

WORKING CONFERENCE ON EMERGENCY MANAGEMENT AND INDIVIDUALS
WITH DISABILITIES AND THE ELDERLY

TRANSCRIPTS OF CONFERENCE

REGION 4 DAY 2 - RESPONSE

THURSDAY, 29 JUNE, 2006

FEMA REGION 4 DAY 2 - RESPONSE

THE FACILITATOR: Michael M. Weston

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TENNESSEE

Terri Urbano, PhD, MPH, RN
Clinical Professor of Pediatrics
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Also Present.
Peggy.

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P R O C E E D I N G S

THE FACILITATOR MR. WESTON: Okay, we are back. And I will make you know in the conversation as you did yesterday to the regional perspective and what's going to start that process is having each state report out on the primary issues that they were working in response, which could be evacuation, it could be sheltering, and it could be combination of the two.

And Peggy (phonetic) is going to help us out catching what you say. She did a great job yesterday and we are very grateful to her, and we are reversing the order from yesterday. So that means Tennessee you are up.

MS. EADS: All right, my name is Judy Eads. I am the Assistant Commissioner in the Bureau of Health Licensure and Regulation, and actually had the responsibility and still have that responsibility of revising our ESFA plan that fits in with our Tennessee Emergency Management Plan.

THE FACILITATOR MR. WESTON: Okay, and I thank you for giving us little more information what the rules

1 were. We were too big a group to really know who
2 everybody is, and I think we need to trash that rule. So,
3 you know, you get the mic, tell us who you are and what
4 you are up to.

5 MS. EADS: Oh, all right. First of all,
6 Tennessee actually learned from the Katrina events at the
7 expense of what Louisiana, and Florida, and Alabama went
8 through. But it was actually an opportunity for us to
9 test our plan. And we learned from it, and we were glad
10 that we learned from it in a different fashion in that we
11 had evacuees coming in, and we had to use our shelters
12 now.

13 We have not had an opportunity to open up the
14 magnitude of shelters that we had to during the Katrina.
15 I think we got between, 6,000 to 8,000 evacuees, so we
16 learned from that event but we did learn that certainly we
17 had shelters, already in our organization of our emergency
18 planning.

19 But one of the things in looking at the
20 (inaudible) that's come out of North Carolina, and Texas,
21 and Mississippi, we realized our stakeholders that we
22 pulled together that we were not going to do shelters for

1 special needs, medical shelter per se.

2 So we actually are going to tax our own utilized
3 or vacancies within our licensed facilities that be our
4 nursing homes, our assisted care living, our residential
5 homes for the aged, the ambulatory surgery centers, as a
6 placement for our -- that population of special needs.
7 Since they have, say utility rooms, clean utility rooms,
8 basic medical supplies that have some basic staff that you
9 would build on.

10 And the staffing of those special -- are
11 shelters that we use. We would -- of course we are in the
12 process, I think, just like our other states of working on
13 our emergency volunteer registration system, and we did do
14 that during the Katrina, because we had probably -- we
15 wasted probably between 600 and 700 volunteers within the
16 state that volunteered to go assist in the Katrina states.

17 But actually, were -- the EMAC system we were
18 never requested to send additional staff, so we had the
19 600 or 700 that could have been used and were used at some
20 extent by our Red Cross to supplement the shelters that
21 they had. We had also, during that event, we did get
22 donated medical and sample drug supplies from physicians'

1 offices and different type of health care facilities,
2 which was never requested for through the EMAC because we
3 certainly tried to work with our emergency agency in order
4 to -- do the protocol.

5 I do know that we did have some licensed people
6 that responded in the Mississippi area and Florida area,
7 which I think, is very well, I think, was appreciated but
8 I also heard of situations to where they were not able to
9 be utilized. So, but we did have those supplies, now they
10 were not requested, so what we did with those supplies
11 afterwards, which was about three truck loads of supplies.

12 We donated those to the clinics across the state
13 that provide, free medical care to those individuals with
14 no insurance. The area that we identified or challenges,
15 was actually, we certainly have a plan, but it's the part
16 of it education and building a partnering network in order
17 to communicate a plan as well as providing some materials
18 that can be used by the special needs population. And we
19 certainly hope the states discuss that.

20 Some of those assistances that we can utilize
21 take and adapt for our Tennessee population. We were able
22 to measure the effectiveness of our shelters. We

1 certainly recognized because we had our shelters, our weak
2 areas, and one of the things that we realized, and that is
3 establishing a mechanism, for evaluating, and that is,
4 shortly after the shelters we did our disaster.

5 We identified our strengths, and our weaknesses
6 and the areas to improve, and part of that certainly, we
7 do -- I am responsible for the medical component of our
8 emergency management plan, but our ESEs go back and sit
9 around the table. So all of our 21 departments within
10 state government sit around the table and they also do the
11 same kind of process.

12 We are developing, which we know our GIS network
13 of providing key information. Where as we've just begun
14 that probably about three to four months to go, and I am
15 looking forward to getting that in place, and hopefully
16 with those states that I know that are further along with
17 that, I am hoping to take back to Tennessee to implement
18 that within our state.

19 We deal what shelters predominantly, but under
20 the evacuation we did realize that probably our -- one of
21 our weak areas is training our first responders in the
22 developmental disability population, so that they are

1 better prepared if they come into the evacuation of
2 individuals whether that is in the community, in high-rise
3 apartments, in order to better deal with those.

4 THE FACILITATOR MR. WESTON: Okay, now I think
5 when I in dropped in on Tennessee, was the number of
6 evacuees that came in from the Gulf coast states around
7 6,000, is it --

8 MS. GALLUP: I am July Gallup and I, kind of,
9 see this from the disabilities perspective. We had at
10 least 40,000 people that came through the state at one
11 point in time, and registered for benefits through FEMA.
12 That number of 6,000 to 8,000 are the number people that
13 were actually brought in and sheltered in Tennessee
14 through our shelter program.

15 But we had a much greater number than that who
16 came in to Tennessee on their own. They were scattered
17 through every county in the state I believe, and some of
18 those people have stayed, a lot of them have moved on, and
19 we don't know what those numbers are, because we don't
20 know how to find those people. So --

21 THE FACILITATOR MR. WESTON: Right, yeah, one of
22 the things that you are passing the mic back I know, but -

1 - and I have been in the field of aging now for about 30
2 years. But when I was in the Astrodome and in the George
3 R. Brown Center in Houston and it hit me right between the
4 eyes like a 2 x 4 was that truly, especially in the
5 massive shelters, you know, they are another city and they
6 really look like cities look.

7 And one element of that and it's an emerging
8 issue in the Aging Network. It is grandparents raising
9 grandchildren. And that's an issue, that on a good day is
10 a tremendous challenge, because rarely is it a set of a
11 grandmother and a grandfather, it's typically just a
12 grandmother and oftentimes it's not one child, but three,
13 four, five children.

14 And as I said, on a good day, meeting those
15 needs is immense, and seeing multiple families of a
16 grandparent with, you know, three, four, five children in
17 a shelter was just something that needs to be factored in
18 to every element, though from planning through recovery.

19 MS. EADS: Probably one of the things that
20 Tennessee experienced with our -- the flights coming in,
21 in which we activated our assessment teams, triaged teams,
22 at the airport to do the assessments. One of the things

1 we were told like, at beginning that you are going to be
2 getting four flights, and we'll have six flights, and this
3 and other so maybe in the Knoxville area, maybe in
4 Nashville or -- and then we would dispatch those teams and
5 they'd be there all day to realize the flights aren't
6 coming in they went somewhere else.

7 And, so after about, and of course this went on
8 as you well know, for a week a week and a half, and our
9 teams got a little bit distraught, because you know, you
10 sit there long prepared and we had you know, ambulances
11 stand by and all those kind of stuff. So that was, you
12 know, we dealt with it.

13 And we actually did the assessments, and we had
14 pharmacists part of it. So those people that came in that
15 did not have their medications, they actually got the
16 medication needs, and faxed it to a local pharmacy that
17 actually filled the prescriptions, and had the medications
18 waiting for the people when they got to the shelters.

19 So that worked very well with us, but you know,
20 like I said, you know, we had weaknesses and we were
21 certainly we have adapted our plan to address those
22 weaknesses.

1 THE FACILITATOR MR. WESTON: I am going to ask
2 you on the -- I mean that's it's all about resources and
3 we hate to see resources squandered, and again if you've
4 got all of those resources, and I can tell that it was
5 happening in other states as well, you know, position to
6 receive a flight that is ultimately never going to arrive,
7 did you have a clear point of contact as to who you could
8 communicate back to as to what was that status.

9 Because some of the many things that I say is
10 that you know, people are certainly willing to jump
11 through the hoops, but ultimately somebody has to take the
12 responsibility to stop moving the hoops, you know.

13 MS. EADS: Right one of the things that we
14 realized and you may kind of, address it a little bit
15 better, but the FEMA organization we realized was
16 communicating with the wrong individuals within the state,
17 for the planning of evacuation. For some reason or
18 another, they were dealing with the National Emergency
19 Management Group, which is a local group in the state, but
20 not the state management plan.

21 So a lot of the communication was going to the
22 wrong agency and after the first few flights. It was like

1 we did -- you know, our Tennessee Emergency Management
2 didn't know about it until you know, short notice. So we
3 had to get that straightened out, but it's just that FEMA
4 wasn't communicating with the right individual within the
5 state. We weren't aware that they have been communicating
6 with a smaller agency within the states, so you may want
7 to comment on that.

8 MS. STOKES: I am Kendyl Stokes, I am actually
9 from TEMA. Just to comment on that, we have --

10 THE FACILITATOR MR. WESTON: Yeah -- In the
11 meantime, can you introduce yourself, tell people a bit
12 about --

13 MS. STOKES: I am with Tennessee Emergency
14 Management Agency, I am the lead planner for our State
15 Emergency Management Plan. Kendyl Stokes. We make phone
16 calls to FEMA, to ESF1 in the morning and in the evening
17 everyday.

18 And sometimes they would say, you are not
19 getting any flights, and we would call them back twenty
20 minutes later and say our airports have called and said we
21 have got a plane on the 10-minute approach. So there was
22 some massive disconnect with communications, no surprise

1 for anybody there.

2 We also had a very interesting situation popup.
3 Former vice-president Al Gore chartered some planes and
4 send them down there, so we were getting not only the
5 FEMA, you were sending new displaced people --

6 THE FACILITATOR MR. WESTON: A lot of democrats
7 were flying in there --

8 MS. STOKES: They were flying people in for us.
9 It was an interesting situation that we did what every
10 other state in this room did. We embraced the challenge
11 and we handled it.

12 We had cats and dogs just like Florida had,
13 everyone else had, but people getting off the planes with
14 the huge snakes around their necks, you know, their necks.
15 That was a sort of a shock to our triage team because you
16 got to do something with the pets.

17 THE FACILITATOR MR. WESTON: Yeah, okay, we go
18 to South Carolina. Thank you very much.

19 MR. STENSON: Yeah, Kim Stenson, Chief of
20 Preparedness and Recovery for South Carolina Emergency
21 Management Division. Basically we looked at the
22 sheltering issue, didn't get too much onto the evacuation

1 piece of it. A couple of things upfront is you know, like
2 most states we've got the traditional shelters, the
3 traditional Red Cross shelters, and we also have special
4 medical needs shelters.

5 However, we have got a very limited capacity in
6 special medical need shelters. We have probably got,
7 right now, somewhere around 500 or so, and that's pretty
8 much it statewide, and they are pretty much spread out all
9 over the state too there. So they are not geographically
10 located in any one particular area, even though most of
11 our hazards are along the coast line.

12 But basically the system we've got right now is
13 everybody goes to the traditional shelter and then they
14 get triaged if you will and then if they need to go to a
15 special medical needs shelter then they'll be transported
16 form there. So that's the kind of the system we've got.

17 A couple of the issues obviously is that we
18 don't have a good handle on the number of people that
19 probably need to go to a special medical needs shelter.
20 We recognize that, we talked a little a bit about that
21 yesterday, that's one of our action plans is, is we've got
22 to identify that subset if you will of the population

1 that's going to have to go there, and get that -- those
2 special services.

3 And obviously we are going to have to increase
4 our capacity. We know that it's well over 500 that we
5 have got to go to. So, that's kind of the big issue we
6 had yesterday, and it's also the big issue we have --
7 we've got today is we've got to wrap ourselves around all
8 those particular issues there.

9 The other thing is that the big issue obviously
10 is that in some cases our traditional shelters are not ADA
11 compliant, you know, and not handicapped accessible so we
12 have got some issues there as well. So a couple of things
13 that we've got to do in the near term taking a look at,
14 again work the registry issue.

15 We've talked about that yesterday and we used
16 basically the same game plan to solve that issue as we
17 discussed yesterday and get those numbers, and kind of
18 work that a little bit. Once we get the numbers, then we
19 are going to have to build the capacity, don't know if we
20 got enough in the state and we may have to look, you know,
21 in other sources for that possible EMAC, and that sort of
22 thing in terms of staffing assuming that we can actually

1 find the facility.

2 And then obviously we've got to take a look at
3 the geographical location of the special medical needs
4 shelters that needs to be, again, built around the
5 demographic data that we gather upfront. And also by
6 hazard too, take a look at it from there.

7 In terms of traditional shelters we are going to
8 have to basically identify those traditional shelters that
9 are not ADA compliant not handicapped accessible. And
10 then once we identify those, then we can kind of develop a
11 plan, tag one of our state agencies, it's kind of the
12 primary agency for it.

13 And then work through some of the funding and
14 coordination issues that obviously is going to have to
15 take place, to either make those shelters compliant or
16 possibly look at other locations and other facilities. I
17 think that's about it.

18 THE FACILITATOR MR. WESTON: Okay, may I ask,
19 you've identified some shortfalls that -- do you have a
20 better sense of who hasn't been at the table, and who we
21 need to, you know, to help --

22 MR. STENSON: Yes --

1 THE FACILITATOR MR. WESTON: For you -- in this
2 with you?

3 MR. STENSON: Yeah, and we have had some
4 conversations on that and we know that we need to bring
5 some other folks to the table. And we also recognize that
6 there is probably some areas that are basically not
7 covered right now with any state agency if you will. And
8 we have got to figure out, you know, whose going to have
9 to pick up the difference on that. So we got some work to
10 do on that as well.

11 THE FACILITATOR MR. WESTON: Okay, thank you.
12 North Carolina. I saw some heads nodding, did North
13 Carolina have some phantom flights as well, yeah, tell as
14 about that as well please.

15 MR. MOORE: My name is Warren Moore I am with
16 North Carolina Emergency Management Human Services
17 Program. In relation to hurricane Katrina, we too
18 experienced many conflicting points of information. We've
19 received notice that a flight would be -- was en route to
20 arrive in Raleigh, North Carolina, or to schedule to
21 arrive in Charlotte, North Carolina, or Greensboro, North
22 Carolina, and then a few minutes later we will be told no,

1 it is not coming. So we had that -- to occur for a seven-
2 or-eight-day period of a time. I think all of us
3 experienced that. No, I won't say anything more about
4 that, all right.

5 THE FACILITATOR MR. WESTON: Okay.

6 MR. MOORE: Okay, as far as the point that we
7 are discussing today, everything that has been discussed
8 or stated so far, we too have, kind of, touched on parts
9 of, which is we think, of building relationships, the
10 stakeholders, identifying more assets and the proper tools
11 to make these programs work.

12 THE FACILITATOR MR. WESTON: And was your focus
13 sheltering or evacuation or really the two.

14 MR. MOORE: The conversation went back and
15 forth. Because you can't do one without -- you can't do
16 the evacuation with the proper --

17 THE FACILITATOR MR. WESTON: Right.

18 MR. MOORE: --point to place, and so -- but we
19 focused more on evacuation. With the evacuation we talked
20 about capacity building. And building our capabilities,
21 through developing a taskforce that basically brings all
22 of our stakeholders together. Those stakeholders from the

1 emergency management community, the public health
2 community, the aged community, members from who are
3 citizens with disabilities as well as we would say to the
4 actual -- that's the term, yeah , persons with
5 disabilities and local government.

6 Bring it all together to work on these issues
7 and one of the things that we are hoping to do here, we
8 are going to identify a policy that will help us move
9 forward. Because, and in North Carolina we need to
10 strength -- we need to look at our legislation, and
11 strengthen the policies as within their core.

12 In addition, we were looking at building
13 standards that would support triaging the individuals when
14 they arrive at the shelters, because that's one of the
15 things we do not really have in place very strongly right
16 now. I think South Carolina mentioned that as well, which
17 is when people arrive at the shelter, having to triage
18 them and get them into proper place, and so we are
19 discussing that.

20 In order to help facilitate this effort, we are
21 looking to using distance education. And we are going to
22 work in conjunction with our partners, in particular,

1 public health, in doing some distance education programs
2 throughout our state, to capture as many people as
3 possible in a short amount of time.

4 Also we discussed identifying the many assets
5 that are needed to help in transporting and moving these
6 people, and this the nontraditional assets. Right now we
7 have a strong handle on the public aspects that are
8 available to help move people.

9 But we had mentioned getting those
10 nontraditional, so those assets that may be at a private
11 school, or at a church, or some other civic organization
12 that could help us in -- that have the lift capability
13 that we could use in our -- to transport persons with
14 disabilities and also developing, and kind of, flushing
15 out our database for the future.

16 THE FACILITATOR MR. WESTON: Okay, let me ask on
17 the actual care in the -- do you have a special needs
18 shelter as a part of your next -- in the state?

19 MR. MOORE: Yes, we do have a special medical
20 needs shelter.

21 THE FACILITATOR MR. WESTON: Okay, and have you
22 been able to engage home health agencies to come in and is

1 that somebody on your list that is a logical partner in
2 that process? Have you approached them or are they
3 already there, or --

4 MR. MOORE: They are already a part of our team.

5 THE FACILITATOR MR. WESTON: Okay, and they --
6 it wasn't kicking, biting, and screaming, kind of, thing
7 or --

8 MR. MOORE: I have to pass on --

9 THE FACILITATOR MR. WESTON: Okay.

10 SPEAKER: We are a local autonomy state, so all
11 of that happened at the local level, so there have been
12 some states where they have willing come -- some counties
13 where they have willingly come to the table. And there
14 have been other counties where it's been kicking, and
15 screaming, and it's still under discussion, so I would not
16 say they are a statewide partner, because we have to do
17 this county by county, just because of the way our state
18 is structured.

19 THE FACILITATOR MR. WESTON: Okay, and let me
20 ask you, is there a state association for the home health
21 agencies, have they been engaged or they -- where do they
22 fall on this issue?

1 SPEAKER: Well, there is a state association,
2 but again state associations can be more or less helpful
3 when you have to do this county by county. You know, I
4 think the state association is on board, but they don't
5 have any power to mandate to their members that they come
6 to the table and not all home health agencies are members
7 of the association, so --

8 THE FACILITATOR MR. WESTON: Right, okay, thank
9 you. Ready to flip the chart. Next, Mississippi. And we
10 talked about that I want you reporting, and I want you to
11 talk a little about the project you are working on related
12 to the mobile command post.

13 MS. TUTOR: I am Marian Tutor and I am director
14 of the State Union on Aging in Mississippi. We've been,
15 kind of, reliving some things over here, as have you in
16 your groups. And we are trying to come to grips with some
17 of it, it's hard looking back, and when you think "Gosh,
18 we did not know Tennessee had all those assets or we would
19 have been calling you -- we just didn't know who to call."

20 So that's again one of the things we know we
21 need to do is coordinate better. We talked a lot about
22 evacuation and then we got into sheltering, you are right

1 you have to talk about one and the other. It's hard to
2 separate, but I am going to try to separate for you.

3 Evaluation, coming back to the same notion of
4 IDing those who need transportation so that they'll have
5 an accessible transportation when needed, so that's an
6 inventory of transportation -- is one of our most
7 important issues that we discussed.

8 And we talked about transportation by any best
9 mean. The individual needs to take ownership of even
10 their evacuation plan and route, and that should be a part
11 of the packet that they put together for themselves. We
12 know that evacuation through Mississippi, particularly
13 southwest Mississippi is a challenge for Mississippians
14 because -- all the New Orleanians are on the road too, and
15 so that's a challenge for us.

16 People do not have cars any more, on the gulf
17 coast. Many of them lost them and have no means of
18 replacing, and are trying to figure out, with the limited
19 public transportation that we have, how we will indeed
20 transport all these folks. So, one of our problems is
21 identifying now that we have this lovely SSPG money to
22 replace our lost buses.

1 How we are going to use that federal dollar to
2 match our transportation, department of transportation
3 moneys. And realizing that we can't do it with those
4 funds we are going to have pay, full boatload for the
5 buses and the transit to remove people or to get our
6 transit back up and running, so with -- that is a huge
7 barrier and a challenge force that we are working through
8 right now.

9 Fuel Depots. When you are sitting in traffic
10 for hours and hours you run out of gas, unfortunately
11 that's a huge evacuation problem, and we are hoping that
12 people will begin to learn that we, as we are-- we are
13 out of necessity going to have to build ways for people to
14 get fuel, other than from the trunks of their cars, where
15 they should not really be carrying a lot of fuel. But you
16 may have to depot along the way along your transportation
17 routes.

18 What else have we got here, fuel, sources --
19 Fuel is in the ground, but after the event you better be
20 where you wanted to go when you were evacuating, because
21 when the hurricane hits, the fuel goes down and you cannot
22 pump fuel from the ground with no electricity. No one had

1 fuel for a week in Mississippi, regardless of where you
2 were.

3 THE FACILITATOR MR. WESTON: And regardless of,
4 I mean, as a state agency, you were without fuel as well,
5 or --

6 MS. TUTOR: We were powerless until we had our
7 governor declare us an emergency vehicle, and only then
8 could we take advantage of the power sources that were
9 available to us, and being at the front of the line to get
10 fuel to deliver needed and necessary medical and life
11 saving equipment.

12 THE FACILITATOR MR. WESTON: And that was how
13 many days post-landfall?

14 MR. TUTOR: That was a week. Our home-delivered
15 meals started running the fifth day. But fuel was gone
16 the first day.

17 THE FACILITATOR MR. WESTON: All right.

18 MR. TUTOR: So there was no way to get fuel
19 other than hand-pumping for many, many days, and then we
20 had to generate power to get fuel out of the ground, via
21 generator. Lots of fun.

22 When we got through with the discussion of those

1 items, we moved on to our next step, and this is where we
2 really went a little overboard I am afraid. We know that
3 our long-term care facilities are now contracting using
4 out-of-state contracts with vans and ambulances to have
5 that plan in place to move people. Once again, it was
6 mentioned earlier, but we realize how important that is.
7 Also we realize that we have got to partner with
8 nongovernmental entities, who have transportation, church
9 vehicles, church buses. In Mississippi we used just about
10 anything we could, and now we plan to use anybody's
11 vehicle that we commandeer almost.

12 And they have to -- we have to learn to connect
13 better to those non-governmental entities, and make sure
14 that the non-governmental entities learn to trust
15 government, and we them, and that's a building of trust
16 and education, back and forth, we think.

17 THE FACILITATOR MR. WESTON: And let me just --
18 and where does liability fall in the midst of all that?
19 Because that seems to be the deal killer.

20 MS. TUTOR: There seems to be a whole lot that
21 matters when you are evacuating as fully as we did.
22 Liability is a huge problem, for anyone who is going to

1 loan you something. Church bus, whatever it is that's why
2 we are hoping that our organizations working with us will
3 begin to realize the liability policies need to be looked
4 at fully so that there is coverage for anybody driving
5 their vehicle with whoever is in the bus, it doesn't
6 necessarily have to be just your population, so but first
7 it's life and limb.

8 THE FACILITATOR MR. WESTON: Right.

9 MS. TUTOR: Okay, we also talked about educating
10 public on what they should take with them, and we've come
11 up with a project that is a, "Roll behind you plastic
12 container," and in that sample kit, our Senior Companion
13 Program developed a sample kit of what you should take
14 with you and we really loved some of the things they put
15 in there.

16 Of course they put the normal stuff, the water,
17 the food, the meds, the power, the radio, the flash
18 lights, the money, they also put in their recommended Wal-
19 Mart cards, Swiss army knives, phone chargers, and the
20 best recommendation was to put it in a roller kit.

21 Put it in something that you -- if you're a
22 senior or a disabled person, you can pull along behind you

1 just like your luggage that you do. And yes, they can
2 hold ice too.

3 So the good thing about the kit, profess and the
4 ideas that we hope to find a way to fund them somehow. To
5 help people who really need them. Leatherman was another
6 thing -- guys do you know what a Leatherman is? Evidently
7 that's very helpful. The only other item we -- won't fit
8 in there that we found very useful for our undelivered
9 meal stands with a chainsaw, because all your public roads
10 will be cleared, but driveways and access roads up to Ms.
11 Smith's house out in the country, it is hard to get to her
12 house. And so our home-delivered meals drivers put
13 chainsaws on.

14 THE FACILITATOR MR. WESTON: And when you say
15 Leatherman, is that multifunctional, so you could build a
16 house too?

17 MS. TUTOR: Yes that's the tools.

18 THE FACILITATOR MR. WESTON: Yeah, that's it,
19 okay.

20 MS. TUTOR: Okay. Our interagency workshop is
21 what we are about to undertake, and that actually was
22 birthed in this conference. We realized the need of not

1 only us talking together, but other people on the local
2 level need to be talking and having the same dialogues
3 that we do.

4 Therefore we are hoping to return, and put on
5 regional conferences within our city, and within our
6 state, so that our local towns, communities, cities can
7 come together and have the same kind of dialogues, and see
8 where they can begin to cooperate and work together. It
9 goes on, and on, it even flips a page.

10 We are looking to explore alternative fuel
11 sources for our shelters. I particularly do senior
12 centers, so I am looking for alternatives energy sources
13 for my senior centers. Solar power works when you don't
14 have fuel. So that's an idea that we are looking at. And
15 they can be stops along the way, if they need to be fuel
16 depots along the way for evacuation.

17 Also, was there anything else on evacuation --
18 this is when we got into shelters, so I may be losing my
19 -- I am not keeping you very organized. We wanted to set
20 up memorandums of understanding with the mobile
21 coordination centers so that we have some sort of an
22 agreement that will help with the liability issues.

1 We don't have those now, we have them amongst
2 our government organizations, but we don't have them with
3 non-governmental organizations. And we think that this
4 can be facilitated in learning opportunities like this
5 conference if we take this conference idea back, and mimic
6 it, and mirror it in our own state and local communities.
7 Anything I forgot?

8 THE FACILITATOR MR. WESTON: Okay.

9 MS. TUTOR: Oh, is it time yet, you want me to
10 talk about --

11 THE FACILITATOR MR. WESTON: Oh, yes, please
12 yeah, right.

13 MS. TUTOR: When Katrina hit, we felt very
14 powerless at the state level, because we were in Jackson
15 without power ourselves. And all of the state agencies
16 struggled with how to get in touch with our offices on the
17 coast, where the worst damage occurred. Of course, it
18 occurred throughout Mississippi, but we truly struggled
19 with were they even alive down there.

20 THE FACILITATOR MR. WESTON: Can you give people
21 an idea, of miles and time it would take to get through
22 the cost from Jackson?

1 MS. TUTOR: From Jackson, Mississippi it's a
2 200-mile drive to the Gulf coast. The hurricane was a
3 Category 1 hurricane. When it hit Jackson it knocked out
4 all of our power for three days. In the intercity we felt
5 fortunate because we were priority return in the intercity
6 where the governor's mansion is. Outlying suburbs, it
7 took weeks and weeks for power to be returned in our
8 capital city. Two-thirds of the state lost power in its
9 entirety. Our power grid was down in a major way. We had
10 power people from everywhere helping us, and we so
11 appreciate it.

12 THE FACILITATOR MR. WESTON: And what does that
13 translate to you in terms of that 200-mile trip to the
14 coast?

15 MS. TUTOR: No one could move. There is highway
16 49, one road going south and north, and that road was
17 completely blocked. In Hattiesburg all of our cities and
18 towns were completely immobilized with tree damage, with
19 power lines down, thank you. Everything was out. We were
20 on our own -- everyone was on their own at the local
21 level.

22 The first responders were -- indeed those first

1 responders were family, your police, your local
2 communities, and they set about clearing. We did too.
3 Everyone set about clearing what they could and we had no
4 way to communicate for a week with our offices. Even when
5 we could go south we had no fuel to collect our ways, to
6 get to our Gulf Coast.

7 Everything that was delivered or that was --
8 every service that was delivered, everyone who was able to
9 get fuel was doing so in official capacity. We are
10 civilians, truly we're set to the side, and our first
11 responders were prioritized on fuel.

12 When we realized that we were powerless to find
13 out what was going on with our services and our people, we
14 wanted to come up with a way that we could go down and
15 find out. And we don't have a vehicle. We don't have a
16 first response vehicle at all in Human Services. Health
17 Department does, but they are the only facility or
18 organization in our state that has a first response
19 vehicle.

20 So we started playing with the idea, is how
21 could we come up with a way to find out what's going on
22 with the aged and disability population on our coast. In

1 -- aftermath, we hoped to have a vehicle. We looked for a
2 way that we could do some preparedness should we have
3 another event because we know the same thing will happen.
4 The trees grow back, there they haven't been cut back.
5 They will block the roads, the towers will go down. Yes,
6 there will be first response back in there, but we will
7 need to know, and we must respond better than we did.

8 We plan to buy a vehicle, and equip it fully as
9 all of you emergency preparedness people understand what
10 that type of vehicle will do. That will get you there,
11 that gives you the power to get there, and be able to set
12 an office on the ground.

13 THE FACILITATOR MR. WESTON: You're talking
14 really like a mobile command center as opposed to --

15 MS. TUTOR: Mobile command center.

16 THE FACILITATOR MR. WESTON: -- like a suburban
17 --

18 MS. TUTOR: Right.

19 THE FACILITATOR MR. WESTON: -- something
20 bigger.

21 MS. TUTOR: Something big you can actually live
22 in because there are no hotel rooms when you arrive at a

1 disaster. So you've got to have your tent or your vehicle
2 to get in and live in, and find a place to eat from, and
3 do your business from. And the important thing about
4 doing business is we found all of our caregivers, and our
5 office personnel without homes themselves, without an
6 office. They had nothing.

7 So their records were wet or blown away, and we
8 had to organize from chaos. It was very difficult to do
9 out of the back seat of a car, or trunk of a car. And a
10 mobile command center is -- was the desire of our heart,
11 and we haven't quite figured out how to do it yet, but
12 we're working on it.

13 A little lesson learned here is that if you get
14 funding from the Congress to restore your state, please
15 make sure they include in that restoration funding a
16 caveat that you can do some preparedness because we've
17 been refused funding on this emergency vehicle because our
18 money is to restore -- are to restore, not to prepare. So
19 we're looking for ways to prepare, and I think what we're
20 going to have to do is come up and -- Michael and I've
21 been talking, how can we use this notion of needing a
22 vehicle to be a restoration vehicle.

1 And so far what we're planning on is using it --
2 we're writing a white paper now to try and discuss that
3 vehicle can go from trailer village to trailer village to
4 help people. It will be a command center for that little
5 community for that period of time, and we'll help them
6 restore their lives to normalcy and then move to another
7 one, and another one, and another one. That's the only
8 notion we've come up now. If anybody has a great idea,
9 see me afterwards. I need to know, but that's what we're
10 working on.

11 THE FACILITATOR MR. WESTON: Okay.

12 MS. TUTOR: And it will be a first for that I
13 know of for the aging community, and we truly hope to see
14 it happen.

15 THE FACILITATOR MR. WESTON: Thank you. I
16 encourage anybody that has some ideas for her, don't wait
17 till October, you share them with everybody. Okay, we go
18 to Kentucky.

19 SPEAKER: (inaudible).

20 THE FACILITATOR MR. WESTON: Oh, sure.

21 MS. ZAMATA: I just have a question. What
22 happens when the truckloads of things come in that people

1 from other states have collected, you know, the local
2 church or whatever will send down truckloads, and I always
3 think that's the worst thing that they can do, but is that
4 true?

5 THE FACILITATOR MR. WESTON: Okay. Can you --
6 before the mic please, we need to know who you are for
7 everybody.

8 MS. ZAMATA: Kathy Zamata, Tennessee. You know,
9 several of us here are going to answer this, I know. But
10 I wanted to say that the importance of partnering and
11 getting to know one another now will help us in future
12 because we'll know who to call, and who to talk to. And
13 that way when you've got a partner in another state, then,
14 and only then can that materials that you're sending
15 become useful.

16 We didn't need to have things just arriving as
17 they did. I had to set up a volunteer coordinator in my
18 office because of the phone calls we were getting from
19 different places who wanted to send things. Once we had -
20 - had that in place, had a place to store them, and had a
21 distribution center set up, it worked beautifully. But
22 that took weeks to set up.

1 Let me tell you the most effective thing you can
2 do. Wal-Mart card, when you have nothing and you are a
3 victim of a horrible disaster, Wal-Mart is always open.
4 And what we did is we had cash donations come in, and we
5 took money and bought Wal-Mart cards and issued them to
6 our population to meet their needs. You can't send us
7 everything. You can't send us hearing aid batteries, or
8 denture cleaner, or all of the things, the correct readers
9 that people lost. But these are the kinds of items that
10 you can go to Wal-Mart and buy because you know what was
11 open immediately? Wal-Mart. So that's what we found to
12 be the absolutely most effective thing we could do.

13 THE FACILITATOR MR. WESTON: Cash just came,
14 right?

15 MS. ZAMATA: Put cash and you will --

16 MS. DENISON: Okay, I do have to add. I'm
17 Talatha Denison, and I work with the Disability community
18 with Mississippi Protection and Advocacy. And I'm
19 currently working with Katrina Aid Today. And I do -- I
20 do agree as long as that stuff is coming to areas in the
21 state that we're not so profoundly hit and damaged.

22 The Wal-Mart in Bay, St. Louis, right now has

1 whatever -- the things -- the small amount of stuff they
2 do have is only in -- it's in cases. You either go in and
3 you buy it in cases or you buy the big bag because that's
4 all they've got. That's all people need. They only have,
5 for example, a 12-pack of soda. You can't go in and buy a
6 bunch or two liters or anything like that because people
7 in Bay, St. Louis have no need for that right now.

8 People in Perlinton definitely have no need
9 because they didn't get power back until December, and
10 after they got power back, they -- their town's virtually
11 destroyed. So they're still living out of coolers
12 basically. So the Wal-Mart cards worked well in places
13 like Jackson and Madison Ridge where we can go to Wal-
14 Mart, but they didn't work in our southern part where
15 hardly any Wal-Mart's were left standing. So I'm not sure
16 if I understand your question, but I do know you were --
17 are you wondering about the stuff that is sent, if it's
18 helpful?

19 SPEAKER: Yeah. I just know that (inaudible).
20 So my question to you is (inaudible).

21 MS. DENISON: Sometimes it is -- I mean, and I
22 can only speak to you on that from a personal level. With

1 what I saw in the Jackson area, with my church and then
2 other churches, and other -- that created these
3 distribution centers, truckloads would come in and we
4 would go in in shifts and help unload these trucks. We
5 would sometimes sort -- if we had to sort stuff we would
6 sort it into baby stuff, you know, clothes, paper towels,
7 whatever.

8 And we would put together packages of these
9 things that people needed, and we would drive -- then we
10 would reload a van, trucks, whatever. We even used a
11 helicopter one time. And then we would go off on a trip
12 down south to go into rural communities where we knew
13 people couldn't get out and get this stuff. So yeah,
14 those things were helpful from my point of view and with
15 what we did with them in the churches.

16 I know that eventually they did get too many
17 clothes and hard to size people were -- where the problem
18 ran in, they, you know, everybody is not a size 6 and we
19 had a lot of size 6s or whatever come in, and so they had
20 to, you know, specifically ask for certain things. I know
21 baby stuff was a big issue too, baby supplies. But in my
22 -- from my experience they were helpful. I know that in

1 the end we ended up with so many clothes though that they
2 just -- there was no way to use them all. So --

3 THE FACILITATOR MR. WESTON: Yeah. I know that.
4 I just picked out a little bit. Going way back to
5 Hurricane Andrew, literally there were mountains of
6 clothes that, I mean, people talk good about sending stuff
7 down, but in the last week of August, the first week of
8 September, there is not a great demand for winter coats in
9 South Florida, and not only was it not -- you know, the
10 gesture was beautiful. The reality was that it pulled
11 personnel away from other tasks ultimately just to dispose
12 off something that was not needed.

13 The one thing that, you know, and of course I
14 was in and out of the Gulf Coast many times, and my
15 daughter's high school, what I had done -- was they did a
16 clothing drive of new socks and underwear, you know,
17 that's not glamorous stuff, but sorely needed in the Gulf
18 Coast.

19 MS. DENISON: Partnerships help that. If your
20 churches partner with churches in our local areas, that
21 helps you with a distribution point. So it's a
22 partnership that I'm describing. If you partner with

1 another state then you find that organization that will
2 find the local partners for the distribution.
3 Distribution is all important.

4 When you're talking about a government agency
5 like we are, when we're delivering a service or giving out
6 something, we're making sure that we're qualifying the
7 individual for that service. They have to be an aged
8 person if they're coming to aging. They have to be a
9 disabled person to get a disabled product. So that's a
10 good partnership too.

11 The Wal-Mart cards, I have to mention again,
12 small denominations. Nobody bought a TV with a \$25 Wal-
13 Mart card. They were buying the essentials of life
14 because they had very little left, but the Wal-Mart in
15 Gulfport opened up immediately. Wal-Mart had trucks on
16 the roads immediately. They were wonderful responders.
17 It could have been another organization -- another retail
18 outlet, but they happened to be the one we identified that
19 had open doors. They didn't have electricity, but they
20 had open doors and they were running people through. So
21 that's -- that was our design of choice to get things
22 immediately to people.

1 THE FACILITATOR MR. WESTON: Well, you stole the
2 mic, you know, we're focused on response. And when you do
3 get your staff or those assisting them because we -- on a
4 normal day there, we are dealing with program requirements
5 as to who qualifies for what assistance under what
6 circumstances. Did you release -- I mean, when you reach
7 a house and there is no other person there, but there is a
8 young, you know, many other members and of course they've
9 double -- tripled up at this point, we've always taken the
10 approach of if we get it everybody gets it, not invoking
11 something to the one who is 16 over. Did you do that when
12 you --

13 MS. DENISON: Our -- manager is going out house
14 to house with their cars loaded with emergency meals and
15 water, and of course checking on clients, we met whatever
16 need we found. We figured we'd sort it out afterwards,
17 but we met the need that we found --

18 THE FACILITATOR MR. WESTON: Uh-huh.

19 MS. DENISON: -- and that was the instruction.

20 THE FACILITATOR MR. WESTON: And the bean
21 counters haven't been up?

22 MS. DENISON: Not yet.

1 THE FACILITATOR MR. WESTON: Okay.

2 MS. DENISON: No, we're still clear.

3 THE FACILITATOR MR. WESTON: Okay. Good.

4 MS. DENISON: Of course they weren't with us
5 even.

6 THE FACILITATOR MR. WESTON: Okay. Let's move
7 to -- I don't see other hands, onto Kentucky. If you can
8 please introduce yourself and tell us just a little bit
9 about you.

10 MR. FRODGE: I'm Jeff Frodge. I'm with Kentucky
11 Emergency Management. I'm their Planning and Preparedness
12 Branch Manager. And the Kentucky group today started out
13 with a general discussion of, I guess, the legal
14 authorities for evacuation in our state at the county and
15 the state level, where that authority comes from, you
16 know, it's embedded in our law, the KRS 39A through F that
17 gives them the right to order evacuation in the county and
18 the state level.

19 We -- after that we moved on to public
20 information issues with evacuations; how do you get the
21 public outreach and information to the special needs
22 populations. We kind of looked at the best practices in

1 our state, of what we feel is one in the CSEPP community
2 that's the Chemical Stockpile Emergency Preparedness
3 Program community. They put out a great deal of public
4 information to the populations in those tense county
5 areas. They provide, I guess -- you know, they have the
6 radios for the warning.

7 They also put out a -- I guess, a public
8 information calendar every year. It has information on
9 your evacuation route, it has information on shelters, it
10 has information on where your children will be sheltered
11 and evacuated to. So it looked -- we feel like it's a
12 good example if locals would have wanted to use that to
13 inform special needs populations through some type of
14 public information. It's a good thing in our state to
15 look at at least.

16 We also discussed that right now our state has
17 no special needs shelters set up at this time. We have a
18 screening process that we go through when we open
19 shelters, and they are screened -- people are screened as
20 they come through their medical needs and other needs that
21 are taken at that time, and as those needs are needed,
22 then we might open a shelter.

1 I know Bill had given us an example of one of
2 those that was opened in Owensboro, I believe, where they
3 opened a general shelter, and as the population increased
4 and they had people with certain medical problems they
5 specifically opened one medical shelter in that community.
6 We're not saying this is the way we want to keep it.
7 We're looking at definitely developing special needs
8 sheltering in our state.

9 And that's probably one of our, I guess, the
10 outcomes of that we want to do, that the state needs to
11 work in coordination with the advocacy groups in our state
12 and will commit to working on developing special needs
13 shelters, you know, for our state. That was our first
14 option.

15 The second option was we discussed maybe some
16 type of legislation in the form of a resolution to get
17 this done. We realize a mandate like that though is a
18 little harder to push, a little hard sometimes for locals
19 to accept. So we're going to try the first option first.

20 We were going to also try to bring to the table
21 some of the peoples that would be active in developing
22 these special needs population shelters. The Red Cross,

1 we have worked with them in the past. In our state mostly
2 we have small disasters or manageable disasters in most
3 cases. If we do have evacuations or sheltering, many of
4 the people who are evacuated go to family members or
5 friends in the area, and are sheltered that way. The --
6 so our sheltering populations sometime are much more
7 manageable than some of those sheltering options which you
8 might have with hurricane evacuations.

9 And in the past those shelters were managed by
10 the Red Cross. We've had some difficulties, I guess, or
11 maybe some misunderstandings in the past with the
12 management of those shelters, in the running of those
13 shelters. So we're going to go back with the -- I guess,
14 the option of bringing Red Cross, our Cabinet for Health
15 and Family Services, the Special Needs Advisory --
16 advocacy groups, Emergency Management, and other agencies
17 that are interested in forming maybe a group to discuss,
18 and forward and maybe implement or write new plans for our
19 state.

20 Just as a comment; we too in our state play the
21 waiting game for the planeloads of evacuees. And we --
22 well, we didn't have -- but I'd say several hundred

1 evacuees. We had spontaneous evacuees that were sheltered
2 in our state, and a few busloads of people came up in the
3 western part of the state who were sheltered I think down
4 around Paducah.

5 And they -- that was where we had kind of a
6 transition. It started out as a private shelter, I
7 believe. A private company or an insurance group had a
8 camp there, they opened the shelter. It transitioned
9 because it went on a little bit longer than a week or so
10 to having to be designated a Red Cross shelter so they
11 could get support and services into that shelter, and so
12 that the Cabinet for Human Resources could come in and
13 support the people that we're evacuating there too.

14 It's -- that's not the best way to do it. It
15 was a "have to" case in that it was already there. The
16 people there -- we could -- we did not want to move them
17 again. So it is better if you have these things pre-
18 designated, and we learned that certainly. Thank you.

19 THE FACILITATOR MR. WESTON: Okay. Thank you.
20 On to Georgia.

21 MS. GREENE: Hi, I'm Maria Greene. I'm the
22 Aging Services Director. And we also continued part of

1 our discussion yesterday where we recognized the need to
2 have -- expand our interagency working collaboration to
3 many other people especially we did not have citizens with
4 disabilities or elder adults represented. We spent some
5 of the time this afternoon identifying 44 plus
6 associations and organizations that we realized that we
7 need to bring into the following -- the discussion about
8 emergency preparedness for our state.

9 And then we also spent time talking about
10 sheltering. Our goal has been to try to keep families
11 together to such the extent possible. Our mass congregate
12 sheltering arrangements as also has the possibility for a
13 set-up for a special need sheltering so that we can have
14 the goal of keeping families together.

15 We spent a lot of time talking about education.
16 We really liked the resource cards, I believe, that New
17 Mexico has provided. And I think together in our state if
18 we agree on the messaging and the communication, that we
19 could do a lot to get out to our different populations,
20 ways that they can individually prepare and how they can
21 self identify with their community, their church or other
22 groups that they might -- can do some work together around

1 that -- as we've said before, who the real first
2 responders are is your neighbors, or your church friends,
3 or your family. So we see many opportunities for a lot of
4 communication.

5 We have admittedly done much more work on our
6 coastal counties in getting them ready and prepared in
7 doing registries in the coastal counties and evacuation
8 plannings, but we see many opportunities to help the other
9 159 counties in our state get better prepared, and have
10 communications and plans especially for individuals with
11 disabilities and older adults. Is there anything I've
12 left out Bill? It's kind of covered --

13 SPEAKER: Okay.

14 THE FACILITATOR MR. WESTON: And you dropped in
15 -- we were talking about that there is a -- perhaps a
16 false sense of insecurity within Georgia about the -- if
17 we are focusing just on hurricanes, that you have a hard
18 time convincing the citizens that hurricanes are truly a
19 threat.

20 MS. GREENE: No, I think there has been earlier
21 conversations about whether people would not want to come
22 to mass congregate shelters because this -- what they've

1 heard from other states and their situations, and we say
2 we think we've got the -- just the opposite kind of
3 complacency because we have been so lucky not to have
4 terrible storm damage in our state, kind of like Kentucky
5 was talking about, we have more of the tornado that hits
6 one area maybe, and so -- yeah, we've got more work to do
7 to help people realize that they could very well be us
8 also. Yeah.

9 THE FACILITATOR MR. WESTON: Okay. Thank you.
10 We're on to Florida.

11 MS. BROOKS: Hi, good afternoon. I'm Fran
12 Brooks from the Florida Department of Elder Affairs. We
13 actually addressed all three issues both from an --
14 evacuations, sheltering, and then just generally
15 rethinking our basic philosophy about preparedness.

16 We thought it was especially important to align
17 the perception and the reality for each individual with
18 what they might actually have. Constantly it's perceived
19 as a barrier that they don't know what to do when in fact
20 if you take a little bit of time, communicate with them
21 clearly, they may identify that they actually have more
22 alternatives, more resources available to them than

1 they're even aware of. That may help them to make the
2 decision to evacuate.

3 And we do focus on that in Florida as the
4 primaries when you're told to evacuate you need to do
5 that. Sheltering is a secondary step, and that needs to
6 be clearly communicated again and again. We thought it
7 was also important to reiterate the importance of ADA
8 requirements, with shelter staff this is important
9 especially at your general shelters when you have Red
10 Cross staff that sometimes they're just not familiar with
11 some of the ADA requirements, with service animals, with
12 companion animals different than a service animal, and
13 then just general sheltering of pets.

14 So we understand the importance of communicating
15 and educating also. We think that there is a lack of a
16 clear communication structure often by officials and
17 especially the media in Florida. Oftentimes you see CNN
18 or the Weather com Jim Cantore out on a beach with
19 everything flying by when in fact that may be dangerous,
20 and it may actually entice people to go down there to try
21 to watch the media event and put themselves in danger. So
22 we are concerned about that, and have communicated with

1 that, but what they need to be focusing on is evacuation
2 rounds, and what needs to be done and where shelters may
3 be located.

4 We did talk about some of the barriers again,
5 with transportation. Many times though we find where
6 people have reported that they do have -- they don't have
7 access to transportation, when in fact they do they're
8 just choosing not to take it.

9 For example, the Florida Keys, we know that
10 sometimes they have festivals down there or they choose
11 just not to evacuate even though there are buses leaving
12 every 15 minutes. We asked them to also identify maybe if
13 they needed tour buses, we would arrange that for them.
14 However, then they informed us that they had contracts
15 with Miami-Dade, that they already had those contracts.

16 So again it's just reiterating with them what
17 they perceive their barriers to be, and just talking
18 through that when in fact they have those resources. But
19 then trying to shift them again, utilizing cultural
20 leaders, using their faith-based groups, utilizing their
21 neighbors, we often find that when that key person in that
22 neighborhood starts to make that effort, that's a signal

1 to the rest of the neighborhood that they do need to
2 evacuate and take action.

3 The readiness of their personal plans and their
4 support groups again, keeping them at least 1, 2, 3 deep
5 so that they have backups to those plans making sure that
6 their caregivers are taken care of, and their other family
7 members.

8 In Florida we also have a feature in some
9 counties, it's called Reverse 911, and if you have
10 registered for a special need shelter or have identified a
11 need that you may need some assistance, Reverse 911 is a
12 very effective tool in many cases to check on the status
13 of that individual and convey communications.

14 A point taken over here with Mississippi, we
15 also have in some counties, we're on along evacuation
16 routes. If you run out of fuel there is probably a chase
17 team out there with fuel to keep that traffic moving so
18 that we can keep those vehicles moving. So it's just
19 something you may want to think about to keep that traffic
20 flow going.

21 We have talked about a lot of time we spent in
22 the State of Florida to utilize those who do it best, and

1 avoid the duplication of efforts. If the Southern Baptist
2 happened to be the best working with us to do our feeding
3 in our food stations in our mobile kitchens, then maybe
4 another group that wants to come to the table can be
5 redirected to what they do best. And so it's identifying
6 those partnerships ahead of time and utilizing those
7 people who do it best.

8 The sorting and the sizing of supplies again,
9 that's an extreme challenge. So that may take people off
10 their game -- off their base like Michael was saying. So
11 sometimes it's not good to do that, but then other groups
12 may be very good at doing that, and want to dedicate
13 themselves to doing that, so again, just keeping that
14 together.

15 On the registry again in Florida, you can go to
16 a special needs shelter if you registered to go there or
17 if you just present yourself at a special needs shelter
18 you do not have to pre-register. And we questioned and
19 discussed a little bit about what is the purpose of a
20 registry.

21 At the very least it is a good planning tool. I
22 mean it does help you to gather information about what

1 type of needs may be needed at various special need
2 shelters, but again, I think it needs to be clear about
3 what are you registering for. Is it for transportation?
4 Is it for evacuation? Is it that you're going to need
5 some assistance or that you just want to be checked on, or
6 do you want to get back on the power grid restoration?

7 We talked about some strategies real quick so we
8 can go on a break here, and maybe we're going to partner
9 with our pharmaceutical companies and our pharmacies --
10 CVS with Merck, with the various Pfizer drug companies so
11 that when you get your prescriptions refilled, they can
12 attach a little flyer on there, "Are you ready for
13 hurricane season? Here is a little list of what you might
14 need to have available. Here is a checklist for what you
15 should have in your plan."

16 Again, just constantly reaching out, our utility
17 companies do that. When many of us open our utility
18 bills, take out the bill itself and toss whatever the
19 stuffers are. So we're looking for that and maybe a
20 school project for children that they should have to
21 prepare an evacuation plan for their family, for their
22 pets, and for their grandparents, and turn that in as a

1 school project. Many of us had that when we used to do
2 fire drills and family preparedness plans. So that may
3 help too. And it will get the children involved in them,
4 try to get the project done, and just avoiding duplication
5 of effort, and just keeping focused on keeping people safe
6 and secure.

7 THE FACILITATOR MR. WESTON: I know we're
8 getting close on time, but the legislation that went
9 through, I know -- engaging because I want to go back to
10 what I -- the can of worms have opened up over in North
11 Carolina about engaging home health. Your legislation
12 worked on that further. I mean we're talking about, I
13 mean, a decade. It sounds like a bomb, the decade of
14 progress, but it's been about a ten-year process, I
15 believe in Florida --

16 MS. BROOKS: Right, and especially within the
17 past two years. That bill actually took two years to
18 pretty much workshop its way through the process. It
19 might also prioritize this fuel distribution for our
20 emergency responders so that they can get to the fuel that
21 requires some generators, the hardening of some of the
22 state and county emergency operation centers, you know,

1 doing a lot of really -- a lot of efforts there. It's a
2 comprehensive bill, and I'd be happy to if anyone would
3 like a copy of it. We can get that to you. So if you'd
4 like to give me your business card, we'll do that for you.
5 It's just to say what we're doing there.

6 THE FACILITATOR MR. WESTON: Thank you. We
7 appreciate that. We're going to come over to Alabama.
8 And well, they're reporting out -- they're going to close
9 on, on taking just a couple of minutes talk about a
10 special project underway known as Safe Center, and I've
11 got some copies of that that I'll leave at each table.

12 MR. BAUGHMAN: Just real quick. We took a look
13 at our -- we currently have in place as far as evacuation,
14 how we deal with persons with handicaps, and the elderly.
15 Again, our problems are simply in some of the other
16 coastal states again. We only have two coastal counties
17 with population about 600,000. Generally we get about
18 250,000 evacuated from those two counties. Most of those
19 people evacuate via car. That's been our experience.

20 However, we have identified 600 buses, 200 in
21 Bowen County, which is one of our coastal counties, 400 in
22 the other. 35 to 40 percent of those have wheelchair

1 access. The remainder that require medical transport; we
2 have 474 other nursing homes, which has been handled
3 through contract ambulance carriers, which are not
4 duplicated. We're -- in the process some of those had
5 duplicate contracts in place. We're in the process of
6 sorting those out. We have a meeting set up next week to
7 finalize that.

8 There is at -- in individual homes Mobile County
9 uses a system where they have a toll free number where
10 they call to get ambulance transport and medical transport
11 for those individuals. Bowen County uses the Reverse 911
12 to accommodate those. In shelter wise we've got 16
13 medical needs shelters, which can accommodate 4,400 people
14 or 2,200 patients. And those are statewide, and so that
15 we can not only accommodate evacuation from hurricanes,
16 but for other types of events, nuclear power plants, we do
17 have a chemical stockpile in our state, and we do have
18 pre-identified special needs shelters for that also.

19 Some of the things we talked about that we need
20 to improve on, our Department of Public Health has issued
21 a pamphlet dealing with medical needs shelters. We're in
22 the process of taking a look at how we can make that more

1 user friendly.

2 The other thing we want to do is set up a
3 statewide conference similar to this to talk with all of
4 our partners on persons with disabilities and the elderly.
5 The other thing that Irene Collins, our director, Senior
6 Citizens, wanted me to mention is we have partnered with
7 them, Emergency Management Agency and Senior Citizens have
8 partnered to put together what we call Safe Senior Centers
9 within the State of Alabama.

10 We're currently in the process of constructing
11 five. What that does is that provides a safe place for
12 seniors to go to in counties that may be affected by
13 hurricanes so they can take wind capacities up to a
14 category 4 storm. Again, we're in the process of putting
15 together five of those -- this pretty much spells it out,
16 what we've done. We've used our hazard mitigation grant
17 program to in fact fund these centers. So it's something
18 we're doing to provide a safe place during natural
19 disasters, both tornadoes and hurricanes that seniors can
20 go to.

21 THE FACILITATOR MR. WESTON: And a prototype for
22 the country.

1 MR. BAUGHMAN: Hopefully.

2 THE FACILITATOR MR. WESTON: Yeah. Okay, thank
3 you. Any important issues, we're to go to break at 4:30
4 and then reconvene for the close out down the hall at
5 quarter to five, I believe, following the schedule. I
6 heard the comment of a brain drain as we went in the
7 break. I would imagine you all have a good dose of that
8 at this point. But I thank everybody, you know, for your
9 participation. I thank the note takers.

10 And I'll do it one last time, Georgianne, can
11 you wave your hand? The people in the back know you. The
12 people in the front may not. She is -- she is taking a
13 crowd of -- a multi-state group to -- across the streets
14 of the zoo to see the baby pandas. So if you want to see
15 the pandas, see her. All right, thank you all and --

16 * * * * *