

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

Transcripts of Conference

Region 3 Day 2 - Response

Thursday, June 29, 2006

FEMA Region III Day 2 Response

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P R O C E E D I N G S

THE FACILITATOR MS. STYRON: Okay everybody.

Now that we're back in the room from break, we're going to get started with the outcomes so we can have a regional discussion. If everyone could take their seats and pause on their conversations for just a little bit so we can have our regional discussion and learn about what each state was focusing on, that would be great. It will be similar to what we did yesterday. So out of this session, you've now had a couple of days of information and an opportunity to have your state table dialogues.

So it might be a really good opportunity if in addition to the one or two or even top three outcomes that you'd like to work on that you're taking back to your state, if any of you have determined all we need to do is some legislation. We need to write some language like that. And I see some heads nodding.

Or we're going to work on a white paper or working on developing perhaps a different type of working group or expand your stakeholders. That's really good information. I know that a lot of other regions that are doing breakouts across the U.S. are all looking. There is

1 not really a state that's not going to be redoing their
2 plan. Every single one of them, like we are determined in
3 here, is going to be redoing that. So let's start with
4 Delaware and look at some of the issues and outcomes that
5 your working groups -- that you've all discussed at the
6 table, the issues that you learned, tell me which one you
7 chose. If you only did evacuation or did you do the
8 sheltering and evacuation and how you all determined that.
9 And that might be based on what you perceive as a deficit
10 in the state currently, or if you only focused on one of
11 those issues.

12 So we'll just take it from there and let's start
13 with Delaware.

14 MR. HAKE: Good afternoon.

15 THE FACILITATOR MS. STYRON: Be on the mic.

16 MR. HAKE: I am Dave Hake again, with Delaware
17 Emergency Management Agency. And our partners here from
18 Public Health and DHSS and -- we lost a couple of people
19 but we're still -- we're still here. We looked at a
20 couple of things and I think Hillary, we talked to you
21 about them. But from a medical needs or special needs, we
22 call medical need shelters, within the state we've

1 identified two medical needs shelters in each county,
2 okay, close to the city of Wilmington. So we have a total
3 of eight that are pre-identified in the state in addition
4 to the normal public shelters. These are co-located
5 shelters, okay. So if we open shelters, they'd be --
6 these shelters would get opened first, if they are needed
7 in a county. Now, one of the problems we have is
8 staffing.

9 Even though we have a total of eight, we only
10 have three counties in Delaware. And the city of
11 Wilmington also has an emergency management office. We
12 can only staff simultaneously to medical need shelters
13 without getting some additional support staffing from
14 Public Health and the National Guard. The National Guard
15 fulfills a lot of staffing. EMAC is one avenue and we're
16 well aware that we provided EMAC assistance to the Gulf
17 States last fall. Anyway that's one of the issues with
18 staffing.

19 Another one is emergency generator hookups and
20 this applies to the regular shelters as well. The medical
21 needs shelters currently do not have dedicated emergency
22 generators in those locations. So then and that's a

1 problem and we're going to --

2 SPEAKER: You got a problem there?

3 MR. HAKE: Yeah, that's right. Well, that's a
4 problem we have with all the public schools. And there is
5 no -- there is currently no legislation in there but
6 that's something we are proposing.

7 SPEAKER: (Off mic).

8 MR. HAKE: Most of our shelters are public
9 schools, correct?

10 THE FACILITATOR MS. STYRON: Okay, I have a
11 question. For the medical need shelter, is that medical
12 medical needs, or are you putting with disabilities in
13 medical needs shelters?

14 MR. HAKE: The criteria for that essentially is
15 medical needs but that would be special needs also,
16 because the regular American Red Cross shelters only take
17 the general public. Okay, and they will take the general
18 public where their service is.

19 THE FACILITATOR MS. STYRON: And they'll take
20 the general public that's deaf and the general public that
21 has a mobility impairment and the general public that --
22 the shelters have to be physically accessible to them --

1 MR. HAKE: Yes.

2 THE FACILITATOR MS. STYRON: And so I understand
3 you are trying to separate for like maybe -- more than a
4 band aid for state type medical needs.

5 MR. HAKE: And things like -- if they had oxygen
6 requirements, if they had equipment that required --

7 THE FACILITATOR MS. STYRON: Okay.

8 MR. HAKE: -- electrical type thing, and they
9 would go in what we call the "medical needs shelter."

10 THE FACILITATOR MS. STYRON: So you're trying to
11 -- you are not using that medical model. You're trying to
12 distinguish that. So you will be having in generation
13 population shelters, people with disabilities?

14 MR. HAKE: Yes.

15 THE FACILITATOR MS. STYRON: Okay.

16 MR. HAKE: Oh, wait a minute, did I hear right?

17 THE FACILITATOR MS. STYRON: People with
18 disabilities and obviously there are service (inaudible)
19 we allowed in but --

20 MR. HAKE: Yeah, there will be certain people
21 but then the medical -- the ones that require medical
22 support --

1 THE FACILITATOR MS. STYRON: No, I understand.

2 MR. HAKE: -- they would go in these medical
3 need shelters, which we've co-located with regular public
4 shelters.

5 THE FACILITATOR MS. STYRON: Okay.

6 MR. HAKE: One of the -- and I mentioned, the
7 emergency generator issue -- what we're proposing is, and
8 this is something we are proposing through the Governor
9 for legislation, is to require all new public schools to
10 be built with emergency generator capability. Not that
11 they'll have a dedicated generator there, but that they
12 could -- a generator could be brought in and hooked up.
13 Well --

14 SPEAKER: Here's a question. We've been talking
15 with the Red Cross about -- in all the other states, you
16 may have all determined what you want to call this. If
17 you are doing the general population shelter and you co-
18 locate the medical needs portion of it, because Red Cross
19 or whomever has determined, they don't want to do that
20 medical -- medical needs.

21 Do you have to call it, do you have to say it's
22 co-located, do you even have to put the line of

1 demarcation down the line or just say, "It's a shelter,
2 it's a universally designed shelter, we can take whoever
3 shows up." And then they go through (inaudible) line and,
4 you know, but their family is still with them. And a
5 medical portion of the shelter is established where it
6 needs to be -- and hopefully, an accessible area, do you
7 have to call it a co-located shelter? Is that necessary
8 for your planning and for your education? I mean, I don't
9 know, do you guys?

10 MR. HAKE: No.

11 THE FACILITATOR MS. STYRON: I am asking
12 questions to -- okay.

13 MR. HAKE: But, but --

14 THE FACILITATOR MS. STYRON: Would you have a
15 medical needs shelter on its own as a standalone? Do you
16 have the capacity to do that, you just -- the staffing
17 issue is what you're coming back to.

18 MR. HAKE: Yeah. One of the issues is a
19 staffing issue. What we've tried to do is identify -- we
20 have two medical needs shelters in each one of these
21 counties, and they are co-located with, they're public
22 schools basically.

1 THE FACILITATOR MS. STYRON: And the general
2 population shelters you feel comfortable staffing with, if
3 you didn't have to address medical needs. So basically
4 it's a medical needs issue for staffing, for that advanced
5 medical care that you are struggling staffing on.

6 MR. HAKE: Even the general public shelters,
7 there is a staffing problem from the American Red Cross
8 management standpoint. And I mean, that's not part of
9 this thing, but it's something we're addressing because
10 there is not enough trained shelter managers.

11 THE FACILITATOR MS. STYRON: Right.

12 MR. HAKE: For -- you know, we have 40-50
13 shelters for those three counties. But Red Cross can't
14 operate all of them simultaneously. They don't have
15 enough shelter managers.

16 THE FACILITATOR MS. STYRON: So what are states
17 doing if the Red Cross can't be there for everybody and be
18 the end-all be-all. Are you staffing with your personnel,
19 are you using Citizen Corps volunteers to do any type of
20 shelter operations?

21 MR. HAKE: Well, we're --in Delaware; we're
22 looking at how to staff that. And it maybe, you know,

1 getting Citizens Corps people trained by the Red Cross.

2 THE FACILITATOR MS. STYRON: Well, the Red Cross
3 has been real busy the last two weeks and certainly this
4 week, getting shelter operators trained. And I know that
5 on July 10th and 11th, here in D.C., they have a national
6 contingency coming down, people with disabilities that'll
7 be trained in shelter operations and community liaisons.
8 They just did a big -- getting that pushed out. So it
9 sounds like you're kind of in that similar generation of
10 thought, which is good, because that's kind of where the
11 resource and education is going to go for just right now.
12 I just wondered --

13 MR. HAKE: Well, one other quick thing -- as far
14 as these designated shelters for the medical needs --
15 special needs. The Red Cross, The National Guard, Public
16 Health of all (inaudible) these shelters down. But I
17 wouldn't bet my liferight now. But I think they have
18 allowed for additional space for each of these people.
19 But as far as accessibility, you know, overall
20 accessibility question, we want to make sure that all
21 those shelters -- all, including the public shelters, are
22 accessible. So we are going to -- we're going to make

1 sure that's going to be something we want to get verified.

2 SPEAKER: In your discussions at your table when
3 you were talking about the sheltering, and I guess that's
4 the selection you made, okay -- did you talk about a white
5 paper (inaudible) you want to take back to state a thing.
6 We're going to work on this probably I believe, you know,
7 until legislation and (inaudible) has anything like that -
8 -

9 MR. HAKE: We're going to make some
10 recommendations. There is a -- there is a council, but
11 through the council to the Governor we're going to make
12 some recommendations on these things, because we need to
13 get some support, for example, to get that emergency
14 generator hookup done. Okay, plus the Department of
15 Education doesn't want to hear it and they'd say, "Oh,
16 it's the school boards that have all the power." But we'd
17 like -- you know, we'd like to have -- these shelters have
18 not dedicated most generators, but at least a hook-up
19 capability.

20 SPEAKER: Right.

21 MR. HAKE: Yeah. So some would require
22 legislation.

1 SPEAKER: Anything else --

2 MR. HAKE: Questions.

3 SPEAKER: -- (inaudible) discussed, did you talk
4 at all about evacuation and transportation?

5 MR. HAKE: We talked a little bit about
6 evacuation. And the State of Delaware, if there is a
7 hurricane we have the DelMarVa Emergency Task Force, the
8 DETF, and we have conference calls in advance with the
9 states of Virginia, Maryland and Delaware and the National
10 Weather Service. So it's a coordinated effort as
11 something is going to threaten Delaware because we know
12 that if there is evacuation out of Virginia and Ocean
13 City, Maryland, for example, it's going to impact
14 Delaware, we've done that.

15 The State Department of Transportation, we have
16 been working with them. They have teams in each of the
17 three counties and they're developing -- what they're
18 doing is refining and developing a statewide evacuation
19 plan.

20 SPEAKER: And everybody is trying for a
21 statewide evacuation plan.

22 MR. HAKE: Yeah.

1 THE FACILITATOR MS. STYRON: I saw you here
2 (inaudible), do you want us -- if you weren't here at the
3 beginning but --

4 SPEAKER: Well, I just want to comment --

5 THE FACILITATOR MS. STYRON: Sure.

6 SPEAKER: -- and ask a question about what are
7 the other people doing. And in the future (Off mic)
8 hurricane evacuees, we used a mobile medical van. And the
9 number of -- we happened to have one in the city -- our
10 Department Of Health does, that it uses for Outreach and
11 other capacities. And a number of the hospitals have them
12 as well, that really is well equipped in terms of the
13 mobile van.

14 And we had set up outside the emergency --
15 regular emergency van, mobile medical van, mental health
16 van, all of that good stuff.

17 SPEAKER: (Off mic).

18 SPEAKER: Yeah, and -- but one of the things we
19 learned was that there was so much that Red Cross could
20 not do. The city manages its own shelter after a couple
21 of days because the city really was providing the 24-hour
22 care, the really hands on, you know, rock bottom care.

1 SPEAKER: What's interesting that you said that
2 about the Red Cross. When we've had discussions with them
3 they've said, we never supposed to do that. That was
4 never our responsibility. We don't do public health. And
5 they need to work obviously on clarifying what their
6 responsibilities really are, what they will and won't do,
7 and frequently ask questions. But there also seems, I
8 don't know if you've experienced as you go further down in
9 the state, there seems to be a huge fracture between what
10 headquarters and national policy is, versus what chapter
11 offices are really doing. Is that what you are
12 experiencing at all because --

13 SPEAKER: You know, I mean they do -- they do
14 what they do. But certainly they have a responsibility to
15 educate others and to really be clear about what they do,
16 because they get a lot of donations. You know, actual hot
17 dollars as well as other kinds of support and a lot of
18 volunteer support.

19 SPEAKER: All right.

20 SPEAKER: And I know there was an issue even
21 with our transportation, because a number of the airlines
22 provided, you know, transportation for the evacuees. And

1 at one point for our social service people -- conducting
2 people to travel became an issue. Well, it didn't take us
3 long to get that straightened out. I just needed to get
4 on some (inaudible) sticks.

5 SPEAKER: Right.

6 SPEAKER: You know, either you let them go or,
7 you know, we know how to make you let them go. But be it
8 as it may, you know, the Red Cross is what (inaudible)
9 that good stuff. But the times have changed.

10 SPEAKER: Yeah.

11 SPEAKER: You know, we didn't have these kinds
12 of crisis, maybe before, and maybe they need to expand
13 their role too, because they do get a lot of good and
14 wonderful, wonderful volunteers.

15 THE FACILITATOR MS. STYRON: They do. They have
16 -- and we like the Red Cross, but there was a question
17 right up here first and then I'll come back to you. Go
18 ahead Gail. No, just a comment or question.

19 MS. WOWK: I just wanted to make a comment back
20 to Delaware and if the gentleman --

21 THE FACILITATOR MS. STYRON: To Delaware --

22 SPEAKER: Delaware. Coming back to you also.

1 Here, just wanted to take a comment. We found that an --
2 when we had Isabel that there was such a overwhelming need
3 for shelters in Maryland that really the American Red
4 Cross could only staff so many of the shelters. I mean,
5 that -- I am guessing. I really can't remember, but I
6 think there was over a 100, maybe it was 200, I am not
7 really sure, but there were so many shelters throughout
8 Maryland. They just couldn't accommodate all the needs.

9 And we had quite a few churches that actually
10 opened up in their communities. So that was the other
11 piece that we as a state were trying to track. And again,
12 you're looking at the Red Cross and you're looking at the
13 churches and other organizations and just trying to
14 monitor, trying to keep up, you know, who is providing
15 what services, I mean, talking about data collection. But
16 that was a really good component. And again, I think it
17 showed all of us again, even at the state and local level
18 that you can't forget about that component. The Red Cross
19 can, you know, can only do what they can do --

20 SPEAKER: Right.

21 SPEAKER: And then you have to look at your
22 other resources.

1 SPEAKER: When we had some churches also that
2 were shelters.

3 SPEAKER: Well, I think the faith based
4 community is so organized with their disaster response, I
5 don't know whether we could ever make it through without
6 them. They do huge amounts of work. And the Red Cross,
7 when we were talking about how would they deal with this
8 in the future if they had 906 set up in the gulf region,
9 and let's say based on census populations for special
10 medical needs and/or people with disabilities that had
11 additional caregiver needs, you know, they couldn't have
12 the expertise that 900 shelters.

13 So we were trying to discuss with them about
14 having to centralize the resource. And with the
15 disability community that became a problem because they
16 would probably be separated from their families, or we
17 would have to really be sure that wherever we were moving
18 that census to, their families were not separated with.

19 And it takes a lot of thought process to really
20 capture that utilization and what are the capabilities
21 within each shelter. So definitely the Red Cross played
22 the key role in the sheltering operations. But you're

1 just going to have to look out also the faith based as an
2 option for even staffing. Maybe they don't stand up the
3 shelter themselves, but can help staff some other ones you
4 have.

5 THE FACILITATOR MS. STYRON: You had a question
6 or else comment, Pennsylvania.

7 SPEAKER: (Off mic) that question?

8 SPEAKER: I just wanted you to repeat what you
9 said about -- the Red Cross is coming to D.C. to train
10 people, to staff medical shelters, but yet they don't want
11 to run them?

12 THE FACILITATOR MS. STYRON: No, not medical
13 shelters, their shelters.

14 SPEAKER: Okay.

15 THE FACILITATOR MS. STYRON: What they've got --

16 SPEAKER: Oh it's their shelters. Okay.

17 THE FACILITATOR MS. STYRON: The Red Cross here
18 at national -- I am sorry?

19 SPEAKER: (Off mic) trained in shelters --

20 THE FACILITATOR MS. STYRON: Right, there is
21 training shelter --

22 SPEAKER: Yeah, and that I -- and that I

1 understand. But I misunderstood what she said. I thought
2 she was trying -- and I was thinking why would they train
3 people to do that and then not do it?

4 THE FACILITATOR MS. STYRON: No. They have done
5 a very focused recruitment out into the disability
6 advocacy community and certain pockets of the country.
7 And they have gotten those volunteers to come in and be
8 part of what they're recruiting to provide disability
9 expertise in the shelter operations. So that now when you
10 go through maybe an intake mode or you are at a shelter
11 and you are a person with a disability, maybe you can have
12 somebody actually know what your issues are and understand
13 it.

14 But before they can put them out in a Red Cross
15 operation they have to give them some shelter operation
16 training that could -- all that training that they have to
17 go through.

18 SPEAKER: Is training (Off mic)?

19 THE FACILITATOR MS. STYRON: Well, headquarters
20 is doing that. The headquarters --

21 SPEAKER: -- American Red Cross?

22 THE FACILITATOR MS. STYRON: Yes, it's an

1 American Red Cross initiative that they're doing and they
2 have some new programs getting ready to come out. And I
3 can give you a contact name, if you're interested in just
4 finding out what they're doing.

5 SPEAKER: (inaudible).

6 THE FACILITATOR MS. STYRON: The classes I know
7 are full for July 10th and 11th because it was such a
8 robust response, but, you know, the disability community
9 does want to be engaged and certainly can be advocates but
10 also expert resources for you at your shelters and then
11 your EOCs. Ms. Paes, did you have -- do you want to add
12 anything about -- what we're talking about sheltering and
13 --

14 SPEAKER: (inaudible) general question you got
15 to answer, because I think it is important. Are they
16 going to manage it or are they not?

17 THE FACILITATOR MS. STYRON: They are not going
18 to manage the medical needs portion of it, until it's
19 determined what their memorandum of understanding is going
20 to be with HHS. Now that discussion has been happening at
21 the national policy level. That has not been drilled down
22 into the chapter level as we are -- because they are still

1 ironing out who is responsible for what. So until that
2 happens -- so, you know, I am knocking on wood -- that is
3 still going to remain a separate responsibility. And
4 that's where the confusion is still going to be, because
5 those folks that have been involved in the conversations
6 have a perception or an assumption that it's been
7 arranged. There is no legal document in place yet that
8 says Red Cross will do medical needs sheltering. They are
9 adamantly opposed to that to this day.

10 They are not opposed to co-locating. And it's a
11 general council issue and legal issue and Congressional
12 review of their charter. So until the Red Cross at
13 Nationals decides what they're going to do, they are not
14 pushing that particular partnership co-location down to
15 their chapter offices.

16 But they are certainly considering it because
17 they realized in Katrina people came, period. That was --
18 you know, you go to the Red Cross for shelter. But what
19 would happen is people would go to the Red Cross to expect
20 to be transported wherever they needed to be transported
21 to, and they don't provide that transport. You know,
22 they're not the end-all be-all. And that's when obviously

1 it's Red Cross's onus to define what they're responsible
2 for doing and what they can provide you. It seems to get
3 a little more confusing there as you go into the chapter
4 levels. After you get away from nationals -- and national
5 is not clear, they are vacillating, so.

6 Virginia, do you want to tell us what some of
7 your state outcomes were from your discussion and which
8 topics you decided?

9 SPEAKER: (Off mic).

10 SPEAKER: I was forced. We talked about a
11 number of different issues. But overall we had -- overall
12 recommendation that a couple of executive policy level
13 decisions must be made about sheltering, what agency or
14 committee takes the lead on identifying -- creating a
15 comprehensive state plan. And that's -- and also the
16 definition of special needs populations, and special needs
17 population planning being included in the overall State
18 Emergency Management Plan.

19 Also, we have recommendation in creating the
20 guidelines for what is a shelter and essentially some of
21 the stuff we talked about earlier today about the distance
22 or size of the facility, what the facility needs to deal

1 with -- to deal with all the needs of the people coming
2 into the shelters, looking at short-term versus long term
3 shelters and pre-identifying these facilities throughout
4 the state, and also just looking at the resources and the
5 facilities that localities have with the Red Cross
6 churches is a major push, and we've already had a number
7 of different discussions with our Emergency Management
8 Department with churches, identifying and discussing their
9 resources that they have.

10 And what else -- and we also consider security
11 issues in terms of looking at the criteria and the
12 guideline that we will be creating to recommend to
13 localities and whoever else is leading the shelters. And
14 that was an important point that was brought up at the
15 Virginia Emergency Management Conference two months ago.
16 And the issue of gangs and, you know, that all still
17 translates when you're looking at shelter situations. So
18 we'll definitely take that very seriously as well. And
19 did I miss anything? Nothing, that's it.

20 THE FACILITATOR MS. STYRON: Are you going to
21 take back to Virginia and, you know, in addition to
22 establishing the guidelines of what -- what a shelter is,

1 does Virginia currently do medical needs sheltering and
2 general population shelters separate, or are you co-
3 located -- it has just become a blend? Is it a little bit
4 of everything? Are you going to continue to co-locate
5 them or you have any --

6 SPEAKER: I think we determined -- there have
7 been discussions about (inaudible), we had meetings at the
8 Secretary of Health and Human Services level about that --
9 whether to have separate ones for medical and then if we
10 did that then the people who was concerned, well, you
11 know, if you had that over here in, you know,
12 Williamsburg, and the folks had to come all the way from
13 Virginia beach to that shelter and said that they were
14 advocates that we make it.

15 Shelters would be for everyone, and if they were
16 to the point that there was some, you know, exceptional
17 needs, then to try to meet those needs. You know,
18 initially in the first few hours or days or whatever,
19 however we can either hospitals or whatever we can to meet
20 those needs. And then it became long term.

21 SPEAKER: Okay.

22 SPEAKER: -- than having to set that up. But

1 that's the big issue I think with a lot of states, it's
2 making that determination whether to try to separate them
3 --

4 SPEAKER: Right.

5 SPEAKER: Or have them together because you're
6 dealing with putting families apart and the whole nine
7 yards. So there's just a lot of issues there to try to
8 straighten out.

9 THE FACILITATOR MS. STYRON: Okay. All right,
10 what are you all doing in terms of the transportation to
11 the shelters, or have you even thought about mass
12 evacuation planning for the state? Has Virginia gone
13 there? I mean --

14 SPEAKER: (Off mic).

15 THE FACILITATOR MS. STYRON: It's not a bad word
16 -- it's a bad word --

17 SPEAKER: No, no.

18 THE FACILITATOR MS. STYRON: You know, in every
19 state people will just like --

20 SPEAKER: No, we really got involved in
21 evacuation plans especially for the tidewater area because
22 we know that that can be swamped. Most of Norfolk is

1 below sea level, I mean, we're well aware of it that we
2 don't have the Department of Transportation here, but I've
3 said in innumerable meetings about their plans in lane
4 reversal.

5 Those are very much in place. That doesn't mean
6 that we have all the answers, which we don't because we're
7 identifying which nursing homes may need to be evacuated,
8 what the hospital systems are or aren't going to be able
9 to do when as was mentioned already when you take people
10 for Norfolk and evacuate them to Williamsburg who is
11 responsible and who is going to pay for that. This has
12 become a big issue, and it's very much under discussion.

13 In terms of the state role versus the
14 localities, you know, Virginians are fairly independent,
15 and it's hard to tell anybody what to do. But there is a
16 lot of pressure now on the state to take on more
17 responsibility than perhaps they've had in the past. So
18 this isn't new to any of us, and it's already in the works
19 both planning for special needs in a broad sense on
20 medical, you know, we are focusing on everything we need
21 from medical perspective working with all the hospitals,
22 with the nursing homes, with home healthcare. This is an

1 ongoing process, so we'll be able to take many ideas back
2 with us. But the transportation stuff has been worked on
3 for a number of years.

4 SPEAKER: For years it seems like everybody is
5 just -- it's such an asset and logistics issue for
6 everyone, and personnel, I mean, if you're using contract
7 buses, the contractors evacuate. So who moves them -- who
8 drives the buses.

9 SPEAKER: Yes. And who's going to move people
10 from nursing homes, who are on stretchers, and we've
11 talked about numerous contacts for transportation that
12 we're going to bring back to our emergency management
13 folks, our department of transportation because there is
14 some assets here that not everybody is aware of.

15 SPEAKER: I just wondered if in this region --
16 it seemed to be one of the things that broke down in the
17 transportation last year or lack thereof. Was that -- it
18 wasn't -- we thought we had the buses, we thought we had
19 the trucks, we -- the physical driving device, but the
20 body to drive it was not considered an emergency
21 deployable personnel, they weren't considered part of an
22 emergency cadre. And a sign language interpreter is not

1 apparently been considered as part of somebody that should
2 be in your EOC for your media -- for your media
3 announcements. Those kinds of things are tools for your
4 toolkit. But they have to be part of, now you're
5 emergency management, actually you are the designated
6 employee that's going to be responsible in an emergency.
7 And I just wonder how you all are dealing with those
8 issues because then it kind of expands like what the roles
9 and responsibilities are.

10 SPEAKER: Well, we're dealing with it by
11 bringing people to the table. And we'll be bringing our
12 advocacy groups to the table, we already have. I was
13 involved with the general assembly about bringing the
14 advocates to the table.

15 It's an ongoing process. We're also expanding
16 the role of all agencies and state government because some
17 agencies feel that they don't -- they don't have a role in
18 emergency response. And we've had -- our past governor
19 and present governor is pretty clear that the expectations
20 are much higher for all state employees. That's a change.
21 That's a culture shift. It's a culture shift for health.
22 It's a culture shift for education. So, I mean, the good

1 part of this process, which did start a couple of weeks
2 ago, by the secretary of health and human resources, is
3 bringing people to the table, you know, the resources I
4 wasn't aware of.

5 And I think we have -- one of the challenges
6 will be -- all the -- bringing all the right people to the
7 table. And that will include representative of all the
8 communities.

9 SPEAKER: It seems like that's the big thing as
10 having the right people at the table. But how big is the
11 table? It's like a --

12 SPEAKER: Well, it's going to be very -- well,
13 it's going to be very big, but we have an agency for the
14 deaf and hard of hearing, for the blind and visually
15 impaired, I mean, we have state groups that need to be
16 brought together that can also bring in their own
17 constituencies. So we are all believers in a very big
18 tent. And it's going to be a big table. The challenge is
19 getting something done in a big table. But we already are
20 working on a plan for that. So we -- I think we are
21 moving ahead.

22 SPEAKER: That's good.

1 SPEAKER: And beyond plans. I think last year
2 when we did town picket, and all those fliers came to the
3 table and set that up within 48 hours, and did an extreme
4 job. It was never used, but we had every agency and --
5 that needed to be there -- it was very impressive. And so
6 I really think --

7 SPEAKER: The National (Off mic).

8 SPEAKER: Yes, and that was national -- that was
9 a National Guard base, and we were ready to bring evacuees
10 there from Katrina, so -- a year and a half ago. But that
11 was done spur of the moment, folks who hadn't really sat
12 at the table yet. And that's what got us all really
13 together to want to sit at the table and to know that we
14 needed to sit at the table. But I think that kind of
15 proved to us that it could be done, and it could be done
16 quickly. And we have the communication and the willing
17 people to do it, so --

18 SPEAKER: Sure.

19 THE FACILITATOR MS. STYRON: Well, I think we
20 all know, in this room anyway, we can do it. If we have
21 to do it we're just going to do it. I think for some
22 reason there -- we get lost in what's documented as a

1 policy and a procedure versus what's undocumented, and a
2 lot of things go undocumented, and good practice goes
3 undocumented, and then stuff that is documented may not be
4 the best as we've seen.

5 But if we -- that's why these dialogues are so
6 critically important. I know there is people in the room
7 that have never seen the counterparts before. And it's
8 been helpful if nothing else, disability issues aside, you
9 know, for a minute where you actually now have a liaison
10 or a person at the agency you've never actually have been
11 able to talk to before. So good things coming out of
12 that. West Virginia. What've you been doing back there?

13 SPEAKER: (Off mic).

14 THE FACILITATOR MS. STYRON: No, doesn't sound
15 like it.

16 SPEAKER: Actually our group focused on
17 sheltering, even though we recognize the evacuation as a
18 major consideration. And living in (inaudible) or West
19 Virginia (inaudible) but if Virginia or Maryland, wherever
20 you are, if you have plans to send your people west,
21 please let us know what we need to know to prepare for
22 that.

1 THE FACILITATOR MS. STYRON: You don't want a
2 surprise? Surprise, surprise.

3 SPEAKER: We don't like surprises. Not like
4 that, not that big massive one. But back to sheltering,
5 on sheltering we identified some problems in --
6 surprisingly it sounds very much like all of the things
7 that we discussed in this room which -- that surprised me.
8 But we found that there was a need for improved
9 communication between agencies involved in sheltering the
10 people with special needs. We need to clarify
11 responsibilities and roles.

12 We need accurate assessment that special needs
13 demands like a need for a registry of shelters, where do
14 they exist. We need -- there is a lack of contingency and
15 discharge planning for special needs populations.

16 SPEAKER: (Off mic).

17 SPEAKER: Okay. Oh, we have a lot. We found
18 that human capital, human resources in general are
19 overwhelmed, and communication suffers as a result.

20 There is a lack of knowledge, standards used,
21 and whether they are comprehensive, and whose
22 responsibility is it. We noted that there was a gap

1 between being, "ADA compliant," and being truly accessible
2 for special needs. As in after action or what we hope to
3 walk away with this today are three things.

4 We want to present -- first we clearly
5 identified, I think, as a team that we need a special
6 needs taskforce to take these issues on, and to make some
7 things happen in our state. We've decided that we're
8 going to make our -- develop a white paper as a result of
9 the lessons learned today. And we'd like to propose
10 coming up with a strategic plan for planning for people
11 with special needs in disasters.

12 SPEAKER: (Off mic).

13 SPEAKER: No, it's cool because if it hadn't
14 been done before yet, you know, if we didn't get there yet
15 in your state, and obviously we're not the only state not
16 doing that. But now you know you've acknowledged, okay,
17 we need to do a task force, and then determine what the
18 parameters of that taskforce is, and what you want out of
19 it. But the states within your regions and even ones that
20 are like in the different FEMA region but still buffer
21 your state line, many of them have done it. Many of them
22 are -- as you can hear, living through the same -- how do

1 we do this. So exchange business cards with people in the
2 room.

3 Look at your delegate attendee list that was in
4 the handout packets, and see who the folks are in the
5 states next to you, because if you're really moving ahead
6 I know that I have been asked about an operation plans
7 that you all are thinking about redoing and contracting
8 out support et cetera. And how are you going to
9 incorporate a special needs component into that. Some of
10 that work, you all don't have to contract out, you can
11 actually do that and you determine and drive that what you
12 need done in the state to address your state's needs
13 because you know the population.

14 If I come in and tell you this is what you need
15 to do for special needs, and it doesn't meet your own
16 population needs specifically, then you don't have a plan.
17 So I think you're well on your way. And the white paper,
18 what would be in the white paper, and who is it going to?
19 Is it going to the governor? Is it going to --

20 SPEAKER: (Off mic).

21 SPEAKER: Okay, governor. And what are you
22 going to cover in that paper, just the general stuff that

1 you've done?

2 SPEAKER: (Off mic) a white paper would cover a
3 few things. One, just kind of a brief outline, and this
4 is what I envisioned as we've talked, outlining the need,
5 you know, just kind of -- this is how many people we have
6 with disabilities there. This varies differently in
7 different counties.

8 SPEAKER: (Off mic).

9 SPEAKER: Yeah. And, you know, some of the
10 different issues that our state might address not just
11 with some of the hazards we have internally, but some of
12 the things that we might be impacted by outside our state.
13 But then from that some of the issues that have been
14 raised through the course of this conference is examples
15 of issues that would need to be addressed by this task
16 force. And some of the, you know, who some of the key
17 players are that would be necessary to address it.

18 SPEAKER: Well, that will be great. You're
19 going to love that process.

20 THE FACILITATOR MS. STYRON: It's going to be
21 exciting, I think, for your state in particular to really
22 kind of capture it. Now, West Virginia University is

1 doing a lot of different works in education and research,
2 on disability preparedness, but then also doing disability
3 preparedness planning.

4 So certainly the gentleman that are here from
5 WVU might be a good link up, but if that's not the right
6 department within the university, I mean, there is -- I
7 can get you that information as well, that they worked
8 with us here in the national capital region conference
9 that we did. And they're certainly very engaged, and
10 maybe it would have good starting point for you certainly
11 to plug into that white paper, and your concepts of, you
12 know, what is your needs assessment going to look like as
13 you move forward.

14 So that's something that is going to be exciting
15 for you to do, and difficult, you know, all at the same
16 time. Pennsylvania. God bless you for staying.

17 SPEAKER: I don't want to go home.

18 THE FACILITATOR MS. STYRON: Right.

19 SPEAKER: Yeah, pretty much. We actually
20 discussed both issues, since there is only two of us. And
21 we solved all the problems of the world. We're just going
22 to send all our people to West Virginia

1 THE FACILITATOR MS. STYRON: On a bus.

2 SPEAKER: Specifically Green County, Washington
3 County, you know, the ones that already think they're part
4 of West Virginia. So we're just going to send those
5 people there.

6 SPEAKER: (Off mic)

7 SPEAKER: And basically what we came up with, we
8 already, as I said yesterday, we already have a working
9 group that is addressing the special needs issues. We
10 talked about evacuation. We do have some evacuation plans
11 for our larger communities, and they've been reviewed and
12 suggestions for improvement made back to them.

13 So I know those communities are working on that
14 issue. Do we have an overall state evacuation plan? No,
15 because things go down again to the local level. However,
16 what we came up with for objectives for our group is
17 discussion with the six contingent states on potential
18 evacuee numbers, routes of ingress into Pennsylvania, and
19 traffic control points to deal with that -- those
20 evacuees. And that came out of the regional hurricane
21 exercise that we had -- the middle of May, end of May,
22 where they were throwing impossible numbers at us. People

1 we could be expected to handle from, you know, our
2 contingent states. So more like, you know, we're not
3 going to get those numbers.

4 We're not -- we can't even imagine getting those
5 types of numbers, but they insisted those were the correct
6 numbers. So we need to follow up on that. That's
7 obviously not been done since it was just May, and we've
8 been a little busy since then. However -- but that's one
9 of the -- one of our goals and objectives that we want to
10 do on the evacuation.

11 The other is, obviously, if those numbers are
12 true, or even if those numbers aren't true, plan for
13 sheltering those evacuees and ensuring that we get them
14 the support and services that they need. And one of the
15 things that we did with Katrina we had the evacuees that
16 we knew about, which were the ones that were forcibly
17 flown into Pittsburgh in Philadelphia. And so -- oh, by
18 the way, this is where you're going to. And we had
19 shelters set up in those cities.

20 The other people that self-evacuated, that came
21 up, and we started getting these numbers and, you know, as
22 people started appearing at different places saying, how

1 do I get help, what do I do, this and that. What we ended
2 up doing was opening up or adding additional personnel to
3 our labor and industry workforce offices, and I'm not sure
4 if that's what they're exactly called, and our different
5 counties, all 67 counties have those offices.

6 And we supplemented their personnel with people
7 that could get birth records, that could get, you know,
8 could reissue drivers license, could, you know, help
9 assimilate these people into the communities, or just
10 provide them with the information that they needed to get
11 their lives back in some semblance of an order, you know,
12 also assisting them with finding housing and, you know,
13 helping them to make the decision whether to stay or go
14 back to New Orleans and other points south.

15 So that seemed to work very well. Actually
16 we've got very good feedback back on that issue. So
17 that's probably something that Pennsylvania will use again
18 in the future. Then we moved on to the sheltering issue.
19 And I can't be a hundred percent sure, but I don't know, I
20 don't want to bet my job on it. But I m pretty sure that
21 we've not touched on or gone further than discuss the
22 issue of other medical shelter or a special need shelter

1 whichever you want to call it. So the objectives that we
2 came up with and those again will go back to our working
3 group, explore and develop a special needs shelter
4 initiative and review our options for different types of
5 shelters, because Florida has any amazing number and types
6 of shelters.

7 And I guess we want to explore those options
8 first and see which would work best for -- see what would
9 work best for Pennsylvania in conjunction with our group
10 and all the different people that would need to be
11 involved in that. We also would like to share best
12 practices of shelter information from across the
13 Commonwealth that are already in place because I know our
14 counties are already dealing with the special needs issue
15 at their level.

16 Some of them are doing it better than others.
17 And George and I had talked about different practices that
18 some of our communities are doing, you know, we used our
19 CERT teams in certain communities to go out and do an
20 assessment of the communities, talks door to door because
21 they are people that they already know, and try to get
22 their feel for who would need to be, who would need help

1 to be evacuated. What would they need after they are
2 evacuated, you know, what type of equipment do we need to
3 take with them, you know, who the caregivers are -- who --
4 you know, do they have service animals, all those
5 different types of things that we would need to take into
6 consideration.

7 So it's the best practice that we want to make
8 sure gets shared across the Commonwealth. So that's one
9 thing. And that information will, you know, be shared in
10 various formats out crossed. The next one we did was
11 review our communications methods for sheltering special
12 populations, and update them as necessary because again
13 we've got gaps, and we've got issues with the way the
14 information is communicated now.

15 Some of our communities are handling it better
16 than others. I don't think we're doing. And this is just
17 my personal opinion. I don't think we're doing a bang-up
18 job at the state level in that particular job. So that's
19 something that we'll communicate back to the workup as
20 well. And the last one we come up with was once we review
21 those communications methods obviously once we explore the
22 special needs shelter initiative and come up with what we

1 need to do, educate the emergency management, first
2 responders and special population service providers and
3 organizations to put this whole practice in -- put this
4 whole initiative and project into place. And obviously
5 those people will be part, and they are part of our
6 workgroup. So --

7 SPEAKER: I have a question for you. You
8 mentioned educate, so after you go through the process of
9 determining what's going to be in the communications plan
10 about your sheltering. When your working group consists
11 currently of emergency managers, first responders and some
12 stakeholders, and the community based organizations, let's
13 say, when you get ready to do community education to that
14 individual level or the really down and dirty grassroots,
15 you are with the Citizen Corps portion as well, right?
16 Will you be utilizing that and doing -- all of -- is it
17 going to be like, D.C., do you envision a statewide
18 campaign, a blitz, town halls?

19 SPEAKER: Town halls don't seem to work in
20 Pennsylvania for some reason. They've had very limited
21 success with town meetings and stuff like that. I do
22 envision a statewide campaign of some sort, obviously

1 working with the governor's office, marketing director on
2 that issue. But, yes, I definitely want to utilize the
3 Citizen Corps groups that are under the Citizen Corps and
4 the affiliates, and anybody else that is interested in
5 participating.

6 We're working very hard to ensure that our
7 Citizen Corps people beyond their initial training are
8 kept engaged and involved at many of our Citizen Corps
9 counsels just who'd love to be involved with this issue,
10 and are working with us on this issue. And I want to
11 ensure that that continues.

12 SPEAKER: Do you have on your Citizen Corps
13 counsels currently, train the trainer or the recruitment
14 of people with disabilities to be on your CERT terms, or
15 you're using the CERT training to have disability
16 awareness, there's the two-prong approach to that.

17 SPEAKER: The second one at this point.
18 However, we are working -- we took the initial CERT train
19 the trainer that FEMA gave and tailored it for
20 Pennsylvania.

21 Now, we're to the point where we're updating
22 that, but then we're also going to look at, you know, do

1 we need to -- and I think there actually is a course out
2 there, I want to say that Washington State did this. I
3 don't know, Debbie do you know CERT for special --

4 DEBBIE: Right, CTEC, Seattle, Tacoma did, yeah.

5 SPEAKER: I thought so. Yeah. And we wanted to
6 get a copy of that and start pushing that in Pennsylvania
7 as well. So we are working toward that. But I'm a staff
8 of one, so I do what I can in between disasters.

9 SPEAKER: Sure.

10 THE FACILITATOR MS. STYRON: Susanne, have you
11 done -- you've done stuff, haven't you? Have you gotten
12 anything going?

13 SPEAKER: (Off mic).

14 THE FACILITATOR MS. STYRON: That last -- the
15 lame name, right.

16 SPEAKER: Karen is the one who developed that
17 course out in Washington, and we had her come to Virginia
18 and speak to different -- we had agencies present, we had
19 a two days vulnerable populations kind of awareness
20 training. And so we had copies of that, but a lot of our
21 localities have done, have adjusted their training, they
22 believe in inclusive training, which is what she designed

1 also was an inclusive training, way to do inclusive CERT
2 training. And so some of the folks have used that, but
3 some of them designed their own.

4 And Jim Davis (phonetic) is one of the folks on
5 the thing this morning. He has done that in Pennsylvania,
6 it's a very rural community, but it's the largest land
7 mass in the state, so -- as far as the county, yeah.

8 SPEAKER: That is such a cool program. But each
9 locality has looked at -- like Karen's stuff and adjusted
10 it for themselves. I did want to bring her out to do on-
11 the-ground training for more than just CERT people, for
12 everybody because it shows how you can prepare folks and
13 be inclusive. But she switched jobs.

14 SPEAKER: Oh, God.

15 SPEAKER: So she is no longer with that office.
16 And I think she's with Military Affairs in Washington. So
17 I haven't been able to reach her.

18 SPEAKER: But that was -- that was a pretty cool
19 class that they did. And so using that as a model and
20 certainly then taking, and making it maybe county
21 specific, there's a -- there seems to be a push in the
22 pockets across the country where they're actually

1 recruiting volunteers, you know, Fairfax county has a big
2 CERT for deaf and hard of hearing where the members are
3 deaf, they get the CERT training, and do everything they
4 can do without the restrictions that they might possibly
5 need, and then provide additional, you know, maybe they
6 are the ones that liaison with the media or, you know,
7 depending on what the hazard might be.

8 But it's certainly being done across the
9 country, and if you're not looking at it, it's absolutely
10 a way to staff up your shelters and help back there with
11 some of the volunteer issues. Maryland, what have you got
12 today?

13 SPEAKER: (Off mic) sorry. (inaudible) issue
14 was evacuation, and there has just been -- last -- this
15 month in evacuation planning task force that's been
16 convened that covers all populations. It's not -- they
17 were not privy to who was invited, or who was not invited,
18 and they haven't made any major decisions yet. However,
19 one of the things that they would like to achieve from
20 this is a revised transportation annex with specific
21 operational protocols that reflect the concerns and issues
22 of the disabled and elderly vis-à-vis evacuation. Also as

1 part of that next step is to develop guidance for
2 operational procedures to the local jurisdictions
3 regarding the development of their evacuation plans,
4 because one of the challenges that the State of Maryland
5 faces, it sound like other states go through this too, is
6 that those counties have a lot of autonomy regarding if
7 they evacuate, how they evacuate, where they evacuate, who
8 they evacuate.
9

10 And their plans may not be realistic when it
11 comes to people with disabilities or the elderly. Another
12 issue is that there is no single communication medium or
13 methods regarding evacuation. And local jurisdictions,
14 again, have different ways of doing it. Some use Reverse
15 911, some use a technology called Roam Survey --

16 SPEAKER: Roam Secure.

17 SPEAKER: Roam Secure, thank you. Roam Secure -
18 - so, one of the outcomes would be to pursue a consistent
19 evacuation policy and try and convince the locals to
20 pursue a consistent communication platform. Yes?

21 SPEAKER: (Off mic.)

1 SPEAKER: Not one or the other but both.
2 Another issue has to do with that there are many
3 transportation resources, they know that. But no one
4 agency owns or controls all of them or coordinates them in
5 an emergency. The issue then becomes a task to develop an
6 inventory of transportation resources that includes at a
7 minimum the state and local assets, those of the NGOs, who
8 -- where the operators are, where the fuel depots are,
9 these are just some of the things that they would like to
10 pursue. The fuel is important.

11 SPEAKER: (Off mic.)

12 SPEAKER: And there is no funding right now to
13 test the evacuation plans that would be developed. So
14 they would like to pursue funding to conduct the
15 evacuation drills with their local community continuing
16 care retirement centers, state hospital or other settings
17 for vulnerable populations. And lastly, they would like
18 to pursue a consistent evacuation policy for disabled and
19 elderly workers in high-rise buildings.

20 SPEAKER: (Off mic.)

1 SPEAKER: Well, it's decided -- certain parts of
2 the state are evacuation challenged. So that continues to
3 be an issue.

4 SPEAKER: Every state is evacuation challenged.
5 Right, right.

6 SPEAKER: (Off mic.) I can understand when you
7 say Nofic is below sea level. But our strategy in the
8 district is probably merely based on sheltering in place.
9 And then the other question that I had, how many of you
10 have ever been involved, here in this room, in shelter
11 management operations? Okay. Because one thing I did not
12 here come up was security --

13 SPEAKER: Yes, I did that.

14 SPEAKER: Did you mention that? Okay.

15 SPEAKER: (Off mic.)

16 SPEAKER: Okay, because that is something you
17 have to be concerned about because if you talk about
18 inclusivity you're talking about people who are on parole,
19 you are talking about all kinds of issues and
20 circumstances. And people come out of the woodwork that

1 have a home or something else to offer, and you don't know
2 what that's about willing to take people and --

3 SPEAKER: Right.

4 SPEAKER: -- you get infiltration depending on
5 what your screening protocols are, you know, you get the
6 usual, you know, you get criminal activity and I just
7 heard that mentioned. So I am glad to know that --

8 SPEAKER: It is significant that the criminal
9 element or the issue of dealing with law enforcement and,
10 let's say, perimeter control or threat control, is very
11 significant. Now we saw the good and the bad and the ugly
12 of how it can be done effectively or appropriately, force,
13 abuse of command et cetera et cetera. That's what we
14 witnessed -- I would just submit, having worked in forest
15 protection field for too long, that there is a lot going
16 on at the moment that we all might not be aware of, and in
17 some of the larger mega shelters or -- like dome shelters,
18 one in particular in part of Northern Louisiana had a
19 significant problem handling crowd control and criminal
20 activity to the point that mostly what you saw was law
21 enforcement.

1 Every available pick a name and acronym, even
2 the no such agency acronyms were there and many of them
3 were actually in plain clothes sleeping amongst the folks
4 that were evacuees. Because everybody is traumatized
5 there is a behavior culture that's going to start acting
6 out. The good and the bad and the ugly come out. If you
7 are -- whatever you do during the day your survival of the
8 fittest, that entrepreneurial spirit keeps going on. When
9 I was there in this particular shelter we had to go in
10 Kevlar. It was very hard to see because, you know, these
11 people have still -- they have also lost something. They
12 have lost a family member, they have lost their house.
13 Whatever was theirs is gone.

14 Aside, in addition to that, there's a criminal
15 element attached to it. And utilizing your law
16 enforcement really made a difference for this people
17 because if you think somebody that needs a fix on math or
18 whatever or have some sort of other issue going on, that
19 becomes a special need during operations and is very hard
20 to control because that pharmaceutical, like match, may
21 not be available in the stockpile. And certainly was not

1 available at Red Cross shelters to do some type of
2 assistance in narcotic type intervention. But having law
3 enforcement there -- also you know, you've got crowd
4 control, and when you are doing mass sheltering like that,
5 like you say, folks come out from wherever. We had
6 parolees, we had people that got, "here you are out of
7 jail, now just go evacuate", or they have, you know,
8 jewelry on their ankles but there's nothing to read that.

9 So when you are doing the checking procedures
10 and you have 5000 people show up and you are doing an ID
11 batch system there's no time to do checks for wants and
12 warrants. And if I left my ID at home and you are not
13 scanning fingerprints, because again this is an emergency
14 and we don't have, you know, enough time to check your ID,
15 your retinal scan. But you have all kinds of elements
16 there. So really working with law enforcement is
17 critical. One of the things that came --

18 SPEAKER: (Off mic.)

19 SPEAKER: Oh, absolutely.

20 SPEAKER: When they come out of prisons and
21 other places with disability.

1 SPEAKER: Absolutely, and mental health
2 disabilities, physical disabilities, the same spectrum.
3 That's just where they live perhaps during the day, when
4 it is in a controlled environment. And now we are moving
5 in, the transport is critical in where you are moving them
6 to. So there are parts in the shelters that were
7 segregated specifically because of that. And perhaps the
8 media and how the operations were being handled could have
9 been a little more delicately handled and appropriate as
10 far as what was being said or what the visual prompts were
11 on TV.

12 But it is a significant issue. Every single
13 community has some sort of law enforcement. You exist for
14 a reason. You know, mother of invention, necessity that
15 kind of thing. But in mass sheltering and even in smaller
16 shelter operations, I always love to have law enforcement
17 there. Just because I really want to be in the big
18 operation where people are just going to fight over who
19 got the last piece of bread even. Those kinds of things
20 happen because they had this extreme trauma happen to
21 them. When you are looking at your -- do you feel like if

1 you go back with some white paper or ideas, you know, go
2 back to the state, do you feel like this is anything which
3 you can actually move forward from what you've heard
4 yesterday from the speaker's and you got your information,
5 and then the speakers' session this morning, and you take
6 that up -- is it going to help you at all with some of the
7 things you need to do? Certainly may be meeting some
8 people at the tables that maybe you haven't met before.
9 Sir, you have a statement or question?

10 SPEAKER: No one mentioned something about the
11 Reverse 911, and I was wondering, have we taken in
12 consideration -- and I don't know whether we can deliver
13 Reverse 911. because a lot of folks are starting to use
14 Internet service for phone, like Vonage and Travelair.
15 Does Reverse 911 work with them or --?

16 SPEAKER: They do with E911 and that's -- I am
17 not sure, I am not the technical person. I can see if
18 there's an FCC person here or some of them might be -- but
19 I don't want to tell you wrong. But I am not sure that it
20 does. Now there was -- you've raised a good question. I
21 can check on that for you and see, if nothing else try to

1 have somebody come by tomorrow and talk about that,
2 because that's a very critical issue, the communications
3 and your PhoneTrees and how you are doing recharge and
4 things like that.

5 But there was a question I had I just want to
6 clarify with Merlyn. You wanted a consistent
7 communication message for evacuation but you are wanting
8 to use redundant systems. There is not a one size fits
9 all?

10 SPEAKER: (Off mic.)

11 SPEAKER: Okay.

12 SPEAKER: (Off mic.)

13 SPEAKER: And multiple different. I mean not
14 just Roam Secure and not just Internet based, you know,
15 the rolling PhoneTrees and -- you know, you can do the
16 scrolling messages on your satellite FM radio. You can't
17 actually capture that airwave, but then you've got the
18 Umbrella System at least in some parts of the region. Now
19 not every state has that amber-lit scroll message, but--

20 SPEAKER: (Off mic.)

1 SPEAKER: I know that at least in the regional
2 areas we've been looking at that. And the funding for the
3 training and exercises, that's an interesting topic. I
4 know that if the state and the urban area security cities,
5 they have been debating this for the last seven months
6 about what their priorities are for evacuations and
7 exercises in terms of the grant funding. And what I found
8 out as recently as today is that in terms of this region,
9 the special needs or disability component is so not a
10 priority that doing an evacuation or transportation
11 exercise, they might still be doing the models with, you
12 know, I am blind name tag.

13 And we are going to have to redirect that
14 approach. But I agree that the money is short and states
15 are certainly all competing for the same dollars. I just
16 wonder, beyond the National Capital Region what is
17 Pennsylvania doing, what is Delaware and West Virginia
18 doing, and other parts of Virginia? I mean how are you
19 all -- when you are exercising and you have to -- if you
20 are using ODP dollars -- sorry DHS dollars, Grants and
21 Training are you there to push having that scenario inject

1 done on your homeland security exercises. Because I get a
2 mixed bag. When I call the people from the Grants and
3 Training Exercise Division and I ask them about what they
4 are doing for these injects they are telling me that it's
5 not a priority. They are still doing threat based and
6 terrorism based. You know we are doing it on all hazards
7 but we are not really incorporating special needs. Are
8 you seeing it at all in your states, is there anything
9 happening? Mostly more -- may be bio-terrorism but not
10 into -- that's medical, that's not really transportation
11 because that's not really happening.

12 That's what I thought, because when I put an all
13 call out for who has been doing good practices for
14 exercises I didn't get any response other than we could do
15 it if you want us to. And I wanted to see if they are
16 already doing it. Now, this afternoon, let me get the
17 agenda, I believe there is another session today in Salon
18 3 -- let me get back, right.

19 SPEAKER: So we're going to get ready to take a
20 break.

1 SPEAKER: Yes. There will be another session
2 today in the lobby -- in the conference room area or the
3 ball room area this morning. What I would ask is that if
4 you have questions or comments or things that you need to
5 continue discussing feel free to use this room longer than
6 we are in here today. We'll be back in here tomorrow
7 unless something changes. Tomorrow morning Secretary
8 Chertoff will be joining us and this afternoon I am going
9 to go, I will let you go now, and you can take a break but
10 then reconvene in Salon 3 for the rest of the afternoon.
11 And I thank you all for your great work today. Good
12 things are coming out.

13

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