it was familiar; she didn't want to leave her family and friends who she knew would take care of her in the aftermath of the storm; she didn't want to get out on the highway; and she didn't think it was necessary because she had been through Camille and Betsy, all of the things we are talking about today.

Working Conference on Emergency Management and Individuals with Disabilities and the Elderly
General Session Transcript Thursday, June 29, 2006

Finally they convinced her after the mandatory evacuation was issued on Sunday morning to leave and they got as far as Jackson, Mississippi. Where's Mississippi? I had the pleasure of working with them yesterday. What a great group. They got to Jackson, Mississippi, and the car broke down and ended up in a shelter there in Jackson and have ended up probably some of them permanently relocating to Jackson. They had a great experience there being taken in by a shelter. And the shelter actually organized as a faith-based community and they got them a place to stay, got them all the furniture they needed, got them all the clothing they needed for three different generations in the family. So kudos, congratulations to Mississippi for doing such a great job.

(Chorus of Applause)

DR. PHILLIPS: We do know there are some issues that are culturally related. African-Americans tend to wait to gather multiple generations before evacuating. Mexican Americans tend to wait until their entire family is gathered before they evacuate. We need to understand that, try to jump start that process.

What can I do about it? I don't have transportation. Can I get there? I don't know the route. Is the shelter ready for my needs? We talked about those so I will skip over some of this a little faster. I live alone. I'm isolated. I mentioned the gender issues earlier. So this is a particular problem for the elderly, especially men who live alone.

Have we conducted an outreach campaign for elderly men living alone or have a specific issue? Sight impaired or blind persons in the fire research rely on memory as a navigation device. Excuse me. This is from an earthquake example. Imagine trying to evacuate a building that is in a state of disarray. Imagine going somewhere you have never been, would you go?

What can we do to try to help people navigate new environments? What are we saying to people about what we will do to help them navigate their new environment when they get there? What about my pet or service animal? This is people's favorite slide almost always. We call it the warm and fuzzy slide.

People, especially the elderly, we know, will refuse to evacuate without their pets, they are family. Service animals are crucial so we have to plan for pets, educate the public and partner with pet care providers.

First place I saw this was in Hurricane Andrew in Florida. Where is Florida? Good job. By the way, I booked a vacation for Anna Maria Island on July 22. I would appreciate if there aren't any hurricanes. Thank you.

(Chorus of Laughter)

DR. PHILLIPS: Transportation, let's talk a little bit about this. You have seen the JOA report, I hope, that says that states and localities face challenges and the elderly are more likely to be represented among the transportation disadvantaged.

Look really quickly at Hurricanes Floyd and Charley and some research that was done.

Individuals with disabilities are often one deep. What if that one person is out of town? They are far less likely to evacuate. They need backup persons and plans. If you are working

with individual clients do you have backups in place? Contingency, contingency, contingency planning.

Mobility issues and Katrina. I want to look at some things that came up from our research. This is what Katrina respondents have said to us, people that we've talked to at different organizations and agencies in Louisiana and Mississippi. They said -- and I want to also point out that these issues, I'm sure, occur in other disasters. So I don't want to pick on the Katrina areas again. I'm sure these are really common problems.

Being separated from their wheelchair, which was often designed specifically for the disability and then not having that when you got to the location is an issue people talked about being a particular frustration. Retrieval issues for the agencies that had to then go and find them and then get them back to the person wherever they were and to find the person was a real challenge. There was a loss of resources here for many people, appears to have been a permanent concern.

Separated from your service animal. This apparently happened. I don't know the prevalence of this. We are trying to pin that one down.

Separated from your family, from the people that took care of you. There is some research on nursing home evacuations in Florida after Charley that says if we don't evacuate people with their companions or service provider or key person, they have a much more traumatic experience and they seem to end up being more likely to have problems adjusting to the transition. In short we need to keep people together; we need to keep people with their resources.

And this question keeps coming up when I'm hearing you talk out there in the hallways. Have we trained our evacuation staff for this? Have we trained our first responders to be able to communicate with people of different disabilities, to be able to communicate with the elderly or with someone who is trying to help a family member who has Alzheimer's?

Some of the elderly issues related to evacuation -- and there is a lot more research on this. I can go on and on about this forever. Sensory deprivation has an influence. They feel the heat and the cold differently. They have visual or hearing situations that cause a delay in response or make the response less than what we might want it to be. It may delay their reaction.

Transfer trauma is something interesting. Transfer trauma is usually talked about with nursing home victims where they are more likely to die as a result of the trauma associated with transfer.

Now, I am going to tell you that I have been talking to geriatric social workers for 24 years. And we can't really pin this down and say that it was the disaster or the evacuation that caused the increase in the deaths. There's just so many variables that can influence; a person could be stressed, it could be it was just their time. We just really don't know. We can't pin it down. But, I tell you, for 24 years geriatric social workers have been telling me they go to a lot of funerals a year after disaster hits, that we really need to pay attention about how we're transferring the elderly, where we're transferring them to and to reduce the number of moves. That seems to be the most critical thing, reducing the number of moves they have to make.

Nutrition is also an issue. My father and mother are both diabetic. Dad has a heart condition. He was in the hospital two months ago. We thought it was another heart attack. It turned out to be a problem with digestion, but it mimicked all those symptoms. It was something that he ate. So I get really concerned about having to evacuate an elderly person and what kinds of additional needs we might have to meet as a result.

Social support systems may not last or your prolonged evacuation. Where's California? I spent a lot of time out there after Loma Prieta and also did the Coalinga Earthquake too. This is one of the things I saw during single elderly who were living alone was that their social support systems broke down pretty fast. And even if they went to live someplace with somebody, that didn't last very long. So you ended up having to open up some special congregate care facilities, including especially the people with dementia.

Cultural issues also matter. The emerging small body of research says that Asian Americans are especially likely to under use services and Native American elders may have additional issues. I love the Administration on Aging. I know you're here. This is a wonderful guide and I encourage you to go get it at the website, it's there. It's also on my resource list and it has some excellent material on Native American elders that you should certainly access.

Frail elderly are a particular concern. There's only been a couple of studies that have looked at this. But what they say with the frail elderly is that the maintenance of the health during the transportation or making sure that when the frail elderly are dropped off at shelters and nursing home they come with their care instructions and medical records. So do we have procedures in place that are going to transfer records with? We've got to know what their meds are, we've got to know what kinds of needs they have.

I can't even begin to tell you the nightmare stories that some of my students told me about receiving frail elderly during the transportation chaos from both Katrina and Rita who came in in what they can only describe as HAZMAT situations, people that were on buses that weren't designed for them and couldn't get off for 24 hours.

Coordination among agencies and organizations with resources is crucial. Are all the players at the table for this? This is fixable, this is something that we can really target and we can really work on.

So to get started with transportation. You have heard some of these things before so I am just going to go quickly through this. Inventory or transportation resources. Use all the partners available. There is stuff out there that we can use that we probably don't know about. Have we really canvassed our states to know what's out there? Do we have our registries in place for those in need of transportation? Have we mapped those data layers and assessed those data layers? We love those maps.

Have we convened the stakeholders and the resource holders? Have we brought everyone together that needs to be at the table? This can be a huge effort but I believe that you can do it because there is such amazing generosity of spirit in the aftermath of disaster. People will do incredible things to help you out. And we have got such an opportunity right now to make that happen.

Have we visited our plans or written new ones and have we exercised what that plan is for transportation? Shoot, why don't you do a pet evacuation. You don't need to evacuate with

Working Conference on Emergency Management and Individuals with Disabilities and the Elderly
General Session Transcript Thursday, June 29, 2006

the pets. You can use some stuffed animals. Get Scouts involved with this. This looks like an Eagle Scout project to me. Get some Eagle Scouts out there at the county fair helping to build crates for people that need crates for their pets to evacuate. We can be creative with this.

Finally what I want to do is the third part of this in my 14 minutes that are left, using what is called the eco-system approach. I have been doing this for 24 years and I have had enough and I suspect that you have had enough. Those of us who are doing disaster research really want our work to be used. We don't want to see another person have to suffer. We don't want another person to have to go through a difficult experience. We don't want to see anybody with a disability who is over 65 die simply because they are over 65 or have a disability. So I'm giving you a thorough, comprehensive approach and I expect you to leave here and implement it.

Four different levels. The micro level for action is working at the individual household and neighborhood levels. The mezzo level for actions means connecting with agencies and organizations that link you to the individual and household level. The exo level is the policy level, engaging government. And the macro level, that's the toughest one, is changing the way that we do business. So let's look at each of these in the time that we have left.

Micro level solutions. As you can see from this example from the UK, because of the spelling, the response depends on willing neighbors and relatives who carry a heavy burden of responsibility. Twenty-four-hour cover can rarely be given. Most of the research that you see says that we have to make sure that we partner people with disabilities and we partner the elderly with their friends, their neighbors. We use those social kinds of networks. But I don't want us to forget that individuals with disabilities and the elderly can be very important actors in their own preparedness and in their own evacuation. Do not underestimate the 82-year-old runners in the 5K races; okay? Do not underestimate the people who can bring something to the table.

The idea here at the micro level is to connect people so we prepare individuals. Preparednow.org, great website. If you haven't seen this website, it's just terrific. They have a list of emergency bags. It's specific to earthquakes but it has some applications to other hazards as well.

Great example of emergency bags for people using wheelchairs, what kinds of things you have to have in them. Could we launch this as a community effort to try to make sure that every person in a wheelchair, every person who uses some kind of device to get around has got one of these. Checklist and guide cards are available. There are some great ones out here from Elizabeth Davis' organization. I love the wheels they have over there. My students went completely berserk over this. It's so much better listening to a professor. They sit and look at the wheel. We had a lot of fun with those. They were great.

Buddy systems. The fire research suggests that we need to have buddy systems in place. And the research says a minimum of one buddy for a person with a visibility or hearing loss and a minimum of two for mobility issue. But it also says don't forget backups, because, remember, we are one deep or two deep, if you are trying to use two for mobility issue. We have to train our buddies very, very carefully. We have to exercise that, we have to drill it.

What I was telling my students, "It's the shampoo approach; lather, rinse, repeat." Okay? They remember that.

We have to involve individuals with disabilities in training for lifts and transfers. We have to make sure that they are engaged in the process. They can tell us best how to lift them.

Call down list or phone trees. One of the studies recommends that we involve advocacy organizations as part of our branch managers. Remember not everyone has the technology or the multiple cell phones on their belts. We need to make sure that those who are connected to clients are involved in the process. We don't want to have one system of call-downs. We want to have multiple backup systems when at all possible. What about engaging neighborhood watches. They're already in place. Crime watches, storm watches, great sources for looking out for each other.

We have a little cul-de-sac. We all look after each other. We knock on each other's doors and make sure we know when there's a storm coming. We're real good at that.

Establishing registries, I won't belabor. But I will tell you that there is a fair amount of time and staff costs involved in this. There is the invasion of privacy issue, which seems to be diminishing, especially after Katrina. They can be difficult to keep up. The research says you have to update them every three to six months because people move, conditions change. New conditions are -- my beloved aunt was diagnosed with Lou Garricks disease. Needs to be partnered with some of the key people that you see here at your table and also on this list. And I will give you another list here in a minute of some people you might want to bring to the table. You've talked enough about registries yesterday, though.

I want to share with you an example. One of my former students, Jim Davis. Where is Virginia? Do you know Jim Davis in Pennsylvania County?

PARTICIPANT: I do, very closely.

DR. PHILLIPS: Oh, he is a former student of mine. I'm very proud of him. This came out of a class project. And what he did was call up the local community college and say, "Hey, let's partner on this." They got a \$5,000 grant. They bought weather radios. They worked with the manufacturer and modified them, connected them up to vibrating pillows and gave them out to deaf citizens. The deaf citizens said, "Thank you." They liked that. You know what, they said, "We think we can do more."

So they asked to be organized into what is clearly one of the first, if not the first Community Emergency Response Teams composed of deaf citizens in the United States. Deaf, disabled persons must be prepared to enact self-help procedures after a disaster. This can happen. We can make this work.

Show me the money. You're thinking, okay, this is for you bottom liners out there, you agency heads. Local fund raisers, civic groups, university clubs, those Greeks, they love raising money, faith-based group, boy, did they step up during Katrina. They really enjoyed doing this and they want to be involved so tap those groups. Foundations, private corporations. I hear the Gates Foundation may have some more money.

(Chorus of Laughter)

DR. PHILLIPS: Don't tell them I sent you. Universities. For faculty members grant writing is a competitive sport. If the Buckeyes or the Cowboys aren't playing football on Saturday, I go into the office. This is what I do for fun. We like writing grants. Call on us.

Working Conference on Emergency Management and Individuals with Disabilities and the Elderly
General Session Transcript

Thursday, June 29, 2006

Federal programs. I'm not going to give you specifics. They keep changing. Just keep your eyes out. And universities have grant writing agencies that can help you, people that can help you find grants. Partnering with other agencies in your state as well is certainly an option.

Mezzo level solutions, building partnerships, connecting with the organizations that can help you connect to the household level and also not forgetting that we have to make sure those kinds of advocacy organizations are fully prepared, that they have incorporated disaster planning principles into their operations. We have got to make our advocacy agencies disaster resilient. Do they have their plans in place as well? Don't just bring them to the table, build them up.

Mezzo level solutions. Here is a long list of people who could potentially be involved as partners at the mezzo level. You need to look at your own communities. I am just giving you this as a list of examples of who you might want to bring to the table. And certainly do not forget doing cross training. Get on each other's boards.

Watsonville, California, is one of my favorite examples. They got on each other boards. Solupar (ph) a la Gente worked with the Red Cross. Red Cross got on their board, they did cross-training. They ended up having plans and materials available in multiple languages. It was a transformative, energetic experience.

When you do this kind of cross-training on each others' boards it really results in a cultural macro level change.

Exo level solutions deals with policy. Dr. Giannini yesterday said before this policy changed, disabilities were on the back burner. Press for change, review policies, involve external reviewers from the effected communities because they are going to be great critics on what's wrong. Establish, monitor, assess and update new policies and press for change.

In 2002 the City of Chicago -- where is Illinois? Bravo. Good job -- required evacuation plans for buildings over 80 feet high. Why don't we all do this. During the '95 Chicago heat wave many elderly did not travel to shelters and aid distribution centers. New policies: City workers were dispatched to knock on the doors of the elderly to take them food, water and provide transportation. How can we use our existing resources in new and creative ways?

Macro level. This is the toughest one. Fostering social and cultural change in the way that we do things. We want to ensure that no single person is expendable. And if we fail to include people with disabilities and the elderly, then we have de facto decided that people are expendable.

Transformation at this level is a lifetime commitment. We are not going to effect or see change overnight. But you know what, disasters, those of us who have been doing this for a while, we know disasters open a window of opportunity. Katrina kicked open a door. And we have to go through that door right now. We have to make this time and the next year count every minute at every level of the eco-system.

We're never going to have -- God forbid have this opportunity again for this kind of event. We will never have this kind of a door open. We will never have the attention of the American public, of the media, of the federal government again. We have got to make this count.

I believe we can do this. One of the ways that we can do this through exercise and drills. These make up potential disaster very real to residents and to community responders. Once we get some new evacuation, transportation and communication plans and efforts into place by involving all of the stakeholders and by reviewing our policies and by working at the individual level, we have to make sure that we exercise and drill this out. If we don't people won't change their behavior. People do what they practice. People change when they practice. This is massive.

This is a huge effort to change the way that we do business, but we can do this. You have the players here. Let's get your team together because it's kickoff time. Go Cowboys.

(Chorus of Applause)

MS. DAVIS: You guys she was good, right? You're still sitting down.

(Chorus of Applause)

MS. DAVIS: Please now, stand up, stretch, make your way outside, get a breather, be back. Please at the end of the break and we will go through our second discussant panel in the morning. Thank you.

(A recess was taken from 10:11 a.m. to 10:52 a.m.)

MS. DAVIS: What we would like to do is move this along so that we don't fall behind schedule. I want to remind you as our second discussant group starts to speak to you on a very important topic -- well, they are all important. What we tried to do is make sure we bring discussants to the podium based on some sampling we did before we finalized the program on the topics that were of most concern seemed to the majority of people who would be joining us. This is certainly one of the topics that hit top mark.

I want to remind you that following the discussants' comments I will come back up and just set us forward to go into the lunch discussions. But do take advantage, eating the heater meals if you want, take advantage of the opportunity to meet with both sets of discussants from today for the first part of the lunch break. We will talk about that again later. I want to keep you aware of the fact that you have opportunity to follow the discussion, ask more questions, continue the conversation and dialogue and that these discussants are also participants and will be available through the rest of the conference.

Without further ado you, our next topic.

IV. Topic D: Sheltering Innovations: Florida's Evolution

MS. WHITE: Good morning. I'm Rhonda White and I'm the director of the Office of Public Health Preparedness with the Florida Department of Health. It's my pleasure to be here today and to speak to you all a little bit about what Florida is doing in the sheltering arena. Really appreciated Dr. Phillips' presentation. As a planner it has been great for me to be here these last two days to be able to get the information and take it home and integrate it in our planning process. I am very thrilled and I want to thank the organizers for having these great speakers for us.

We want to share with you just two things, Karen and I are going to share. I am going to talk a little bit about our approach to preparedness in general. Sheltering is one of our interventions and I just want to give you a little bit of framework for Florida so you can kind of see where we are coming from. And Karen is the expert for sheltering in Florida and we are going to let her share our evolution over the last few years.

Just some stats on Florida. Eighteen million people, about 3.2 million elderly, 17 percent of our population, of that, about 1.7 million are over the age of 75. We are using a 20 percent disabilities number for planning purposes. I would like to talk about how many people that is for us from a planning perspective.

Thirty-one percent of our population lives below 200 percent of the federal poverty level. As just as surrogate indicator for the cultural diversity that we have in Florida, 70 percent of our population is foreign born.

We do in Florida, like most of you, use an all hazards approach to planning. I'm in the preparedness side of the world, on the planning side. My expertise is health systems planning. But we use an all hazards approach. We have been doing that for many, many years and we try to integrate from a systems perspective. So, again, our sheltering program is an all hazards sheltering program. We recently have been able to practice it in the hurricane environment but we don't plan it that way.

We use our preparedness cycle. This should look familiar to a lot of people, those who do preparedness planning in the room. Planning, equipping to the plan, training to the plan, exercising the plan and evaluating through every aspect of that cycle. From our perspective we don't have a plan until it has been through all of these pieces of the puzzle. Writing a plan and disseminating does not mean we have a plan. So the exercise piece is so key for us.

As many of you are engaged in trying to integrate the federal dollars since 09/11 into your states, sometimes we have gotten out of order in this process and we had to equip with no plan or we had to train with no plan. But I think we are finally starting to get ahead of it in Florida and we are pretty excited about that.

We are in health planning, which is, again my area of expertise. We are really merging three cultures together to be able to have a comprehensive system of health care in Florida. Our emergency management system is premiere and I think for two reasons. One is that we have a leadership team in emergency management that really understands team sports. They educate us to the team, they bring us into the team. When some of us want to go out and play golf, they drag us back in and say, "No, you are part of this team" and get us back in the game. We have it from the governor's level all the way down to all the agency heads. We are all doing this together.

The second thing making us strong in Florida is being able to practice this team. We have been in field, we have been working particularly in the last couple of years together and we have seen great improvements in our system.

After 09/11 the governor established the domestic security structure to deal with the terrorism aspect of preparedness. That structure has some differences. It's fully integrated into our emergency management structure and system. But it brought some things to the table that

we had not had before and we have used that structure to really work on our health catastrophic incident planning.

We have been focusing on two scenarios for catastrophic planning in the health community. The first was a bomb, burn and a blast, most likely scenario for us. And the second is biological incident and we are using pan flu for the scenario. Very scary proposition from the health care system and the community.

And then of course our health care system. We have a very diverse health care system. A lot of assets on the street in our health care systems and bringing all those partners to the table in the planning process is something we work very hard at.

We have a strategic plan for preparedness for health. And we have 60 people on our planning committee that come from the various disciplines in the health community. The Department of Health has a lead on pulling that together but we clearly don't have all the information and those partners have been a key to our success for the last few years.

A little bit about our philosophy. For those of you who are emergency managers, this should look very familiar. But for those of us who may have come from a different discipline in our learning emergency management late in our career, this is sort of news to some people. Clearly all disasters are local. We have not fixed anything at a person-to-person level from the state office where I work in a while.

We use the closest appropriate responder or in the health care system receiver to provide services and care. The state supports our local response and the state coordinates the federal assets that come in to support the local response.

We have some very easy rules of engagement that sometimes we lose track of and our emergency management leadership is great about reminding us what we are doing here. The first one is to meet the needs of the victim, wherever, whoever, and the second is to meet the needs of the responders so they will be there to care for the victims. The third rule if we forget what we are doing is to look back at Rule Number 1. So we really only have to remember those two things and everything else makes sense after that.

Emergency Support Function 8, we use that for the health and medical structure. And our job there as a system is to coordinate our health and medical response, preplanning and then to develop a system. And that is really what we have been after for the last four or five years. What does the health system look like after EFS8 and bringing all our partners to the table and we have made some great strides in that area.

Just the quick list for those who may not know. This is not the full list of the responsibilities of EFS8 in Florida, but it is kind of the high points of the things we are coordinating through EFS8 and our partners assessing the health and medical needs immediately after impact of an event and make sure we have systems and processes in place prior to the event.

Moving health medical resources, personnel and stuff. Making sure we are working with patients, evacuations. We have evacuated lots of hospitals and nursing homes over the last two years. And this is something every time we do it we learn a new lesson.

Working with our emergency medical services partners, making sure those assets are available.

Mental health crisis counseling for responders, again taking care of our responders. Victim identification, mortuary services. And then the thing we are going to talk really about today is the coordination of special needs shelters, falls under EFS8 umbrella.

I just want to talk for a minute about some of the things we have been doing in Florida to try to integrate vulnerable populations. We have over the last two years really expanded our EFS8 partner list to include agencies that represent the disabled and represent aging. And those people were not always at the table with us. So we are very proud to have them there in active participants with the EFS8.

We established through our HRSA and CDC funding Disability Task Force on Preparedness and their charge was to help us integrate the needs of the disability community into our planning, our training and our exercising. And it has been a three-, four-year journey now and we are making some progress. We have done a -- we did statewide disability conference on preparedness, which was well received. We had over 250 of our partners from the community there at that conference.

We are in the process of doing regional conferences where we give education on preparedness, emergency management and then we listen mostly is what those conferences are about, for us to hear what the needs are, what the concerns are and to bring it back in the planning process.

They are doing some census and survey work for us in Florida so that we can have a better understanding of those numbers in our individual communities. Our 67 counties, like most of your counties, are very diverse and they don't all look the same and we need to really get at the county level and see what our population is, what our community looks like.

And then we have been working with the Special Needs Shelter Interagency Group and Karen will talk more in detail about that and who the partners are in that with us.

We still have a lot of work to do, but we believe that our success depends on our partnerships and so our main focus is making sure that we have a very open table and that we have everyone at the table with us. We learn about new partners we didn't know we had every day and try to have an open door and to bring them to the table with us. So it is an evolving process for us and we are excited to be able to share a little bit about special needs shelter planning with you today.

MS. EATON: Isn't she great? She also failed to mention our supreme leader in the back trying to be low profile is Craig Fugate, bar none the best emergency manager ever. That's just my opinion, I guess.

Everything you ever wanted to know but were afraid to ask. That's a nice lead-in because I know this is a very sensitive subject. It pulls on a lot of heart strings. It is a high risk and a very complicated issue. And hopefully we will hit some of the highlights. I believe your first presenter covered a lot of the issues we identified and have been working on quite sometime. The objectives is to examine the sheltering options, to review the planning process and to discuss the lessons that we learned and applied.

I think we have been fairly comfortable with sheltering for the past decade. We had two primary populations that you shelter; the general population and the special needs. But what has changed is how we shelter these individuals and what are our options at this point.

We now have special needs shelters that caters specifically to children with disabilities or chronic conditions. We have populations mixed whereas their special need shelter patients inside of a general population shelter. We have now utilized the private sector in ways we have never done before. There are many of the counties that actually subcontract with nurse registries or home health agencies to bring shelters up and man and staff the shelters. Very creative.

Our private sector partners have really stepped up to the plate, the hospitals, the nursing homes, the ALFs. And many, many more have issued Memorandums of Understanding with us and they feel very strongly this is also their population and they want to make sure people who are really higher skill level and really pushing the envelope inside the special need shelter, those are the folks we usually send to a hospital or a nursing home. And we also make sure that they have their medical records in advance so it will be a very, very smooth transition. We have not had any issues with that at all.

We have gained the ability to produced ad hoc shelters in less than 12 hours. If your shelter blows away, we are ready to set up another shelter and have it staffed and manned with all of the equipment and patients nice, snug in their cot, waiting for the storm to pass.

You saw exercise several times. Regional sheltering and that is associated with mass destruction or mass flooding. Some of the regions we know have great infrastructures built already. And generally how that works, at least how I've seen it work, those coming to the regional shelter bring patients; they also bring their staff and their equipment and so on and so forth.

And then everyone's favorite, the mega shelter and super size shelter. We saw that both in 2004 and 2005. How do you develop a strategic action plan for something so complicated?

Of course we are going to turn back history with all the after action reports and all of the studies and research that has been done. What that did, at least for me, totally overwhelmed me. So I went up to a 50,000 foot level and looked at what all the challenges and issues were or are and they basically fall into three categories: There are policy related issue, there is infrastructure issues and there are operational issues. And we use that for the basis of beginning our planning strategy for Florida.

We have established committees with very clearly defined roles and responsibilities. Because it's very easy in this subject matter to scope creep into somebody else's area. Also what that did was break it up into more manageable pieces. We defined our special needs shelter population. We started to set standards and we developed operational guidelines.

Just some stats from our sheltering experience, our special needs, not general. 2004 and 2005, you can see basic message here is we increased capacity. Not only did we go from 88 designated shelters but we are up to 147 and it grows every day.

And one of the things that I found very interesting is we also improved our state capacity along with our county capacity. And I will talk a little bit later about our facility standards. But

this doesn't seem very impressive but we went from a former formula of 20 square feet per person to a 60 and to still gain that much capacity I think that's pretty significant.

Rhonda mentioned the Special Needs Shelter Interagency Committee and this is what partnership is about. Every individual -- and there are over 50 different private and public agencies and associations represented, and they are very, very active in this committee work. This committee was established by the Florida legislature, charging the Department of Health to pull this group together with the sole purpose of addressing policy issues that weren't clearly articulated in the Comprehensive Emergency Management Plan and to also propose legislation that would enhance our mission.

There has been a lot of great products that have come out of this committee. Just to name a few, they work together, 50 different agencies, like I said, public and private, with their own special interest come together to come up with a very, very broad emergency management bill that was signed into law by the governor, House Bill 7121. And what that did was even further nurture and spell out everyone's role and responsibility. Before it was emergency management and the Department of Health and what you see now is we have the Department of Elder Affairs. They are the best discharge planning folks and case managers in the world. They are charged with that specific effort.

We have the Department of Agriculture and Animal Control. They are in charge of pet sheltering. So when you use those partners, it's very important that they have a clear role because they want to participate.

It also is not just about what can this group bring to me who is in charge of special needs, is what can we do for them. And we need to be just as concerned about their emergency management plans because I can tell you if there's a nursing home out and, if, A, they have a plan and, B, the plan is to go to your special needs shelter, C, I don't like that plan, we need to work with them. And I generally don't know that. But I think we have come a long way because what we have done, we've reviewed home health agency, nurse registry, hospice, all of the plans. And we've also built tools for our partners to make sure that all the key elements are captured in that.

We also have established regional special needs shelter coordinators and they are more operational type folks. We divided the State of Florida up into seven regions and they work those counties. Some counties are here, just the same, I'm sure, in your state, and some are here and some will probably be here for quite some time. We know that. But we work it and we have had mass improvement from Year 1 to Year 2. So I can't say enough about this. I'm available if you want more information on what we've done with this committee but it has made a significant impact. These people also participate with us in the state EOC.

And just to mention a little side line here on clarifying roles and responsibilities, we've brought them all into the EOC, they've received the training. We could have done a better job on clarifying roles and responsibilities. That first storm or two out, what you found is a lot of duplication of efforts and a lot of calls, duplicative calls down to the county and we all know how the locals like us asking for the same information six different ways and it needs to be done now.

Defining persons with special needs. All of these are very controversial. I don't know why. I kind of have to laugh. This is currently the statute. I am not sure I would -- this is probably from the 90s, this definition. Very, very broad. I think this came in concert for the requirement for a registry for evacuation. The bill that I talked about earlier, House Bill 7121, now delegates authority to the Department of Health to draft rules specific to standards for shelters, for education and training, for food, for the workers, et cetera, et cetera. So you will see more detail come out.

We have been working on these documents all along. It's actually gone much smoother than what I thought it would. I think it's because we have grown together as a group and we recognize we can't drill it down so far that others can't be flexible because that is really key, flexibility.

Typical person with special needs, I think, we all know that. O2 dependent, those are electrically dependent. Wheelchair dependent -- and I struggled with how to word this. I can assure you that those in the disabled community feel very strongly that they do not need to go to the special needs shelter just because they are in a wheelchair. But what they do need is to make sure that the general population shelters provide the services that they need so they can maintain their activities of daily living. And I think that's a very reasonable request.

Cognitively impaired. We really saw that peak during the last few hurricanes. Working specifically with children and family services and the mental health associations to get these individuals into a place that wouldn't disrupt service in the special need shelter. I mean, you think about those two populations, probably not a good mix. They still need to have a plan and there has been a lot of education and training done so look forward to more of that, because I think that's an area as we grow in this community that you'll see the need for.

Frail and the elderly and children with chronic conditions. I can tell you that we have several special needs shelters solely dedicated to pediatric patients and we staff them with nurses that do this every day. I think that's another critical point, is that you want the same caregiver to care for these children and this just makes it a higher, higher risk when you are dealing with children with special needs.

Okay. Florida standards. I talked about facility standards a little earlier. We learned real quick that the American Red Cross standards for your shelter selection was good but it wasn't enough to meet the needs of our population. And so working with the emergency management, and the governor took great interest in this, that 20 square foot per person for someone with a wheelchair and oxygen and this and that, that was not sufficient. We need at least 60 square feet. We also need emergency backup power. And we need enough backup power that you power air conditioning. Again, remember your population; respiratory individuals that are frail. And when that air goes out in Florida, it doesn't take long to see their condition deteriorate.

The registry, and several of our speakers have talked about that as well, always going to be a challenge. I mean, there's 67 counties and there's probably 82 different ways to register. How's that information gathered, when is it gathered, who is really responsible for that, has it worked every day, has it worked monthly, quarterly, yearly? Those are the things that need to be flushed out. We are making advancements on that. But for an additional research project -- where did she go? I suggest you do a study on the value of a registry and are we looking at this

the wrong way. Is there a better way to account for our population than using a registry that is high maintenance and requires a lot of man hours?

This table over here said that they would fund that study.

(Chorus of Laughter)

MS. EATON: Asset typing. This is one of the things I'm extremely proud of. This, again, falls from the leadership down. We tap -- we tap your resources, that's for sure. But we type our assets. And not just our supplies and equipment for shelters has been typed, but our human assets and right down to the point where we have different selections that if you need a shelter management team, this is what you get and train folks up into those individual position.

What kind of training and experience, more importantly, must you have prior to participating and playing that role in a shelter? And I think that we are real far ahead with that. It was not easy. I think it has been three years in the works. But I will be more than happy to share the pain and misery and the whole story and all the documents with you. It's on my website, Department of Health, special needs shelters.

Technical assistance guideline, and SOG, standard operating guidelines, and I think we all realize in order to have an efficient and effective operation that needs to be in place.

Data collection and reporting. No one wants to collect data in the heat of the event, but I'm telling you it's imperative. You must have that data. Data is often lost after the storm passes and you want to go back and say, "How many patients did we have at what time and what was our peak census?"

We've worked really hard with the field staff and with the counties to make sure that that information is included and it is on a web-based system that's available for all to read. And we really, really worked hard with our legislators and politicians to make sure that they understood that data would be given at these two times during the day. We actually got to the point where we actually had a card that had a database and when they walked up we said, "Here, here's the database." Trying to train people that, you know, that they use what we create.

Education and training, we talked a little bit about that.

Mass education and training we have done since the beginning of 2004. And I have to credit the regional special needs shelter coordinators with that. We used a forced multiplier approach where we train our trainers and we train more trainers and they were obligated to do X amount of trainings. So I would say over 50 percent of our workforce has been trained up in special needs shelter, which includes things like, you know, incident command and NIMS, and et cetera, et cetera.

What we are working on now, though, is that one of the complaints you hear from the health care providers in the shelter is that "I have never done this kind of care. I don't know how to suction a trache. I don't know how to manipulate the different oxygen equipment." So we've tapped our outside resources, whether it's the universities or the different health, allied health schools.

The respiratory therapists have been really, really valuable. They come in in what seems to be a very critical situation. They have those skills, they know how to work with the

equipment that you have. And I'm sure none of you have experienced the things that we have like we get a big giant cylinder of oxygen and we have no regulator. That won't ever happen to you, so don't worry about that.

Discharge planning. Really changed our vision for discharge planning and I have to thank Fran Brooks from the Department of Elder Affairs with her crack discharge planning strike team. Sounds good, doesn't it? We start discharge planning the moment that shelter opens. When you walk in you are being prepped for discharge. And I think our numbers reflect that on the number of days that we shelter individuals. Many scoffed when I said I want everyone out of here in 48 hours and you have, you know, several hundred patients, but I'm telling you if you use your assets and use them well, it can be done.

Let's talk a little bit about the consequences of extended sheltering operations. We have seen that more and more with the more severe storms. Health of your clients, both in the general and special needs shelter go down rapidly. Power is out, health down; direct correlation.

Folks that were in the general shelter who were in pretty fair health are now becoming special needs shelter clients. The special needs shelter clients are now becoming hospitalized. Very important to take into consideration. Again, you got to get them back into a stable environment.

Food and water become less available. All of your assets whether it is supplies and equipment, nurses, doctors, whatever, they become scarce after 32, 72 hours out. Air conditioning, got to have it. People do not do well in south Florida with no air conditioning with, you know, 1,000 people in there and it just doesn't work. Then you have other issues that we will talk about later.

Most of us house shelters or a large portion in public schools, colleges and universities and they want to get back to business. So when you select a university or a school for your shelter, you need to know that you will be evicted and evicted shortly. As soon as they can get back up and running they want those kids back in school. For me it is nothing worse than having to move a shelter full of patients that you think you can probably get out in the next 24 hours to another shelter and then it snowballs.

Things to consider. Lessons learned and applied. Because if I sat here and told you that I learned a lot of lessons and I didn't apply them, I would have to answer to our supreme leader and he would not be happy with me.

One size does not fit all. I can tell you coming from a very militant personality and I want everything at attention and uniformly and alphabetized, I was all about, "We are going to standardize every shelter in Florida." After the second storm in 2004, I am like, "We are not going to standardize every shelter in Florida." And you hear that same thing in the beginning, everyone out in the field said, "We have to get a stern and rigid definition and we have to all shelter the same way and have the same services." And that just doesn't work. You can standardize and I suggest you standardize as much as possible. Again, your standard operating guidelines.

Your equipment. So if you are moving staff from one area of the state to other that they are familiar and used to that type of equipment, they are used to your admitting process, they are

used to your discharge and planning process. So you can utilize standardization in a very well, very productive manner as well as being flexible along the way.

Partnerships, I can tell you that, again, we mentioned it with the interagency and Rhonda as well. That's our key to success. You cannot do this alone. I don't care how good you are, you cannot do this alone. You have to divide the workload and work together as a team because we all have the same common goal.

I have been told by several counties that "They won't work with us and they don't have any interest. It's your responsibility and we are not participating." Well, then we just need to work harder to embrace them even closer because they give in after a while and they are usually your best advocate.

Share the workload. Who better to share it with than the partners that you've just established.

One bite at the time. Again, it's very, very overwhelming. You can't tackle everything at once, I soon learned that. You need to prioritize and you need to go back to your, you know, humans first, you know, pets second. Because there was a lot of people driving that pet sheltering issue full force the whole way up to the legislature and I didn't have the capacity to take care of my, you know, frail and elderly.

So I am concerned about pets. We do have now a new owner, like I said, that will take this on and together we can solve this problem. But I'm not going to put pet sheltering above the needs of humans.

(Chorus of Applause)

MS. EATON: I'm sure I'll get some emails about that.

(Chorus of Laughter)

MS. EATON: Clarify roles and responsibilities. Sounds like we are saying the same thing over and over again and probably very, very important. If you want somebody to come back to your EOC and work for you and not be a burden and not be an observer -- those observer spots, they have all been filled. We don't need any more observers.

We have to make sure that they have a clear understanding, I'd say verbally, written, and that they are trained for the job you want them to work in. Usually what we found works best is if it's an agency or an association, we plan three deep. That's the best way. They are all together, they all get the same type of planning for the same specific job and they cover one another because they are comfortable with that. So just as a little sniglett that you may take home and share.

All hazards approach. Sheltering is a basic function of emergency management and public health. I think we get caught up a lot of times in pandemic or burns, bombs and blasts but I can assure you whether it is a fire or any of the others I mentioned, sheltering is going to be involved. Make sure your shelter is equipped and your staff is equipped to adapt to whatever the situation is.

Data collection and analysis, this is mentioned prior as well, is really important. I have learned a lot. Going back during peacetime when things have settled down and looked at,

"Wow, I didn't know this" and "Why did this one county open the shelter 48 hours in advance?" and they wonder why the staff is tired and they need to go home. Things like that. You'd be surprised what you capture. Again, if you are going to collect data, it needs to be uniformly collected at the same time, how it is being sent, is it going to be put on the SIT report. Anyways, very, very important piece of the puzzle.

Transportation, I couldn't agree more with the last speaker, you cannot pull up the school bus and expect, you know, a bunch of frail, elderly individuals with tons of equipment to climb up that school bus, actually make the turn in the school bus and get into a seat.

Transportation, we have learned a lot using our data. If you transport the frail and elderly from one shelter to another and it's a distance or time more than 50 minutes, which could be five miles in an event, there is going to be a consequence.

Generally what we find with transport is about a 10 percent hospitalization rate. Now, from the other speaker's data, it could be related to they sheltered prior or, you know, emotionally, but it's not a good thing. So if you are going to use buses, and you have to, pick the most appropriate. And make sure if you have to travel farther distance, they have to be out, they have to go to the bathroom, there are several things that need to be addressed.

And I'm very uncomfortable sending a bus load of those types of individuals off into the sunset with just a bus driver. There needs to be somebody in there that can coordinate the care during the transport.

I talked a little bit about pet and service animals. I will share with you that our Interagency Committee that is being held in the Department of Health, I invited all my partners, including individuals with disabilities, and they showed up at our security desk and security would not let them in because they had their working animal. So we had at the next meeting a very long in-service on ADA and they were very gracious. If that happens at the Department of Health, it can happen anywhere. We have heard stories in the early part of 2004 where working animals were refused access into the shelter. I have not heard any reports of that since that one incident. So keep that in mind.

You know, your security crew and your clerical crew may not be that up to date on what the law is.

One of the main lessons I think we learned very, very quickly, I don't know if you can apply anything to this, other than just expect it, caregivers that come with clients, 99 percent they're a client as well. They're frail, elderly, spouse, they rapidly deteriorate and they are trying to help the other and it is just not a good situation. So when you count your numbers, we count caregivers.

Mental health support. I think we have done a fantastic job of meeting the needs of our folks in the shelters but what we missed the mark on was our workers. We have got systems in place now that we feel confident that we will meet those needs. But I can tell you as a mother of two young children -- I'm going to start crying. I had to lie to my son and tell him it wasn't his birthday. It was the first day of school for me, kindergarten, I couldn't go. And they just basically after three months of not seeing me left me a note to wake me up at 2:00 when you get home. So that's me and I'm used to being in the forefront but that impacts your workers, it does. It is really, really important. I don't know if there was anything anyone could have done for me

Working Conference on Emergency Management and Individuals with Disabilities and the Elderly
General Session Transcript Thursday, June 29, 2006

at the time. You can feel sorry for me later but I'm over it now. We need to consider that. If you had your anniversary trip of a lifetime and you can't go or you are stuck in a shelter and you are worried about spouse at home, those things really impair your ability to function efficiently and effectively.

Practice with your target audience. I love the stuffed animal suggestion, but I have a better one.

We had a statewide conference; Rhonda did, with all the disability community to talk about preparedness. And so imagine a hotel full of hearing, visually, you know, cognitively impaired individuals and the fire alarm goes off at 1:00 a.m. There's an exercise for you. You had people trapped in the stairwells, you had people trapped in the elevator, you had people still asleep because they were deaf and didn't hear the fire alarm go off. That was a good after action report. They want to exercise with you. Ask them. They want to make sure that they are ready and you are ready to receive them. So embrace that community. They are there and they really are very crafty at solving problems.

PARTICIPANT: (Inaudible.)

MS. EATON: That wasn't an exercise. It really did happen but I think we can count it as an exercise. Yeah, yeah, and pay for the conference and put it down as an exercise.

(Chorus of Laughter)

MS. EATON: Hot wash with your partners and stakeholders. We after action report to death. We got them from local, state, federal, agencies. You have never heard of evaluating your response. That's great information and is wonderful. But what I saw happen is that we went in our little group and we said what we did good and what opportunities were. And our assessment and the end user's assessment, way off. You need to have those people at the table to bring you back to reality. Because if you are not seeing it in its continuum, how do you make a fair assessment. So words of wisdom, include them in the after action.

Also if they are the chronic complainers, you need to get them to the table to help fix some of these things.

Legislative support. I can't say enough about that.

How many people here feel that they are -- politics plays absolutely no role in emergency response?

(Chorus of Laughter)

MS. EATON: Okay. Somebody get with that lady in the back. It does. So why not embrace your legislators. I have one that sits on the Special Needs Shelter Interagency Committee. We have worked those legislators night and day, emergency managers, then all the specific committee meetings. Just the basic 101, this is Florida, this is what we do and this is how we do it and this is why these type of things happen and build that trust.

Now that you have trust and they have a basic understanding, and it always is probably going to be basic, when they get the panic calls or complaints from their constituents they can field them better and they can certainly feel part of the team. So that open forum rifle shot they like to take at you after the event, you were not fast enough and you didn't have enough, they

tend not to do that. I have seen the greatest change. They also supported our legislation that came out of that bill with little or no opposition. They didn't give me any money so obviously I need to work a little harder. But really that is the key to success. There is power for you. Harness it.

Recognition. We recognized our employees in 2004 after the 2004 season and 2005. We really missed the mark. Now as part of our planning cell, we have a reward and recognition team. And not only do we recognize people from out of state that come here to help us and the actual workers that respond, but the workers that stayed behind and covered for them and did two jobs while you were out having all the fun in the field. And I think it's important because they are part of the team and it's often overlooked.

Wow, that's nice how that came up.

Additional risk identified. Don't worry, I'm almost done. We have seen from the mega shelters when you have that many folks in a shelter, they're safety and security issues. There has probably been crime in the past but not to the point -- it has not risen to level you see now. Assault/battery, we have had rape. It has been on all the evening magazines. What do we do with sexual predators?

That's one of the things that Florida is wrestling with right now, special needs clients that's a predator. I mean, are you going to invite that group into your already vulnerable population? They have a right to be sheltered. We are still working it out. We don't have all the answers to this. This to me is the next level we need to start looking at as a group. And I don't want to be responsible for going online and checking everybody that came in with a photo ID to make sure they never, you know, had any history of violence or, you know, sexual crimes.

And then the big thing, tracking mass populations and mass migration. My goodness, I mean, we have a hard time doing three, four, 500 individuals. You put them in a super dome, how do you keep track of them? They could get lost in the facility and you have got mothers, you have children running around, how do you know somebody didn't snag them. You are sending them out now -- make it even worse, we are going to send people out far, far away to other states. How do we know that all the children made it with their parents?

I can tell you one thing, the pet website, that was up immediately. So if you had a lost pet, that was the place. We need to be a little more proactive in that and start thinking of some ways. Again, that is to me another excellent research project. Anyone want to fund that one?

Okay. Our immediate goal, it will probably be long term goal as well, is to foster personal preparedness culture. I think what I found impressive is that when Craig, our emergency management director, spoke before the legislature, he talked about how national standards are 24 hours but we made it there in 12. So you are almost a victim of your own success because the next time they want it in six and they want it cold and they want it delivered to the door step.

Anyways, so that is a challenge. I think that we are going to have to do some mass education and training and I think we need to set a better example. I have been in all these meetings, "How many have a personal preparedness family plan?" And I raise my hand and I'm thinking, "I don't have no plan."

(Chorus of Laughter)

MS. EATON: You don't have no stinking plan. My plan includes, "I will see you whenever and you will have to fend for yourself." But I don't think that plan is going to work much longer. So there. My name is Karen and I don't have a personal preparedness plan.

(Chorus of Applause)

MS. EATON: That opens the door for you others. Long term goal, effective and efficient plans, that they have that culture and they actually act on that, they execute that plan. Vision for the future. If we do our job and we do it well and we groom that culture for the future, the need for sheltering will become obsolete. And everyone is like, "Oh, come on Karen."

Well, I shot for 48 hours of moving 300 individuals out. I think this is a good goal. It might not happen while I'm still alive but I think it's a goal we should all shoot for.

I thank you so very much. I'm very impressed with the folks that are here today. I would be more than happy to answer any questions or come down or come up and visit. We like changing climates sometimes as well. And we also invite you all to come down and work in our state EOC and in one of our functions, again, work not observe. I think it's really interesting and I would like to do the same because I think we learn from one another. Thank you.

(Chorus of Applause)

V. Assignments for State and Region Afternoon Session

MS. DAVIS: Y'all are really loving the schedule, right? Look at the schedule she got you on, right? This means you are actually going to have time to find food today.

Let me just give you a couple of announcements. The glasses are still up here at the front table and I have my own so I'm not going to use those. Thank you.

Another announcement. Feds to feds session, this is a reminder, please, that we heard already this morning. When we do come back from lunch and break into the afternoon working sessions, I'm going to just repeat the plea but again emphasizing the reason.

We are using all of our NGOs, CBO, fed partners here as resources. We had a great hit rate yesterday of being able to find the people we needed to get them into the sessions where the different requests were coming from. These requests included things like technical support and understanding around the licensure of nursing homes, for example. I mean, it wasn't your broad kind of generic answer. These were technical questions that we needed assistance with to kind of grapple with and work out some of the issues at the state and regional level.

So, please, I encourage you to especially take advantage of the afternoon session that has been prepared specifically for you today.

Claudia Gordon and her team with DHS will be going over in great detail the specifics of the review process, the Nationwide Review Plan, but specifically regarding the pieces around what they cataloged as special needs populations. This is the first time this received a six, seven-

page entry into a report and then was subreferenced into almost every other category within the Plan Review.

So I really do encourage you to be there for the program but to be there as a resource so that my team can come out and get you and bring you to the working groups that really are looking forward to your opinions and knowledge and direction.

The delegations will go to the same rooms you were in yesterday. You will meet with the same facilitator but you will work on new outcomes. We are really excited about what is coming out of this, that it is not just discussion; it is really pushing for new directional outcomes.

Yesterday, just to give you an example, one of the regions sent my facilitator home with homework and he spent all night at the computer. I'm not telling you to do this tonight to everybody; okay? But he did, he took it and he said, "Oh, okay, I'll do that." And went home and started to work on it. Basically he was typing up a formula for a compact that if agreed to by consensus today by that same region, the region is prepared to sign off on a compact. It's not binding and all that, but it is really neat that they are going to sign off as region as an action to push forward from the conference. This is great. This is exciting. This is really good outcome. So there's stuff going on here. There are exchanges and they're good relations being built, but they're action items really in the first and second phase now moving forward out of the conference.

I would remind the regional reps that are here they also will return to and sit in, please, in their region rooms. So regardless of what agency or if you are a region rep here, go to the region you are assigned and there will be a couple of meetings very briefly after we release everybody for lunch.

The delegates representing university centers in the DD network, okay, again the delegates representing the university centers in the DD network, we are asking that you please meet for just a moment in the side corner here before you leave for lunch and I would ask that you meet on my left, your right -- really, truly, it is my left and my other left -- left corner here underneath the large screen for just a few moments.

Lunch tables will be available again this time in this salon. We will identify a couple of tables where the discussants from this morning will be asked to be available. Same rules as yesterday, school rules. If nobody shows up in 10 minutes they get to go to lunch early. If you are there, you're asking questions and engaged in conversation we will let that continue for a half hour. But in all fairness we need to let the discussants eat, we need to let you eat and get everyone back in time.

Finally, notetakers. My volunteer task of notetakers for today, please meet me under the other screen, that is my right, your left and I promise the music will not be playing today while I'm trying to talk to you standing on top of the table; okay? So notetakers to the far right, my left, your right. And the DD network reps to my left your right. Can I make that any worse? Okay. That said, enjoy lunch. Please be back in time. Thank you.