

Working Conference on Emergency Management and Individuals  
with Disabilities and the Elderly

Transcripts of Conference

Region 10 Day 2 - Response

THURSDAY, JUNE 29, 2006

**FEMA Region X Day 2 -- Response**

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P R O C E E D I N G S

FACILITATOR MS. SCORDINO: Okay. So this is our chance to come together again today and this is our final time coming together as a regional group. I think we were evenly -- okay, let me know when you're ready. Okay, thank you. So for the sake -- just a reminder that the regional session will be microphoned or recorded. So we're using microphones. I will introduce myself, I'm JoAnn Scordino. I am the facilitator for region 10, and each time you speak, please stand up -- that made a difference yesterday -- use the microphone, state your name, agency, and state. We need that information for the people who are transcribing the recordings. Clear?

Okay, so I think we were evenly divided, Oregon, and Idaho focused on evacuation, and Washington and Alaska on sheltering. So why don't we -- the main thing is what were the issues and outcomes that you focused on. So pick the key ones that you identified, and share those with the group, and then we'll see where the states merge or where we have differences. So, Oregon or Idaho, want to flip the coin, who wants to go first? Idaho?

SPEAKER: Yes, Idaho (inaudible).

1 (Chorus of laughter)

2 MR. ENRIGHT: Ron Enright, Idaho Council on  
3 Developmental Disabilities. Well, we went through the  
4 bullets on evacuation and we discussed, I think, mainly  
5 the shortcomings that we have in our state. And I should  
6 say that just prior to this conference being convened, the  
7 Bureau of Homeland Security under the military division in  
8 the state of Idaho convened a meeting of stakeholders,  
9 people that have knowledge about people with disabilities,  
10 and the elderly, to begin planning and put together a  
11 state wide guideline that would be passed down the  
12 counties for their planning for evacuation, for emergency  
13 response in their local areas.

14 And as a result of that, we have Cherylyn Murphy  
15 here today who was not informed about this conference, and  
16 we were able to get that communication and we're just  
17 sharing how grateful I am that she's here. I wish we had  
18 other people here, but we'll try to wing it as best we  
19 can.

20 The other things we need to do is define special  
21 population in our state. We --

22 FACILITATOR MS. SCORDINO: I'm sorry, say that

1     again?

2                   MR. ENRIGHT:  We need to define special  
3     population, exactly what that means, and we like the  
4     Florida definition we heard this morning, and one of the  
5     things I like about -- especially what was said yesterday  
6     in Oregon is that, I think, you as a definition to say  
7     basically a person that, anyone who needs help with  
8     evacuation I believe -- but you base it on need.

9                   I hate to see us get into a situation where we  
10    were trying to establish eligibility.  People with -- who  
11    have disabilities, who have to run the red tape line to  
12    get services are used to that.  I don't think we want to  
13    repeat that process for emergency evacuation.  I just want  
14    to give my soapbox for that.  And I think we base it on  
15    need, if you have a condition or a situation that requires  
16    some extra measure of support for a person to evacuate in  
17    the event of an emergency, that's all you need.

18                   You don't need this, well do you have the one on  
19    disability, do you have a doctor's report, do you have --  
20    I mean once you get to the center, that can be established  
21    I think, but to have that as a criteria for evacuation I  
22    think it's putting the horse way in front -- or the cart

1 way in front of the horse, and I would hate to see us --  
2 process, spend been too much time doing that.

3 So we liked the idea of Florida, there's -- back  
4 to their definition they used this morning. We did modify  
5 one word in it. They used the term, "care" and we  
6 substituted the word, "support" which is I think a more  
7 accepted term nowadays in the field of disabilities.

8 It denotes basically that the person does,  
9 allows -- is allowed to do basically what they can, and  
10 then the support offers up that ability of what they  
11 cannot do rather than "care." "Care" to me, and I think  
12 to a lot of people, denotes higher level of support given  
13 to an individual. So "support" seems to be a better word  
14 that we liked.

15 In terms of decision meeting -- decision making,  
16 we talked about the groups of people that are currently  
17 involved and we added, that is the agency's stakeholders  
18 that are involved in our planning and we identified the --  
19 probably it would about seven or eight other different  
20 agencies that need to be included. I won't, for the  
21 second time, go through all those today, but we did come  
22 up with some more different, additional agencies.

1           In terms of servicing the lay during evacuation,  
2 a part of the right measure to lead a population, don't  
3 send lifelines to pick up a person with dyslexia. So we  
4 talked about using EMS for people with life threatening  
5 emergencies making sure that their situation is  
6 maintained, the use of medical personnel, physicians,  
7 nurses to help evacuate people that have critical medical  
8 needs.

9           And then people that -- in terms of vehicles we  
10 talked about a ready source in local communities. Of  
11 course they would use school buses, and for people that  
12 require mobility, have mobility needs with wheelchair, the  
13 school buses with those lifts are already available there  
14 in good numbers. So you have a source in your community  
15 for evacuating people that use wheelchairs.

16           And then communication through multiple means --  
17 we talked about one thing that I had forgotten about. We  
18 have a reverse 9/11 in certain parts, and I don't know if  
19 it's throughout Ada County or if it just in Boise, but it  
20 allows the Police Department to identify a certain  
21 neighborhood, and to record a message and have that phone  
22 message go out to that particular neighborhood warning

1       them of impending danger.

2                       And it was activated here not too long ago when  
3       there was a crime committed in a certain neighborhood, and  
4       the police used that system to call all the people, or  
5       made the coordinator who's one of the people who got a  
6       telephone call, yeah, actually she was out of the house.  
7       But that's a good way of identifying people in a specific  
8       area. I don't know how widespread it is, but it certainly  
9       seems to be a way that gets notification to people where  
10      the emergency may be occurring.

11                      Naming callers on the top of the television  
12      screen so it doesn't interfere with the "closed caption"  
13      is one. Then our radio, multi-sensory types of  
14      notifications, and we also talked about something that I'm  
15      not familiar with, that sounds similar to the reverse 9/11  
16      called the "SAWS," S-A-W-S, the State Automated Warning  
17      System which does apparently about the same thing.

18                      FACILITATOR MS. SCORDINO: It works the same  
19      way?

20                      MS. MURPHY: Yeah, but it's a --

21                      FACILITATOR MS. SCORDINO: Go ahead, sorry --  
22      your name and --

1 MS. MURPHY: Oh, Cherylyn Murphy, with Idaho  
2 Bureau of Homeland Security. Our State Automated Warning  
3 System, it's through Code Red is the company, I believe,  
4 that we use to do this, and there's a lot of different  
5 ones out there, and we have groups of people, lists of  
6 people that we have 24-hour contact information.

7 And so we just call in with our code to -- call  
8 in a phone number and record our message and tell which  
9 group we want the information to go out to. So basically  
10 it's the same thing. It makes all the phone calls, you  
11 know, hundreds a minute, and let's everybody know that  
12 they needed to be on a conference call at a certain time  
13 or that there's something happening or whatever it is.

14 And I know we don't have that set up necessarily  
15 at this point for calling out to residents or anything,  
16 but I know it has that capability. So if we really had  
17 to, I'm sure we can easily set that up to say, hey, we  
18 need to be getting some phone calls out into some of our  
19 other rural areas.

20 FACILITATOR MS. SCORDINO: And did you guys  
21 start to come up with a list of the key stakeholders or  
22 participants that you would bring together around the

1 table for creating the state evacuation plan?

2 MS. MURPHY: Yes. Well, we already had. Like  
3 he said, we met last week with quite a few, but we did add  
4 a few more to those today that I need to get in contact.

5 FACILITATOR MS. SCORDINO: For evacuation and  
6 shelter?

7 MS. MURPHY: Yes.

8 FACILITATOR MS. SCORDINO: Okay. So --

9 MS. MURPHY: In that list, the groups that we're  
10 meeting right now are actually the people-with-  
11 disabilities type groups that I'm working with right now,  
12 but I've got an expanded list that I'll start meeting with  
13 some of those other people also.

14 FACILITATOR MS. SCORDINO: Okay, good, good.  
15 Thank you. Okay. Oregon? Sorry for the background  
16 noise. I don't think we can do --

17 SPEAKER: Shout louder.

18 FACILITATOR MS. SCORDINO: I don't think we can  
19 do anything about it. Andrea, can you make sure the tape  
20 is running? Yikes. Details.

21 SPEAKER: Does Idaho want to repeat itself?

22 FACILITATOR MS. SCORDINO: Why don't you hold a

1 moment? It is -- it looks like the little thing's on. It  
2 is. Okay. Thank you.

3 MS. KITCHIN: I'm Tina Kitchin from Oregon,  
4 Department of Human Services. And actually we did things  
5 fairly quickly that we actually touched on about, but I'll  
6 just do evacuation. As usual in Oregon, we have some  
7 points of excellence and then at least from the people  
8 that are here, did not know how much those points of  
9 excellence had been replicated across the state.

10 So the issue is how to get a more consistent and  
11 uniform evacuation system across the United States -- I  
12 mean, across all of the counties in Oregon. We're not  
13 going to take on the United States quite yet.

14 FACILITATOR MS. SCORDINO: When you do, let us  
15 know.

16 MS. KITCHIN: Okay, all right, I'll let  
17 everybody know --

18 FACILITATOR MS. SCORDINO: We need to.

19 MS. KITCHIN: -- if we take this step aside,  
20 we'll teach everybody, but no. And actually we included  
21 not only the school bus system in our thoughts, but also  
22 most of our community-based care as in our assisted living

1 facilities, our nursing facilities, DD group homes, and  
2 even individuals have wheelchair vans, et cetera, so sort  
3 of a mutual compact system as long as, you know, the bus  
4 systems and our specialized transportation in the  
5 communities that deal with seniors and people with  
6 disabilities, in addition to that using other counties as  
7 sort of a "if we're really into trouble and you can come  
8 help us out" sort of mutual contact. So we talked about  
9 that.

10 We then talked about that there was also --  
11 there was some more work that we needed to do statewide  
12 besides just giving some guidelines and making sure that  
13 local communities were doing their negotiations, and their  
14 discussions, and pulling their resources together. And  
15 that included looking at our own specialized contracts  
16 that we have for non-medical transportation and medical  
17 transportation in each one of those communities and seeing  
18 whether or not those contracts contained clauses that  
19 would let us in an emergency to divert from one county to  
20 another without -- so for those areas where they hadn't  
21 come to some mutual agreements we could in an emergency  
22 step in, and make sure that there was some extra system so

1 that we didn't have people trying to climb into regular  
2 school buses.

3 We think we got into a little bit of the  
4 communication piece because in dispatching your -- in  
5 dispatching transportation communication can be a major  
6 concern. So we talked a bit about ham operators and how  
7 it needed to be incorporated within that communication --  
8 the communication plan needed to be incorporated into your  
9 evacuation plan.

10 And then we also talked about how ideally just  
11 like Florida would never like to shelter anybody, ideally  
12 if you can assist people in a lot of our frontier areas  
13 and our rural areas for shelter-in-place, then you would  
14 minimize the need for evacuation where it's going to be  
15 very difficult. And so we talked about some, you know, a  
16 "buddy system" and neighborhood watches that are expanded  
17 to include emergency preparedness pieces, so.

18 FACILITATOR MS. SCORDINO: I'm sorry, could you  
19 clarify that? So you would recommend some of the rural  
20 areas shelter-in-place for certain types of -- yeah, we  
21 have.

22 MS. KITCHIN: I mean, obviously Oregon, like

1 most of my colleagues here, had some very heart-lung  
2 people who it would be very difficult to get to the  
3 (inaudible). And so I had to come up with the  
4 (inaudible), developing some ideas here, some of those  
5 local residents know who's on their lane, who's out at the  
6 end of that road, who's going to need help, and assisting  
7 each other (inaudible) and put it together.

8 FACILITATOR MS. SCORDINO: Depending on the type  
9 of emergency whether they would shelter-in-place or they  
10 won't?

11 MS. KITCHIN: Well, if they can have 72 hours,  
12 but then if they shelter-in-place or they shelter in a  
13 camp or they shelter, that it would be a real challenge,  
14 I'm hearing that too every month.

15 SPEAKER: Yeah. Hear you.

16 FACILITATOR MS. SCORDINO: Anybody else? Did  
17 you come up with any kinds of ideas about, like, about  
18 identifying pickup points or where people could get  
19 themselves to, and then --

20 MS. KITCHIN: I hear you and I don't think that  
21 we have a good way, but you know, it is a very  
22 sophisticated sure system helping that neighbor with his

1 neighbor, especially connect with local ham operators that  
2 live in that area, ideally they could (inaudible) way out,  
3 they, you know, we're actually out where they don't pay  
4 here, or, you know, we've got one person at the hearing's  
5 entry Eric Adams (phonetic) --

6 SPEAKER: Who's that?

7 MS. KITCHIN: He did a (inaudible) about where  
8 to go.

9 FACILITATOR MS. SCORDINO: And did you guys also  
10 come up with other agencies that you would bring to the  
11 table with this matter or who else you would include when  
12 you go back --

13 MS. KITCHIN: We did.

14 FACILITATOR MS. SCORDINO: -- to real life?

15 MS. KITCHIN: From the beginning thinking about  
16 it and yes, there's quite a -- he's got a little diagram  
17 here that's got about everybody and their brother  
18 identified, it looks like, thanks to the inner points of  
19 excellence. And actually just by thinking about it, it  
20 really gets very, very geek, and very broad. You need to  
21 get involved, yeah.

22 FACILITATOR MS. SCORDINO: Okay. Did you guys

1 just create that chart?

2 MS. KITCHIN: Yeah.

3 FACILITATOR MS. SCORDINO: All right.

4 MS. KITCHIN: It was a that copying sheet now --

5 FACILITATOR MS. SCORDINO: All right. But  
6 actually you know what would be useful, I think? It is to  
7 name some of the agencies to give us some idea of the  
8 scope.

9 MR. SORENSEN: I'm Mark Sorensen from Oregon.  
10 This is a drawing in the special needs committee for  
11 Josephine County in Southern Oregon, you know, which is an  
12 area where we've had an opportunity to discuss it because  
13 of that committee. I'll just, kind of, go around there.  
14 Senior and disability services that are offered them as  
15 also a group foster home in north Baker County in Mental  
16 Health as part of the home and under that is the DD  
17 services which includes the foster homes, group homes, and  
18 their living centers, assisted living facility in long  
19 term peer groups, childcare that's usually registered with  
20 family care units, certified family care units, just  
21 regular childcare facilities.

22 Then the health programs, community action, we

1 had a medical equipment providers group that we connect  
2 with all of them, the providers of emergency  
3 transportation group, parish nurses and there we've  
4 involved citizen corps which includes medical reserve for  
5 CERT in health programs. A program to use CERT in every  
6 watch to organize on a geographical basis throughout the  
7 county to gather up the information on -- of the  
8 neighborhood that they --

9 FACILITATOR MS. SCORDINO: Does everyone what  
10 CERT stands for? It's for an Emergency Response Team  
11 working in your county.

12 MR. SORENSEN: I figured this would -- the  
13 problem where --

14 FACILITATOR MS. SCORDINO: I know, I just --

15 MR. SORENSEN: Okay. And we did home  
16 healthcare, lifelines, low-income programs, we had a  
17 counseling group, emergency services, and the emergency  
18 communication systems, and through them to Red Cross.

19 FACILITATOR MS. SCORDINO: Okay. So it's a  
20 sampling and it crossed into some areas we aren't talking  
21 about specifically, some on population in this conference,  
22 but it still gives us an idea how to stretch out.

1           MR. SORENSEN: And we allowed anyone who had an  
2 interest to climb on, and in this way we started that work  
3 for the groups in (inaudible) not just in (inaudible) than  
4 before.

5           FACILITATOR MS. SCORDINO: Great, great. A good  
6 reminder right now to public-private partnerships, I'm big  
7 on that, but bring in private industry, a lot of times  
8 they want to be involved, can't be involved, have money,  
9 have resources that we don't have in the public arena, not  
10 in several ways. So that's great. Thank you. Okay,  
11 moving on. Sheltering. Washington, Alaska? Who'd like  
12 to jump in?

13           SPEAKER: (inaudible).

14           FACILITATOR MS. SCORDINO: What an attitude. By  
15 the way, if you think that you have questions or want to  
16 probe something further, please speak up because this is  
17 the time to really exercise outside of your group and see  
18 what the other, you know, states are thinking. Also  
19 remember too that disasters cross borders, if you have  
20 anything along the Columbia, or Mount St. Helens goes  
21 again or an earthquake, we're going to be -- we will be  
22 working together as well so -- okay.

1           MR. SMITH: All right Terry Smith with the  
2 Alaska division of Homeland Security Emergency Management.  
3 Our items of concern, which may be true for lots of folks  
4 having to do with shelter, is we're not really sure what  
5 the Red Cross has been doing for us. We have contacts  
6 with the Red Cross, but if we're going to get in together  
7 in a group with a bunch of other state agencies to talk  
8 about what they're going to really do for us, whether it's  
9 to include special duty (inaudible), they say, no,  
10 (inaudible) then we'll press on down the road and solve it  
11 another way.

12           But anyway that's one of our (inaudible) on the  
13 wall. We're not sure exactly where all the shelters are  
14 in the United States. I know a few, some in the city, but  
15 we don't keep a list, we're not going to the (inaudible).  
16 We hope our local communities are going listen  
17 (inaudible). Some day we'll know where they are.  
18 Typically in the rural committees, there's two facilities  
19 in each room for the use of our (inaudible), community  
20 center, (inaudible) that's strictly what we augured  
21 basically how the two will be similar. We have in  
22 (inaudible) and in Fairbanks, in Anchorage, very small

1 admission centers, and that kind of stuff. We would use  
2 the small service shops that have the capacity as centers.

3 In our -- as far as public information we do a  
4 lot of outreach. In fact, we're doing a significant  
5 amount of outreach currently what then we would include in  
6 preparation. We've got several more of those visits  
7 scheduled here, and those are extra ones. We're going to,  
8 as part of that and any other activity that the Department  
9 helps source (inaudible) because out there (inaudible) I  
10 believe the reason is to bring this issue of shelter and  
11 special needs up to mission through them to evoke  
12 communities just by thinking about it, just to begin. It  
13 is not a subject that has been high on our list of  
14 activities, so (inaudible).

15 Our limited number of shelters that we've done  
16 in the past is not -- haven't had (inaudible). And we're  
17 going to try to explore how to get into the "informal  
18 network" so that we could pass the information out to  
19 special needs people who have to do the (inaudible).

20 FACILITATOR MS. SCORDINO: Can you clarify that?  
21 "informal network"?

22 MR. SMITH: It would it be like families,

1 neighborhood watch activities, churches, after the EAS  
2 work with the police calling down to the streets and this  
3 is where you should work. Wherever those informal  
4 networks are, we are not real sure exactly what those are.

5 THE FACILITATOR MS. SCORDINO: So what are the  
6 things you're looking at and trying identifying?

7 MR. SORENSEN: We are identifying (inaudible).

8 THE FACILITATOR MS. SCORDINO: Okay.

9 MR. SORENSEN: Again going back to the issue, we  
10 are pretty sure that the Red Cross is say, "Well, sorry we  
11 are not going to do special needs." It was the state and  
12 the possible course taking care of that issue. I think,  
13 it's going to be our partner with Health and Social  
14 Services, but we will iron that out as part of this  
15 (inaudible) group are going to address the issues.

16 And we would like to remind everybody that there  
17 is probably, at least there is in our state, so it is  
18 probably everywhere. There is an association for  
19 everything, for example. So you know, there is  
20 association with assistant care facility provided in  
21 association with the nurses, all that kind of stuff, to  
22 make sure that you -- that that group, is part of the

1 network that they are involved with in is this process.

2 As far as where we could put the people, we have  
3 limited facilities in the state most of all of the normal  
4 (inaudible) agencies. We have, how many kind of homes,  
5 two, three?

6 THE FACILITATOR MS. SCORDINO: How many what?

7 MR. SORENSEN: The State of Alaska has what's  
8 called pioneer homes, if they are -- describe them.

9 MR. MOLINE: Rod Moline, State of Alaska.  
10 Pioneers homes where, yes, I think in the present model,  
11 they pick their name from presence -- last in there. Some  
12 period of time, these agencies survived (inaudible) in  
13 which you know, (inaudible) former annual (inaudible).  
14 Anyway, these are north side, they are (inaudible).

15 SPEAKER: Well, there are skilled nursing  
16 facilities.

17 SPEAKER: Right.

18 SPEAKER: Some of the basic (inaudible) assisted  
19 living (inaudible). I do have -- yeah, and the other  
20 thing about Alaska is (inaudible), but you don't have a  
21 (inaudible). There are no (inaudible) issues.  
22 (inaudible), but that's been closed after (inaudible).

1 Having said that, there are other thing that's  
2 (inaudible).

3 SPEAKER: We would always, at least depending on  
4 what time of year it is, because it doesn't make a  
5 difference in Alaska, we would use a horse shoe system in  
6 the order of (inaudible) have been -- we are trying to set  
7 them up, located wherever we (inaudible). But again, it  
8 is (inaudible), but it would work. The other thing that  
9 we are certainly exploring and we would be doing some  
10 exercises shortly in this hall is parasites as part of our  
11 --

12 SPEAKER: Who?

13 SPEAKER: Do an exercise (inaudible) sponsored  
14 help (inaudible). And once we determine exactly what our  
15 shortfalls are, just like all good planners, we are going  
16 to write all that down, we are going to fill out a  
17 resource order that says, "Send to FEMA, day 1 minute 2."

18 So that we that call the governor that says we  
19 got a problem. So we'll be planning that and we are one  
20 of the few states that has an active planning cycle with  
21 FEMA to determine a prime faced force along with this.  
22 Those people who are not familiar with that. It is a pre-

1 setup package of goods that we call FEMA and we say,  
2 "activate (inaudible)" and they start sending all of this  
3 stuff to us. It arrives -- starts to arrive in 12 to 24  
4 hours. It is designed for earthquake response.  
5 California has it (inaudible).

6 THE FACILITATOR MS. SCORDINO: Okay, so  
7 basically your outcome -- are you guys going to be  
8 identifying Red Cross, what their role is in the special  
9 needs, but you are prepared probably for the real answer  
10 you are going to get. Okay, and identifying more shelter.  
11 It is -- hold on, is that accurate, like finding out what  
12 shelters you have and then identifying --

13 SPEAKER: Well, I just want to add something.  
14 Like you don't have (inaudible). One of the things that I  
15 hope to discuss is that you got clients who are probably  
16 placed in either one of these states (inaudible). It's  
17 certain through that there's an (inaudible) so at least  
18 would help. Having said that, the fact is (inaudible) you  
19 don't have to (inaudible) pay much of a disaster  
20 (inaudible) overwhelm the last, and not in the sense of  
21 you can military and (inaudible) you like to do these  
22 things. We have a hard time and I know everyone else has

1 well, nurses. We would be looking to Seattle, right,  
2 (inaudible). Urgency (inaudible) so I hope that plan of  
3 really talks about what you have to do with mobilize -- no  
4 doubt.

5 SPEAKER: We would love to help you, because  
6 it's not like because we were discussing with Katrina that  
7 in Juneau a ton of 30,000 we had three people they could  
8 marshal up that we are going to kind of come, I mean. So  
9 we'll help chip in, but you know, there is just not many  
10 of us to come chip in. And the other thing is (inaudible)  
11 so that's just -- of course it's not a bad idea.

12 THE FACILITATOR MS. SCORDINO: But some --  
13 majority of you are planning for evacuation and sheltering  
14 would be around the anchorage area. And then you have the  
15 kind of either have the more urban or the very rural, kind  
16 of two extremes.

17 SPEAKER: As far as the -- for those of you who  
18 are familiar with the nationwide plan review, our answer  
19 to FEMA or DHS technically was if the anchorage is wiped  
20 out, there is no place in the state that can absorb the  
21 population. It's going to have to go to Lower 48. We  
22 just don't have the facility, just like Rod said.

1                   And we have another minor constraint is that we  
2                   have two seasons in Alaska, winter and tourist season.  
3                   Tourist season is May through September, generally. Do  
4                   not ever try to come to Alaska without booking a hotel  
5                   room during tourist season because there are just about 99  
6                   percent full. So if we had to shelter people, there is no  
7                   place to put them other than in the convention centers and  
8                   that kind of stuff during summer time.

9                   THE FACILITATOR MS. SCORDINO: And then here's  
10                  an interesting planning perspective. This conferences  
11                  isn't focused on it, but you will have people you do have  
12                  a large tourist population half of the year, or for one  
13                  third of the year.

14                 SPEAKER: About a million and a half people come  
15                  every year.

16                 THE FACILITATOR MS. SCORDINO: Yeah, and that is  
17                  the planning consideration that everyone needs -- you  
18                  know, you need to think about for your state scenarios  
19                  and, you know, factor that into your planning for your  
20                  special needs, you know, and capacity.

21                 And, yeah what facilities that you might  
22                  normally count on during the winter months that maybe

1 completely available to support your local population,  
2 what happens when the tourists' numbers are up, and those  
3 aren't as available. So that's definitely something --  
4 one of the things you need to figure into your planning  
5 and assumptions.

6 SPEAKER: Because you'll have one (inaudible).

7 THE FACILITATOR MS. SCORDINO: Oh yeah, that's  
8 right.

9 SPEAKER: Do you want to see --

10 THE FACILITATOR MS. SCORDINO: Oh, (inaudible)  
11 It's okay, all right, and --

12 SPEAKER: It's not all best of the time.

13 THE FACILITATOR MS. SCORDINO: Oh, yeah --

14 MR. ENRIGHT: One of the resources I think you  
15 have is like -- was you were in Katrina.

16 THE FACILITATOR MS. SCORDINO: I am sorry,  
17 please say stand up your name.

18 MR. ENRIGHT: Oh I am sorry, Ron Enright, Idaho.  
19 They used the tour boats down in they brought in a ship to  
20 evacuate people to -- I think, in the end a lot of the  
21 emergency personnel were using that. So you do hear that  
22 there is a resource that -- which we don't have in Idaho,

1 but you certainly do have those visiting your ports.

2 MS. KNAPP: As far as Tsunami doesn't figure  
3 into the equation. My name Barbara Knapp, and I just  
4 wanted to make sure I got my name in the record, State of  
5 Alaska. I prove I was here to my boss. And cruise ships  
6 come fully loaded. We have a town of -- we live in a town  
7 of 30,000. Sometimes we have 10,000 tourists a day.

8 They are different everyday. It is a different  
9 boat everyday, so the boats are full. The doctors come  
10 from foreign countries, and are not licensed here. And  
11 Medicare will not pay, or anybody else. So the cruise  
12 ship and all of the tourists actually diminish our  
13 emergency response plans that we might make, so --

14 THE FACILITATOR MS. SCORDINO: That's something  
15 we should probably plan for along with everything else.

16 MS. KNAPP: Yeah, exactly, that's exactly you  
17 need to factor that in. That's a key factor for your  
18 planning, you know, work that in.

19 MS. ALLELY: Can I make one comment. This is  
20 Kathy Allely. I am also from Alaska, and I think that --  
21 maybe I didn't get this right, but I think that we also  
22 agreed to do like help follow-up with a team, and we've

1 identified a number of people, a number of agencies that  
2 would work with us, and I think what secretary and I  
3 agreed to, kind of pull everybody together, and follow-up  
4 in Alaska. And the outcome --

5 THE FACILITATOR MS. SCORDINO: So the agency is  
6 to bring together --

7 MS. ALLELY: Right. Talking about Red Cross and  
8 the emergency managers and local emergency planning  
9 councils, independent living centers, some of the  
10 associations that we talked about, some of the state  
11 agencies and some the tribal health providers.

12 THE FACILITATOR MS. SCORDINO: Perfect. Yeah,  
13 identify all the key stakeholders, and invite them to the  
14 table, and don't -- not move forward if they can't all be  
15 there, right?

16 MS. FIELD: Hi, my name is Sarah Field and I am  
17 with HHS, the Office of Public Health and Emergency  
18 Preparedness and I am originally from Washington State. I  
19 went to school in Oregon. I went to (inaudible) so lived  
20 pretty closed to Idaho as well and I love Alaska. So I am  
21 most anxious to appreciate -- I appreciate that  
22 (inaudible) at the --

1           I just want to comment really quickly about the  
2 American Red Cross. I know that there's been a lot of  
3 conversation in the last few weeks between the American  
4 Red Cross, or even before that and I am new, that there's  
5 been a lot of conversation to make headway with America  
6 Red Cross in terms of special needs population.

7           My understanding is that they are reaching in  
8 and very shortly like the (inaudible) with DHS and  
9 clarifying, you know, what they are not being able to do.  
10 So I know that the American Red Cross has mentioned that  
11 we had some challenges explaining that to (inaudible)  
12 local issues with (inaudible). I really think you can go  
13 up the chains to make sure that (inaudible) happenings  
14 (inaudible) the local level are not aware of what's the  
15 national headquarters' upset.

16           THE FACILITATOR MS. SCORDINO: Uh-huh.

17           MS. ALLELY: So I -- that worked out without a  
18 change. (Inaudible) I think we would be much happier  
19 about that, it will be all well. Yes, my understanding is  
20 -- I mean this is with DHS, (inaudible) ask that the VHS  
21 nationally involved in the (inaudible) so --

22           THE FACILITATOR MS. SCORDINO: I think those are

1 the notes, the draft notes we have that's part of it.

2 MS. ALLELY: That maybe part of it, but I know  
3 that they haven't circulated it partly.

4 THE FACILITATOR MS. SCORDINO: Yes, that's  
5 right.

6 MS. ALLELY: But I know that that's a major  
7 piece of that we've been going at it (inaudible). Just  
8 look forward to that and note the change, and make sure  
9 that you are giving right information for the local  
10 (inaudible) exactly.

11 THE FACILITATOR MS. SCORDINO: Yeah. Okay,  
12 thank you. Okay, Washington. (inaudible).

13 MR. ISAMAN: Robert Isaman from Washington State  
14 Emergency Management. And I just want to echo something  
15 that we all know, that's articulated (inaudible) all  
16 disaster and health. And in Washington State on  
17 jurisdiction we have no command at all obviously. So we  
18 provide coordination assistance, may view the detail  
19 planning.

20 As such, when I came out with the plan reviews  
21 at the VHS, we didn't have the State (inaudible). I was  
22 hoping there was pictures to that. We don't have a state

1 shelter plan, but what we do have is VHS (inaudible) mass  
2 care, our comprehensive management, but like a lot of  
3 jurisdictions we are looking to (inaudible) us for  
4 assistance.

5 So when you get to the two questions we are  
6 supposed to address this afternoon, obviously as a state  
7 we have a lot of work to do. But we took shelter and in  
8 addressing that, we talked about the state addressing  
9 population the period in which we are going to specialize  
10 personnel equipment. No, we are not.

11 In fact, I canvassed a number of the  
12 jurisdictions before I came out to ask. When we get to  
13 the issues of the evacuation and shelter, the predominant  
14 area in our state that at least we have acknowledge of at  
15 the state level is the tri-cities(phonetic) which has  
16 aggravation sheltering programs based on army that poured  
17 down from the state board (inaudible).

18 And the Department of Energy, which has a  
19 facility in Hanford, and also they also have a nuclear  
20 power generating plant (inaudible) on general  
21 installation. So, when we take a look at the counties,  
22 all of them has that, except Franklin county, they do have

1 the evacuation plans, you exercise those and (inaudible).

2 I asked one of the planners from Franklin County  
3 about shelter. They have shelters pre-designated. In  
4 fact, we even know where they are. It's a simple matter  
5 when we have an exercise of an actual event that you can  
6 ask (inaudible) raised River School shelter activated, yes  
7 or no, and how many people do you have.

8 That's not uncommon, but as far as going to the  
9 rest of the jurisdiction in the states, we have no idea  
10 what facilities the pre-designated shelters that I'm sure  
11 a number of them have. But in any case, none of the  
12 shelters that we are aware of have any special  
13 capabilities that special population essentially setup  
14 general population.

15 So, one of the things that we talked about was  
16 coming up with statewide standards, minimum standards  
17 anyway for accessible. As we get concerned about going  
18 beyond that, you start requiring them to provide specific  
19 types of equipment, or capable of use for medical needs  
20 because then we come in (inaudible) mandate.

21 We are going to require those things that we  
22 have like some sort of resource to give these people in

1 communities an opportunity to staff and put those  
2 shelters. So that's an issue. When it comes down to an  
3 informal --

4 THE FACILITATOR MS. SCORDINO: Do you have some  
5 fund being for staffing, --

6 MR. ISAMAN: Well, staffing is normally done  
7 through volunteer organizations. But it specialized  
8 equipment, and obviously you can have that people that  
9 have specialized training operating to operate. So more  
10 specialized the shelters would become, the larger the  
11 challenge to the staff.

12 Right now, its (inaudible) peers and obviously  
13 you have that (inaudible) special qualifications, I don't  
14 know something -- not that you couldn't find (inaudible).  
15 With regard to information on the shelters, most of that  
16 goes out through the VS system, coming out of communities  
17 that we have established programs like the tri-cities.  
18 There are specific regions, geographic regions within  
19 those communities that are designated as an agency  
20 (inaudible). It's actually distributed at no cost, to the  
21 citizens living (inaudible).

22 And they have also made it available to -- by

1 options on those videos for the hearing impaired. Now, we  
2 are talking about an area with a population of around a  
3 hundred thousand. Thus far, Ranking council members have  
4 come forward (inaudible) rights, or that -- is that  
5 hearing -- one person, you just go with standard incentive  
6 (inaudible). You think there you can spend thousands  
7 (inaudible) rights. There's only person who has come  
8 forward thus far.

9 When we talk about a lead agency on shelter --

10 THE FACILITATOR MS. SCORDINO: Excuse me a  
11 second, I'm -- so what were like -- what's an outcome from  
12 that or what would you guys think -- what actions were you  
13 thinking to take?

14 MR. ISAMAN: Well, we didn't really talk about  
15 any actions there, because it's a voluntary program.

16 THE FACILITATOR MS. SCORDINO: What about like,  
17 you know, asking the public information or you know some  
18 kind of public information campaign or something.

19 MR. ISAMAN: Well, there is extensive public  
20 information in that specific region. You have to remember  
21 I am talking about one region, not state.

22 THE FACILITATOR MS. SCORDINO: Is that level 2?

1 MR. ISAMAN: Pardon me.

2 THE FACILITATOR MS. SCORDINO: No, no -- okay.

3 MR. ISAMAN: That there is an extensive outreach  
4 program and education program in that -- and the people  
5 were given those things that we were asking; notified, you  
6 know, what additional services they could receive, and  
7 they (inaudible) in terms of -- like I said on, one person  
8 --

9 Now, when we get to a lead agency, which we are  
10 all being asked to say -- well, we don't have -- but here  
11 we did like the idea that -- (inaudible) had with a  
12 disability taskforce on preparedness. You could see some  
13 viability in establishing one of those in Washington  
14 State.

15 We really have to address these issues of  
16 evacuation and shelter for the special population, giving  
17 some focus on -- in getting stakeholders involved in, not  
18 only in the state level, but down at the local level,  
19 because once again, it's at the local -- and you can come  
20 up with as many state plans as you want so forth, but if  
21 it doesn't get down to the local level, it's not going to  
22 happen exactly as planned.

1           So you need to get the local level down the work  
2 you had, giving them an understanding on shelters, having  
3 evacuation plan models. You were talking about one  
4 example where we have a providing facility that didn't  
5 allow (inaudible) for those of you don't know what a  
6 (inaudible) is.

7           That's when all of the ice and everything on the  
8 volcano (inaudible) and there is mass that's about 60 feet  
9 high mud running down the river valley at 45 to 60. So  
10 normally, what you have to do is evacuate right now. And  
11 so we talked about one of the facilities there that has a  
12 memorandum of agreement with another facility that's  
13 outside the (inaudible) for taking their residents.

14           But the issue is how do they get to that  
15 facility. And that's why you need to have that engagement  
16 with state (inaudible) down only at the local level to  
17 address those issues as agreements between facilities does  
18 no good and it doesn't (inaudible) evacuation part.

19           So I think -- we are going to take back just  
20 looking at establishing that taskforce and the real  
21 question is do we, given that number of state groups that  
22 are working this issue, it's just a matter of really do a

1 joint taskforce picking a couple of these or they will set  
2 up something separate. That's one of the things we have  
3 been discussing.

4           And then the last question we are dealing with  
5 was how to do -- what are the shortfalls of (inaudible) in  
6 terms of medical needs of sheltering, backup power,  
7 adequate staffing, equipment -- well, we don't really  
8 know. That gets back to the other document (inaudible) 1,  
9 registry. (inaudible) from Registry as a baseline  
10 document, you have to use geospatial data, (inaudible)  
11 records, you need to work with those committees that have  
12 that to establish the type of equipment, staffing you need  
13 in the shelters to meet those needs.

14           One of the other things that we came up with was  
15 equipment caches. Sometimes you can't demand it in every  
16 shelter to have the medical fees et cetera. But if you  
17 have regionalized equipment caches, then you have that --  
18 that cache of medical equipment through that shelter and  
19 set it up, and then it's a matter of staffing, but once  
20 again (inaudible) to use that equipment (inaudible) and my  
21 group feared that I miss (inaudible).

22           THE FACILITATOR MS. SCORDINO: Okay. Thanks.

1 Let's sit on some pretty ripe and important issues. The  
2 next point is, is there any consensus in the region with  
3 either approach or outcome? If not, how might we work  
4 together as a region to build consensus with one or more  
5 of the topics? So I throw that out to you. Yeah.

6 MS. MURPHY: Cherylyn Murphy of Idaho. I think  
7 I heard all of us saying that we need to get a task force  
8 (inaudible) together and (inaudible).

9 THE FACILITATOR MS. SCORDINO: Thanks. Yeah.

10 MS. KNAPP: Barbara Knapp from Alaska. I  
11 understand that the group from Hawaii had the same  
12 comment, and that is the State of Alaska and Hawaii, we  
13 are on our own. And we really appreciate the thoughts of  
14 others, but we know that it's left up to ourselves.

15 SPEAKER: Yeah, you're on your own  
16 geographically, which is a huge thing, and you are part of  
17 a region where state (inaudible), but it will take some  
18 time to mobilize. So you -- and that's something that  
19 definitely bring in to your planning also. Yeah.

20 MR. SORENSEN: I'm Mark Sorensen, Oregon.  
21 Again, I think that the thing that I've heard in almost  
22 every group also talk about is that there is a real need

1 for a assessment of where we're at. None of us really  
2 have a detailed understanding of -- in our state what is  
3 available, what counties have done, or what cities have  
4 done, and where we're at as far as either evacuation  
5 planning or any kind of special needs planning.

6 In our situation I don't even know that -- we  
7 talked a little about whether every community and every  
8 county has an emergency operations plan that is  
9 functional. In other words, it's not more -- it's not  
10 just a written document.

11 SPEAKER: Yeah, in other words be conscious of  
12 what they have to have, but is it --

13 MR. SORENSEN: It's not copied out of the  
14 Federal Handbook and --

15 SPEAKER: Is it current? Is it exercised? Is  
16 it updated regularly?

17 THE FACILITATOR MS. SCORDINO: Good point.

18 MS. SALDANA: Connie Saldana with Oregon.  
19 Another thing -- I heard everyone say is that since  
20 disasters -- all disasters are local, at the state level  
21 maybe our most valuable thing is to write guidelines to  
22 local areas. And then the taskforce can pick them up and

1 implement them at the local area, both state task force  
2 and local task force.

3 THE FACILITATOR MS. SCORDINO: So have a  
4 guideline and have state task force, local task force, and  
5 have them speaking to each other on some kind of regular  
6 basis. Okay. Well, I think I heard you all say that  
7 definitely -- well, when you need to assess what resources  
8 you have, but you're all, I think are pretty clear you  
9 need to up the ante in terms of shelters by participating  
10 in agencies and number -- tell me if I'm making this one  
11 up, increase your number of volunteers or people who can  
12 help staff those shelters (inaudible).

13 Yes, no, maybe so? Okay. Anything else? That  
14 was a united topic. Okay. Next question. I think we've  
15 answered in some ways, but I think we can really tease it  
16 out a bit here. "How does one state impact another?" I  
17 know Alaska just said geographically you're basically on  
18 your own initially, and you're part of a region. But what  
19 about Oregon, Washington, Idaho?

20 MS. MURPHY: Cherylyn Murphy, Idaho. We would  
21 definitely impact each other in our shared borders  
22 (inaudible) the three of us, because something that

1 happened on one side of that state line is going to affect  
2 the other side of that state line (inaudible) not  
3 separated as far (inaudible).

4 And we also -- which all of you may not be aware  
5 of (inaudible) just allow region or state to (inaudible)  
6 resources or staffing and other types of resources and to  
7 (inaudible) if we needed and help each other. And it's a  
8 matter of filling up the form that we -- just that we do  
9 it, send it over to (inaudible) now you can do what  
10 (inaudible) that's already done. So we can very quickly -  
11 - generally we can (inaudible) get resources to come up-  
12 to-date --

13 THE FACILITATOR MS. SCORDINO: Can you --  
14 probably not everyone here is aware about it, process.  
15 What -- can you say just a little bit more about it, like,  
16 who, you know, who makes the request, how those  
17 (inaudible) change --

18 MS. MURPHY: Okay. Yeah.

19 THE FACILITATOR MS. SCORDINO: Well, not in  
20 great detail, but just enough to --

21 MS. MURPHY: Yeah. Well, EMAC is (inaudible)  
22 states and territories, I think Las Vegas was at 51, maybe

1 a few more now (inaudible) all of the states during  
2 (inaudible). And when a state has a disaster and their  
3 resources are (inaudible) out, and they don't have enough,  
4 they can request from the other states to get EMAC system  
5 (inaudible) e-mail about to everybody then (inaudible).

6 They have to (inaudible) available, then e-mail  
7 back and put the résumé presenting personal -- usually  
8 it's personal and sometimes -- and a lot of times it's  
9 very -- probably (inaudible) somebody is drawing  
10 (inaudible). Yes, I have it available -- I mean, what  
11 thoughts are (inaudible) then that résumé and (inaudible)  
12 and then they sign off. But yeah, we agree the  
13 (inaudible).

14 THE FACILITATOR MS. SCORDINO: And what's the  
15 lead officer agency? Yeah, okay, Governor's Office of  
16 Homeland Security?

17 MS. MURPHY: Well, it depends on -- it's whoever  
18 the state has assigned.

19 THE FACILITATOR MS. SCORDINO: Okay.

20 MS. MURPHY: Whoever the state has assigned for  
21 (inaudible).

22 THE FACILITATOR MS. SCORDINO: Okay. And that

1 can happen before a presidential declaration?

2 MS. MURPHY: Yes.

3 THE FACILITATOR MS. SCORDINO: So that's  
4 independent of -- I think that's important to know. So  
5 often we've been trained to think, you know, local, state,  
6 federal, so --

7 MS. MURPHY: Yeah. This is between the states,  
8 federal, and (inaudible) federal level (inaudible) that  
9 this is a state (inaudible).

10 THE FACILITATOR MS. SCORDINO: Okay. That's  
11 definitely a resource and information everyone should have  
12 available. Yeah.

13 MR. TEMPLETON: Richard Templeton from Oregon.  
14 I just wondered whether any of you know whether that has  
15 been enacted and specifically in relation to special needs  
16 population.

17 MS. MURPHY: I don't know necessarily  
18 specifically in relation to special needs populations, but  
19 Idaho has sent many people in the last few years down to  
20 (inaudible) dealing with donations management, work in the  
21 emergency operation center, as community relations people  
22 going out on voluntary agencies that are working in

1 disaster or the county emergency operation centers --

2 THE FACILITATOR MS. SCORDINO: This is something  
3 -- I don't know if we have time now. We could try and get  
4 a subject matter expert in here about that --

5 SPEAKER: That is if there was something needed  
6 for special needs and have those resources available  
7 (inaudible) it is -- for Idaho that has to be either state  
8 accounting personnel, you don't know exactly how to send  
9 (inaudible).

10 SPEAKER: So it's government to government?

11 SPEAKER: Yeah. I don't know if some of the  
12 other things may have a mechanism that go outside of their  
13 government (inaudible).

14 SPEAKER: And you have --

15 MR. SORENSEN: Mark Sorensen, Oregon. In  
16 southern Oregon in 2002 we had a -- the Biscuit Fire,  
17 which burnt 500,000 acres of property, and of course we  
18 border on California. And so we just have made  
19 arrangements working with northern California counties  
20 through EMAC to -- whenever we have problems they're  
21 always notified, they're on our list of folks to be  
22 notified.

1           And so we use them -- I think that a lot of  
2 those issues were sorted out at that time because part of  
3 the fire was in California, most of it was in Oregon. And  
4 so it's just -- it becomes just a real ordinary way of  
5 operating down there because we got two counties -- we  
6 (inaudible) until the distance -- part of your normal  
7 ongoing -- a lot of times they'll just automatically send  
8 resources up.

9           And at the southern end of the county Oregon --  
10 California Department of Forestry and the CHP --  
11 California Highway Patrol just steps up and handles some  
12 of the issues that -- traffic issues that are coming up  
13 from the (inaudible) parts of -- and a lot of areas you'll  
14 find that -- I think a lot of coordinated work goes on  
15 with the (inaudible) and some of those issues.

16           And that really has become a two-state and all  
17 of the plans, and all of the (inaudible) is done through  
18 that same EMAC.

19           THE FACILITATOR MS. SCORDINO: So one thing you  
20 can all do is go back to your state, or go to the website,  
21 whether it's EMAC -- [emac.org](http://emac.org), okay, and check to see who  
22 your lead agency is and who your contact, and make a

1 request and see what has been done in this area and let  
2 them know that, you know, your team is formed, and how can  
3 you work together on it.

4 I'm sure, you know, to win-win with the right  
5 people on board. So -- okay. The last point and really  
6 prized is identify opportunities, strategies for  
7 collaboration among states. So there are many already in  
8 place, but how can you take it to that next level  
9 particularly in this area of special needs planning? How  
10 about your task force, just to throw something else,  
11 you're going to be talking quarterly.

12 What about a regional -- I think that came up  
13 yesterday too, like a regional quarterly meeting. Or if  
14 not meeting, maybe conference calls, and then physical  
15 meeting once or twice a year. But that's me. I'm not,  
16 you know, you guys say it.

17 MR. SORENSEN: Mark Sorensen --

18 THE FACILITATOR MS. SCORDINO: Yeah, well, then  
19 maybe it would be, you know, via conference --

20 MR. SORENSEN: One of the questions that came up  
21 this morning is they were talking about all this new  
22 personnel that they were adding to deal with this -- the

1 planning area. Whereas is there going to be some regional  
2 planning folks assigned to each of the regions to do  
3 specialized training, to do some of the coordination work  
4 and some of those kinds of pieces?

5 If that's a possibility, I think that a lot of  
6 that coordination, a lot of the training, lot of the --  
7 those pieces, gathering up exemplary programs, sharing  
8 those issues could all be handled out of that kind of a  
9 piece because I don't know that any of our states has the  
10 money to hire, you know, a trainer to go around, or a  
11 coordinator of some sort to go around and help each of the  
12 states to focus on.

13 THE FACILITATOR MS. SCORDINO: So what are the  
14 questions we're taking back to the larger group, and what  
15 kind of (inaudible) will there be from the national  
16 agencies to support this effort? Do I hear you correctly?  
17 Yeah, on a regional basis. So from national to regional.  
18 Okay. Anything else?

19 SPEAKER: (inaudible). One thing that I know --  
20 I think the (inaudible) right there. One thing I know is  
21 that (inaudible) relate to (inaudible) --

22 THE FACILITATOR MS. SCORDINO: Say that again?

1 SPEAKER: UTL -- Universal Task List.

2 THE FACILITATOR MS. SCORDINO: Okay. Thank you.

3 SPEAKER: Target Capabilities List. I'm a  
4 (inaudible) for the long term on healthcare TCL --

5 THE FACILITATOR MS. SCORDINO: TC?

6 SPEAKER: Target Capabilities List.

7 THE FACILITATOR MS. SCORDINO: List. Thank you.

8 SPEAKER: And, you know, dealing with folks that  
9 are close to radiation which may be (inaudible) Idaho and  
10 mostly (inaudible) maybe interested in that. Those are  
11 opportunities where all your trouble is paid for, and I  
12 haven't seen any representation for any states on  
13 (inaudible) TCL (inaudible) paid for it. You're not being  
14 very (inaudible) call your colleague in Oregon, call your  
15 colleague in Alaska and say, "Hey, I was looking at one of  
16 those (inaudible) the TCL, but also have a -- as an  
17 opportunity for us to, you know, look at things in a  
18 regional perspective during the (inaudible) issue.

19 THE FACILITATOR MS. SCORDINO: Who do they  
20 contact?

21 SPEAKER: DHS is the -- I mean, we're now on  
22 phase 2 of a whole new set of over a dozen TCLs. So I

1 know that you have a lot to do and everything, but  
2 especially since, you know, as a westerner, a west  
3 coaster, it's disappointing to not have as much  
4 dissipation, but it really doesn't make a difference to  
5 have that input, and we're so often forgotten.

6 It's like people (inaudible) to have that kind  
7 of activity involvement on -- with some of the (inaudible)  
8 you know, believe me, I truly know about, but I think it  
9 would be great to have that kind of representation -- you  
10 know, opportunity for us to look at things from a regional  
11 perspective (inaudible) this issue.

12 THE FACILITATOR MS. SCORDINO: Yeah,  
13 (inaudible).

14 SPEAKER: I'm sorry.

15 THE FACILITATOR MS. SCORDINO: (inaudible),  
16 please.

17 SPEAKER: DHS, Department of Homeland Security  
18 is -- has just wrapped up phase 1, and is just now  
19 starting phase 2 of Targeted Capabilities List, you know,  
20 the TCL. It is based on UTL -- Universal Task List. And  
21 it's looking at different subject areas. An example would  
22 be to have a capability on evacuation, another one on mass

1 care, on shelter, on triage, and it kind of makes you just  
2 thinking about the continuity of care (inaudible) got med  
3 search, medical search.

4           You know, they're looking at these issues and  
5 there aren't -- because it seems to be a little bit more  
6 health-oriented or public health oriented may not -- the  
7 occasion may not trickle down to emergency management  
8 does. But the -- all are welcome to come, and we need to  
9 have that input frankly, because we all kind of get -- and  
10 this is the -- emergency management kind of get caught up  
11 in its own whole world, the same with the health site too.

12           THE FACILITATOR MS. SCORDINO: All right.

13           SPEAKER: And so we're trying to include more  
14 folks from the states to have association, to have new  
15 localities, things like that involved. And DHS has been  
16 very active in that, and there's -- and that's part of  
17 their grants office to get money. So more of the  
18 (inaudible) and visibility you have, I think the more  
19 opportunity for partnership that our application --

20           THE FACILITATOR MS. SCORDINO: So who do people  
21 go to, to find out more about this?

22           SPEAKER: I'll tell you why. You give me your

1 card, I will follow up and let you know what's going on  
2 with that. I'd be happy to help, but I've got regional  
3 pride here. I'd love to see more of you all there.

4 THE FACILITATOR MS. SCORDINO: Okay. Thank you.  
5 All right. Anything else to wrap up the day? Thank you,  
6 it was just great work. Everybody, a 15-minute break --  
7 is that right? We've got a half hour? Yes. 4:45 be back  
8 in the main exhibit hall or the main room --

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