

1 SPEAKER: Okay.

2 SPEAKER: And passing the microphone will allow
3 you to talk about what you discussed and what you see as
4 imperatives.

5 SPEAKER: (Off mic)

6 SPEAKER: So who's your -- Texas, who's your
7 spokesperson?

8 SPEAKER: It was good for us to get together this
9 afternoon, because this group has never met before, so I
10 think that's a good byproduct of this conference and we
11 talked about both topics, both evacuation and sheltering
12 and kind of reflected on our experiences from Katrina and
13 Rita and what worked well, what didn't work well. Some of
14 the existing plans, we have in place now and how that's
15 working, and then the pros and cons of that and some issues
16 that maybe we need to take back to Texas that we need to
17 work on and --

18 SPEAKER: We did all that?

19 SPEAKER: I think so. And I think you've seen
20 this and I -- we can give you a link, it's called, "The
21 State of Texas Medical Special Needs Plan," and it was put
22 together in a period of about 10 days, and Mr. Bayes

1 (phonetic), along with some of his colleagues and Bell
2 (phonetic) were the chief architect of that, and that was
3 done in advance of this hurricane season, so we'd had that
4 plan in place, and we'd had something to work from.

5 The plan as you -- as we mentioned earlier -- one
6 of the central themes of the plan is it divides especially
7 these populations out into five different categories, one
8 being the less severe medically and five being the people
9 with the most illnesses. It also delineates how those
10 individuals would be evacuated and other plans are in place
11 in Texas on -- that describe on where they go from one part
12 of the state to another part of the state and kind of
13 focusing on the theme for this conference, and what issues
14 that are still outstanding related to the plan, we
15 identified quite a few, we haven't really, at the State
16 Health Department level -- not worked with the disability
17 community nearly as well as we should have, and we're glad
18 they're there, we've learned a lot from them, and we've --
19 I think put some tangible steps in place to network with
20 them better.

21 Our plan at this point -- and perhaps there's a
22 little bit to top down driven and not on a bottom up

1 driven, in our particular state, as far as public health
2 goes, where I come from, not every county has a health
3 department, so we have more of a regional based health
4 system unlike Oklahoma and Arkansas, where you -- I think
5 you have a branch of the state health department at every
6 county except for Oklahoma city in Tulsa have local health
7 departments.

8 And so that kind of handicaps us a little bit in
9 Texas that we don't have people on the ground at every
10 county, but having said that, we do have some
11 infrastructure in place and some of the issues that we
12 talked about are how we can develop a communications plan
13 in local communities to -- that would be multifaceted to,
14 one, engage the disability community and get them connected
15 with emergency medical planners and public health, and
16 those entities to where they can understand what plans are
17 in place for them, and how they can access that emergency
18 management structure and then -- so they'll know where to
19 go to catch the bus or where to go to seek providers to
20 take them to the place that they need to go to.

21 In addition, our friends from the disability
22 community mentioned the possibility of having advocates for

1 special leaves patients there on the ground that could help
2 them as they mentioned earlier this morning. A lot of
3 these individuals go one deep (phonetic) with their help
4 structure and developing a system where they can have these
5 advocates in place that could facilitate that process for
6 them.

7 In addition, that communications plan could cover
8 personal preparation aspects, it could cover -- and all
9 would be kind of couched in an all hazards approach, not
10 just a hurricane specific that -- the CBERN, the Chemical
11 and Biological, Radiological and Nuclear, and other natural
12 events that could be couched in that multifaceted aspect
13 too. So I think -- and after our two-hour discussion, the
14 bottom line, or one of the bottom lines was it would be
15 good for us to develop a communications plan at the -- at
16 ground zero, or at the local level that we could
17 facilitate, and we could develop, past the local entities,
18 and then they could start networking with their local
19 communities, engaging the disability community and the
20 senior community too, and I'm open to passing the
21 microphone off to my peers here that could fill in some of
22 the gaps.

1 Oh yeah, and we are talking about creating it to
2 cater to kids that would have all the things in place that
3 somebody at the local community could use to network with
4 the peer groups or the media or emergency management
5 coordinators and others to start getting that word out to
6 individuals on what they need to do. Anything else, group?

7 SPEAKER: (Off mic)

8 SPEAKER: (Off mic)

9 SPEAKER: All right.

10 SPEAKER: Good job.

11 SPEAKER: Thank you.

12 SPEAKER: Good job.

13 (Applause)

14 SPEAKER: New Mexico.

15 MR. FERSON: This is designator Mike Ferson
16 (phonetic) in New Mexico.

17 SPEAKER: (Off mic)

18 SPEAKER: Oh, Pat, okay.

19 SPEAKER: Booming --

20 (Laughter)

21 SPEAKER: No, no, sorry. I thought this was
22 karaoke, I got carried away. We talked about a number of

1 different areas, we first started with the evacuation
2 areas, we talked about the difficulties that we have with
3 the frontier areas of our state, we have 70 percent of our
4 population basically in one metropolitan area and then
5 we're the fifth largest area in the state and so we had
6 some discussions around the existing 51 bands that they
7 talked about earlier and the largest transportation fleet
8 in the state is the aging and elderly bands and how those
9 might be brought into utilization, because many of those
10 have handicapped accessible utilization.

11 We talked about the different kinds of players
12 that have not yet been brought into the mix as far as
13 working with the development of planning structures around
14 the inclusion of persons with disabilities and brought some
15 new names to the table that we hope to be able to include
16 in the process when we get back. A lot of discussion went
17 around the inaccessible -- some of the areas, we were -- we
18 talked very briefly that the Navajo Reservation (phonetic)
19 alone is the size of Indiana and that a lot of those areas
20 have absolutely -- many areas of the state have no cell
21 phone towers, have none of that kind of accessibility and
22 so discussions around how do we reach those individuals on

1 a communication mode, there is already existing maternal
2 and child care councils throughout the state that we use a
3 lot that have a broad based membership including providers
4 and including other kinds of folks that are very helpful in
5 bringing together the local picture about what we're doing.
6 We then talked about setting up some of the centers and
7 part of that I think we finally got down to a point that --
8 because we have so many areas that are so -- they're not
9 (inaudible) frontier and -- Texas, west Texas over on our
10 side, you guys have a very similar situation and some other
11 states do.

12 We talked about the development, not just of a
13 kit, but of maybe a mobile unit where we would be able to
14 pack all of the different kinds of medical supplies, the
15 adjustable lamps, accessible equipment, those kinds of
16 things into a large storage unit and then have those
17 available to be moved around by trains or planes or trucks
18 or helicopters in order to get into some of the areas that
19 are so inaccessible and then those could be just taken to
20 the area with guidebooks and then opened up and it would --
21 they would be set up based on numbers of persons.

22 For example, one kit would serve an evacuation

1 center for a 100 people and so if you're looking at 500
2 people, you'd do five kits and you take them all down to
3 set those up. And we made fun of everybody in the state, I
4 think we did that. What else do we talk about, Michael?

5 SPEAKER: One of the things we did talk about
6 was, at the county level -- the folks that are assigned to
7 the emergency management at the local level, at the county
8 level, how there's such a wide disparity in the skills of
9 folks at that level and how to bring the folks that don't
10 function at a high level up to speed, how can we get folks
11 to that minimum level and we also have some exemplary
12 people at the county level also, and how to get, again,
13 folks up to that minimum level, at least, is one of our
14 challenges.

15 SPEAKER: For development of plans?

16 SPEAKER: Okay.

17 SPEAKER: Development of plans, and being able to
18 implement those plans, and mobilize folks at that local
19 level.

20 SPEAKER: Well, thank you.

21 (Applause)

22 SPEAKER: I don't do questions.

1 (Laughter)

2 SPEAKER: So I will pass the mic if there are
3 questions. First of all, we had to do some talking about
4 what is in existence, because we are all coming from
5 different places, and the preparedness plans are developed
6 at the county level, and there is a wide variety in those
7 plans. There is, just recently as on my understanding, the
8 formulation of a group for ESF-6, and apparently -- news to
9 me, but that's not surprising, the Arkansas Department of
10 Health and Human Services has been identified as the lead
11 agency for that.

12 So there is something in existence that we want
13 to go back to, to provide what we have learned here. And
14 to also share different ideas that we have heard here,
15 rather than reinventing the wheel and going off on our own,
16 and trying to do something. So the three most important
17 issues for us was the -- that coordination piece with ESF-
18 6. The review of the county plans, to see what is the
19 baseline, and who's falling below, and identifying those
20 best practices, so that the notes can be shared with the
21 other counties.

22 And the big thing, the partnerships, the

1 inclusions, making sure that the people who -- the table --
2 who are sitting at the table are the ones that need to be
3 sitting at the table. That's basically it -- oh, and we
4 did focus on sheltering.

5 SPEAKER: And let me look at it.

6 SPEAKER: Thank you.

7 (Applause)

8 SPEAKER: We got one.

9 SPEAKER: Oklahoma has their own --

10 SPEAKER: Go sinners (phonetic).

11 SPEAKER: (Off mic) -- nowhere without a
12 microphone.

13 SPEAKER: Okay, we decided that there is the --
14 as far as our most important issues; one, we didn't really
15 discuss the evacuation per se, we don't anticipate having
16 to evacuate a large part of Oklahoma. On those parts that
17 we do have to evacuate, it's usually due to an ice storm or
18 something large like that, and it's from one section to the
19 other.

20 The biggest problem with that is pre-positioning
21 of resources, because in ice storms you can't move too
22 much. And that was what we found to be one of our

1 challenges, on a local level, in terms of -- as my director
2 has said, "We will, you know, continue being a host state
3 in terms of our partners that are having to evacuate, in
4 terms of the coast." Currently, I believe our -- not, "I
5 believe," I know that our governor has signed a compact
6 with the Texas governor, in terms of accepting up to 12,000
7 of your special population, if need be.

8 I also know that if we are not -- and that's our
9 first priority, and as Arkansas has agreed to assist
10 Louisiana, that's there first, and that's been in existence
11 for quite some time, as I understand. And if we are not
12 accepting, if Texas does not need this, it will take 6,500
13 other individuals who come in. We learned many lessons
14 that you did, in terms of evacuating them, we got them part
15 of them, and it was a real eye-opening situation.

16 And so, from that, we have come up with some
17 plans to be that host, to be a better host, in terms of if
18 we have to accept, if we don't have to -- I didn't mean
19 that, if we accept individuals who are coming into our
20 state. One of the issues is that we pre-identify early, we
21 try to catch the buses or whatever that's coming in to get
22 on our folks onboard, to ensure that we've all triaged

1 appropriately in terms of who's on that bus, so that we
2 know the best method for taking those folks into a shelter,
3 or making a shelter for them.

4 At Oklahoma, we have this type of planning in
5 terms of mass care shelters, medical mass care, and what
6 available beds, et cetera are going to be needed and used.
7 And that we've got those plans to be able to implement. We
8 have to -- we're still needing to work on for we will put
9 12,000, if you all decide to send them to us; so Texas, 150
10 (phonetic) that you all would talk.

11 No, no -- no, I think the biggest thing is
12 coordination. And for us, on the local level, with our
13 pre-positioning resources, in the State of Oklahoma, and
14 with us in terms of local level, if we have to set up those
15 mega-shelters, or those medical shelters in those areas.
16 We saw one of the other important things that we need to
17 put on our list, to remember, is the follow-up of
18 individuals that we have moved from their homes. And the
19 return to their condition, then to home or whatever, and
20 that they had the appropriate support system there, when
21 that transition is made.

22 We ran into that problem in terms of the

1 evacuees, but we've run into that problem in terms of our
2 own. And within our state where we've had to move people
3 out of their homes for various reasons, and getting them
4 back, and to ensure that their electricity is on, that
5 they're electricity dependent, or that they have the proper
6 support back, that their support system knows that they're
7 back in their home. And so sometimes you just can't show -
8 - sometimes you're ready (phonetic) to go home.

9 SPEAKER: Now, here's what we'll talk about, is
10 that good?

11 SPEAKER: That's good.

12 (Applause)

13 SPEAKER: Thank you.

14 SPEAKER: Okay, Louisiana delinquents (phonetic),
15 how is it going?

16 SPEAKER: Who has the mic?

17 SPEAKER: We didn't actually do some of the
18 assignment. I mean we did a little bit different,
19 primarily because we --

20 SPEAKER: You have to say.

21 SPEAKER: We actually -- we don't have our
22 emergency preparedness group here with us. And we really

1 wanted to be able to present something back to them that we
2 thought would be significant, in terms of getting their
3 involvement, and their -- a partnership with them. We
4 don't have a good partnership established prior to this, so
5 we wanted to figure out some ways to do that.

6 So what we did instead was strategize, in terms
7 of how we would do that working with our governor's office,
8 and with the Office of Emergency Preparedness to develop a
9 plan, and to respond to the current plan that they have in
10 place that really doesn't include any significant
11 references to people with disabilities or people who are
12 elderly. So we came up with strategies that we would do to
13 get them involved as well as with the core elements that we
14 wanted to be sure that were included, and we used of some
15 of the recommendations from the nationwide plan review that
16 we all agreed with were significant, and needed to be
17 included.

18 And primarily, because so many of these things
19 they mentioned in the nationwide review were very
20 significant to us in Louisiana in things that really didn't
21 work well in our sheltering and evacuation system. So we
22 wanted to make sure that we would -- we could address those

1 with that office, and hopefully come up with some resources
2 that we can give to them to give them technical assistance
3 in other ways of really implementing some of these
4 recommendations. We could go over the recommendations if
5 somebody wants to.

6 SPEAKER: Well, these are not all inclusive,
7 because we had a -- nobody wanted to take a break, so we
8 kept working right on through that, and I won't make you
9 all feel guilty or anything. One of them was concern for,
10 are the shelters ADAAG compatible, ADA Accessibility
11 Guideline, and we have the capacity to make that happen.

12 Inclusiveness was another item on the checklist.
13 Cultural awareness for, you know, being sensitive to
14 extended families, and some of the racial and ethnic and,
15 you know, special groups, like we have our Cajuns and
16 Creole (phonetic) and other populations that, you know, put
17 different emphasis on grand -- you know, "mama" and "papa",
18 and that sort of thing.

19 We talked about a need for a discharge planning
20 specialist, somebody that could receive a little extra
21 training for doing the preparatory work before, you know,
22 sending them to the next level, either to a private home or

1 some other more appropriate shelter. Communication needs,
2 we all got our homework, for reviewing the Phase II
3 (phonetic) that was already referred to. But I think the
4 last one was the toolkit for and by the consumer to get
5 the consumers to work with members of this group to
6 identify what should go in that, you know -- it's not a
7 butt bag what's it called? Fanny pack, where you'd have
8 actually a --

9 SPEAKER: Butt bag works.

10 SPEAKER: You know, extra batteries, the items
11 that --

12 SPEAKER: Well, I think we should go with butt
13 bag.

14 SPEAKER: Butt bag would work too.

15 (Laughter)

16 SPEAKER: (inaudible) colorful. We're from
17 Louisiana, so we come up with our own vocabulary.

18 SPEAKER: It's okay.

19 SPEAKER: Thank you.

20 (Applause)

21 SPEAKER: We were -- I was reminded today on a
22 conference call we had with the feds that anytime we start

1 thinking about evacuating Texas, we're also thinking about
2 evacuating Louisiana. Hurricanes -- particularly, if
3 we're talking about a hurricane because these things
4 happen to turn north.

5 And so it may look like it's going to hit
6 Brownsville and it may end up hitting New Orleans again or
7 (inaudible) or Lake Charles. So and it -- what it's going
8 to do, it's going to tax federal assets that we're going
9 to need to deploy and pool in. And we're going to -- it's
10 going to tax the state resources because we assist each
11 other.

12 And so we're not going to be willing to give up
13 assets that we think are made -- we may need or vice-
14 versa, are you willing to give up assets. So it's going
15 to be real challenge and we've got to work collectively,
16 particularly in hurricanes, with all of our gulf states,
17 including Florida to look at this.

18 SPEAKER: I have something else, but you know I
19 would.

20 SPEAKER: Go ahead.

21 SPEAKER: I forgot that there was another asset
22 in terms of resources that you talked about on -- we

1 talked about buses. As we all know, the Aging Division
2 are -- those buses are -- you know, the funding of those
3 and --

4 (Laughter)

5 SPEAKER: Tell them --

6 SPEAKER: Tell them when they will come. In
7 Oklahoma, we have several -- we serve about 4,000 people
8 in the community with developmental disabilities. And we
9 probably have, across the state of Oklahoma, 300
10 wheelchair accessible vans that are spread out all over
11 the state that we were talking about, could we get
12 together and find a way to register those so that if
13 something happens, that might be an added asset.

14 And also we have all these trained
15 rehabilitation training specialists is what we call them
16 and direct care workers, who would be a wonderful resource
17 to pool into your shelters when you've got a lot of people
18 with disabilities coming into those shelters. They're
19 already trained; they're used to dealing with people with
20 disabilities. And so we were looking at some of those
21 resources as a way to support the shelters and to support
22 transportation. So --

1 SPEAKER: And then I have one more thing. It's
2 kind of weird because it's not a commercial, but it is a
3 commercial. You know how you get that stuff that comes
4 over your desk and you kind of chunk it over in the
5 corner. Well, I stopped and looked at one and I thought
6 this looked pretty good. And so I called the lady and she
7 send me a couple as example and send me the information.
8 And so I wanted to show you. It's called an evacuation
9 communicator and it flips up. And you all can pass them
10 around.

11 I have the information on it, but it has some
12 drawbacks. I think it's too big and I think that 25 bucks
13 is a lot of money. So don't tell her I'm saying this.
14 But -- and we've looked at it in Oklahoma and thought
15 about ways we might adapt it in terms of making it, but
16 you want to look -- and now I have the information from
17 her, if you want to look at it and adapt it.

18 But it is an excellent idea in terms of -- when
19 you -- those folks in Texas start coming to Oklahoma, then
20 we have some idea, you know, who you're sending us. And
21 so you might want to spend your time looking at this and
22 take the information and that's my commercial break.

1 SPEAKER: (Off mic).

2 SPEAKER: And one thing that I wanted to mention
3 because it was -- we talked about transportation numerous
4 times, and talked about these vans, and, you know, the
5 ability to have these accessible vans from -- through
6 Council on Aging. We had -- and you may have noticed that
7 in the presentation yesterday, they talked about the fact
8 that we had all of these accessible vehicles that were
9 available.

10 Well, we actually knew that many of them were
11 available. Part of the issue was drivers for the vehicles
12 and you can't ever forget that as part of your resource
13 planning. It's a significant issue because we had
14 vehicles, but we could not find -- drivers that had
15 chauffeur's licenses that were able to utilize those
16 vehicles as we needed them. A lot of the drivers were
17 gone with their -- with other people, they're gone.

18 So you need to really to consider that when
19 you're looking at your transportation assets. And, again,
20 that's chauffeurs and for bigger vehicles you need those
21 Class D licenses and it makes a big difference. One other
22 quick thing, we -- on our website, we do have -- you were

1 talking about the communication book reminded me, we did
2 do some booklets that -- and these are available on the
3 website there.

4 We did a take and go emergency booklet that
5 talks of -- it gives communication as well as other
6 important issues that were developed by families and
7 individuals with disabilities and as well as best
8 practices for providers and support coordinators, some
9 really good ideas.

10 Again, these were all developed by people with
11 disabilities, their providers, coordinators, by
12 stakeholders and they're available on the Department of
13 Health and Hospitals' website in Louisiana at dhh.la.gov.
14 And you have to go find the Office for Citizens with
15 Developmental Disabilities in that website and we have a
16 whole section on our policies and our plans. And these
17 booklets are available free on there, if anybody would
18 like to download them.

19 SPEAKER: Think it's possible to draw any
20 consensus from a -- in terms of a region on sheltering or
21 evacuation, any single item that stands out as a
22 commonality?

1 SPEAKER: Those of you that haven't been through
2 something of a major evacuation or needs is your -- the
3 transportation assets are sorely lacking. Louisiana
4 experienced it, we experienced it. And ambulance
5 transports are just almost nonexistent and then to get
6 resources to the appropriate spot, to get them down to the
7 -- to an affected area or across to an affected area is a
8 challenge. And it's not just a weather challenge, it is
9 contra-flows, it is having drivers to drive the vehicle,
10 and that type of thing.

11 So -- I mean, transportation becomes a critical
12 piece. And I'll just throw this one out. We learned a
13 couple weeks ago as -- looking at trains as a possibility
14 for evacuation and I know Louisiana has looked at it. The
15 National Transportation Board indicates that you got to be
16 able to be ambulatory to be able to be on a train. So
17 that just kind of affects the disability community that
18 are impaired mobility. A train becomes not an option for
19 that population. So just be aware of that and
20 transportation is a huge problem.

21 SPEAKER: Hey, Pat, do you want to say something
22 here?

1 PAT: I was just curious as to why you have to
2 be ambulatory to use the trains.

3 SPEAKER: Number one, the platform is probably
4 not ADA accessible and then, secondly, the aisles are not
5 wide enough.

6 SPEAKER: Okay, because I think -- but we're
7 just putting in a (inaudible) train that's going to go for
8 a short distance within hours.

9 SPEAKER: The -- so there is a lot (off mic).

10 SPEAKER: Okay.

11 SPEAKER: Of course, if we have another Katrina,
12 I'm figuring all bets are off and the trains are going to
13 look pretty good. I mean, you're going to have to get
14 creative, right?

15 SPEAKER: (Off mic).

16 SPEAKER: What about the kits concept? I kind
17 of heard that out of New Mexico, I heard that out of
18 Texas, concept of shelter kits or prep kits?

19 SPEAKER: Currently, right now in Oklahoma, we
20 are purchasing Mike -- what's his name? Mike --

21 SPEAKER: (Off mic).

22 SPEAKER: No, anyway, we're just purchasing a

1 50-bed portable --

2 SPEAKER: Mike Murphy.

3 SPEAKER: Mike Murphy, yeah -- at Oklahoma, is
4 purchasing a 50-bed, fully-equipped hospital medical kit
5 that we're going to keep on hold and then whenever we need
6 it, we will put it up.

7 SPEAKER: Interesting. I will throw out an idea
8 for -- that's come out of Canada is that several of our
9 emergency management agencies are partnered with utility
10 companies, because we -- our provinces are so wide and our
11 population so spread out.

12 In Quebec, our hydroelectric company, we put
13 pallets of equipment and supplies with in their warehouses
14 because when the power goes out, they're going to send
15 their crews out to these towns. And so they become the
16 transport for self-deploying gear. And we've also tried
17 that with our gas suppliers and we just have huge spaces
18 to cover, so try and get creative.

19 Anything else regionally? And then -- and that
20 was the -- sorry, that was also interesting, it's like,
21 you know, you're organized as a region, a FEMA region.
22 But if you use EMAC, you're not going to be limited to

1 your region. You're going to pick and choose. And then
2 when we were talking with folks from New Mexico, we thought
3 it'd be kind of interesting to see if we can hook them up
4 with a state that has the same type of population spread or
5 people per mile.

6 SPEAKER: Yeah, the population -- and that'd be
7 kind of interesting -- working strictly as a district in
8 this format.

9 SPEAKER: You know, one of the other things is
10 and we keep thinking, obviously, -- on your mind is the
11 hurricane but if the (inaudible) has a problem, then we're
12 going to get evacuees coming down and you'll all be hosting
13 in terms of that because that's still our area. And so we
14 have to yet to think both ways. And until you -- folks,
15 it's, I know, very, very difficult getting them out and
16 moving.

17 But -- so they got to go somewhere. And if --
18 you know, if somebody's receiving them, then you got to
19 understand there is a lot of problems in terms of being
20 that host state. So, as you all haven't got enough to
21 worry about, but that ought to do. I am emergency
22 management.

1 SPEAKER: We're giving (inaudible) any other
2 than transportation, which is, obviously, really key on the
3 sheltering and evacuation pieces we have out. Regional
4 priority -- have you ever heard those?

5 SPEAKER: You know, it just seems that there has
6 been a lot of discussion about the -- we may contribute all
7 of the players (inaudible). If almost every (inaudible)
8 would have said something about, you know, this is the
9 population, where we have not necessarily given as much
10 thought to it as we might have. Some folks (inaudible)
11 than others.

12 But it seems like almost everybody is making the
13 comment that, you know, we would then acquire some new
14 players that should be at the table with us. And so I
15 think we're all starting to come to the realization that
16 this is not an isolated activity, but it has to be one that
17 has a lot of partnerships across the board in order to
18 address the population --

19 SPEAKER: I'm thinking that I'll let you take a
20 break before we just get back to discussions, if you might.
21 I don't want to --

22 SPEAKER: Yeah, (inaudible).

1 SPEAKER: How many of you all know or are
2 familiar with (inaudible), the Internet platform?
3 (inaudible) don't realize that there are vendors out there
4 that can hook up shelter -- the PBX system, also the
5 Internet platform. Have that be seen along so that people
6 in the shelter could be making phone calls (inaudible).

7 SPEAKER: (Off mic).

8 SPEAKER: (inaudible) because you've sparked a
9 thought. How many of you've heard of Reverse 911? Have
10 you used it? Has that been in -- because it's, Reverse 911
11 is the ability for -- to send out a message to the --

12 SPEAKER: Targeted message.

13 SPEAKER: Targeted message, where you can target
14 even down to a specific block or an area or an entire --
15 that it has one continuous message that keeps calling back
16 and calling back and saying -- you know, and I thought,
17 "Boy." And I know we've gotten that in a lot of our cities
18 in terms of various reasons, and releases, and things like
19 that. But that would be for your population, something to
20 think about.

21 SPEAKER: Right, and some of those notification
22 systems can be also GIS-activated. So you just kind of

1 loop a map area and it will blow out the phone calls, write
2 text messages as well. And there's all kinds of technology
3 out there now actually. What's nice is that there is all
4 kinds of technology developed for homeland security that
5 transfers beautiful lateral transfer into this world.

6 And the technology's been paid for and the
7 research has been paid for. And I'd suggest trying get,
8 you know, networked with vendors and with technology
9 network people and find out what's available. And you'll
10 also find that there are a lot of technology providers who
11 are looking to network, and looking for pilot programs, and
12 looking for a business case, basically. And they're
13 willing to pay to get their technology out.

14 SPEAKER: I hope --

15 SPEAKER: When you were talking about the Voice
16 over IP, were you referring to utilizing satellite-based
17 systems because if your landlines go down, your T1 lines
18 could also be going down too.

19 SPEAKER: (Off mic).

20 SPEAKER: Shelters.

21 SPEAKER: Right, but I mean those shelters may
22 also be fairly close in this. You know, when you see an

1 electrical outage coming down on the East Coast, it may go
2 all the way down to the East Coast because of the way the
3 grids are set up. I mean when we think about the Navajo
4 Nation, some environmentally more remote areas, you don't
5 even have access in some of those systems. And so what
6 they've done is set up small generators and used satellite
7 interface links to be able to do --

8 SPEAKER: These efforts can -- would be as a
9 turnkey. That's the beauty of it because it doesn't
10 violate anybody's firewall or require any, you know, access
11 codes of state or federal government agency -- you know,
12 your choice is the --

13 SPEAKER: You know, the one thing that you are
14 talking about and that just keeps coming back in my mind is
15 Delaware County. I've just had a disaster there. The
16 largest -- it was in Kansas, Oklahoma, okay, so not that
17 big. The Delaware County, the country commissioner and
18 all, they very rarely use computers, Internet ability.
19 When you start talking about a rural population, you're
20 talking about another world when you start even mentioning
21 computers. And so we have to remember those folks in terms

1 of technology to learn because they don't have those
2 computers.

3 SPEAKER: This just appears as a cell phone and
4 you can sit down with somebody, "It's okay, would you like
5 to make a long distance call," and give them the cell
6 phone.

7 SPEAKER: Yeah.

8 SPEAKER: And you know, they can -- and if they
9 don't know the number, you can help them find the number.
10 It's transparent that it's on the Internet. Actually, a
11 lot of the phone calls that we make are already on the
12 Internet.

13 SPEAKER: I just -- I have a question on
14 technology. Just wondering how many states have -- use the
15 Command and Control Portal, you know, type of a virtual
16 EOC, virtual Emergency Op Center?

17 SPEAKER: (Off mic).

18 SPEAKER: I'm just curious if you have a portal
19 that's available to multiple stakeholders on the Internet,
20 where if you have access to the Internet, you have access
21 to information, basically.

1 SPEAKER: Yes. You can log in from any computer

2 --

3 SPEAKER: I was just curious because in terms of
4 those -- currently are set up as emergency management
5 tools, but they're all based on SharePoint, which is just a
6 business collaboration tool. And you could actually
7 configure that so that your consumers could have access.

8 SPEAKER: (inaudible) and currently the subject
9 is not that popular.

10 SPEAKER: You want to use ours?

11 SPEAKER: No, it's okay.

12 SPEAKER: I think they hit on that.

13 SPEAKER: Yeah, that still works.

14 SPEAKER: I mean --

15 SPEAKER: Okay, go ahead.

16 SPEAKER: Well, let me just let you all know.

17 SPEAKER: (Off mic).

18 SPEAKER: Probably loud enough.

19 SPEAKER: What we're doing in Texas is -- patient
20 identification is not something we've really talked about
21 other than some registry information yesterday. We're
22 setting up a mechanism through Cingular and AT&T, are

1 really our technology partners in this and in -- where we
2 will literally wristband everybody with a bar code. And
3 capture some -- on a handheld, capture some information as
4 they get on a state asset to be evacuated.

5 So, then, we'll be able to share that information
6 into a broader community. Once they get to the shelter, we
7 already have some basic information about that person. We
8 are not including at this point, medical information as a
9 part of that because we've got lots of issues as it relates
10 to (inaudible) and some of those. But we're actually --
11 and actually going to test this at the end of July, I think
12 it is, and actually do an exercise to make sure that this
13 works.

14 But it's basically handheld. They have radio
15 frequency as well a bar code. So they can -- we can scan
16 them or they can walk through a door with a frame around it
17 and we capture who is where. And so we're working on that
18 pretty hard. The feds are very interested in what we're
19 doing because they're looking at this for their NDMS
20 Patient Tracking as well.

21 SPEAKER: So in your local areas or counties or
22 cities however that's addressed in here -- they're actually

1 going to -- this evacuation process starts with (inaudible)
2 and then it -- to the shelters, that'll be information that
3 they can use at the shelter?

4 SPEAKER: Actually, we've -- I believe the
5 National Guard has been tasked as a part of the evacuation
6 and their assistance in evacuation that they will be
7 actually the ones that are capturing on the handheld the
8 information and tagging everybody with the wristband.

9 And, again, it has a radio frequency tag in it,
10 but it also has a bar code. We capture some basic name and
11 address information, very limited because we're trying to
12 move a lot of people very quickly. And then we'll -- then
13 when we bar code them at the receiving point, or read them
14 by radio frequency, we know where they are.

15 SPEAKER: There is a --

16 SPEAKER: What do we do about non-citizens? It's
17 a big issue and are those non-citizens even going to get on
18 the bus. It's a big issue that we have not worked out,
19 particularly as it relates to our valley population.

20 SPEAKER: -- shelters our people.

21 SPEAKER: Yeah.

22 SPEAKER: They have to be there.

1 SPEAKER: But we've got some lengthy discussions
2 to have with border patrol to get them past checkpoints,
3 big issues to deal with.

4 SPEAKER: Yeah.

5 SPEAKER: Cool idea.

6 SPEAKER: (Off mic).

7 SPEAKER: And just an interesting question just
8 in terms of non-citizens, although I'm sure you're not
9 referring to expats, like, me or (inaudible) visiting, but
10 I throw that anyway. In the pandemic flu planning, I've
11 been involved in a lot of pandemic flu scenarios as of
12 late, especially in the private sector. And in private
13 sector, I was just in New York doing a -- for a Fortune 50
14 financial firm, so -- probably 100,000 employees in the
15 United States.

16 And part of their plan is actually to try and get
17 their expats out of the country before the borders are
18 sealed. Right, except whether or not they've been exposed
19 to an agent, they're going to try and get them out before
20 they seal the borders. Just throwing that out to you
21 because that will become an issue for all of you.

22 SPEAKER: (Off mic).

1 SPEAKER: Just throwing the information out. I'm
2 going to wrap this session. It's like the energy level is
3 a little bit low and I think we've discussed it out, if
4 that's all right with you. Okay.

5 (Whereupon, the PROCEEDINGS were adjourned.)

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