

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42

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

Transcripts of Conference

Region 7 Day 2 - Response

THURSDAY, JUNE 29, 2006

1 FEMA Region 7 Day 2 - Response

2
3 The Facilitator: Lisa Gibney

4
5 List of Delegates:

6
7 Iowa

8
9 **Jill Fulitano Avery**

10 Administrator

11 State of Iowa Division of Persons with Disabilities
12 Human Rights

13
14 **Jane Gay**

15 Program Associate

16
17 **Mark Haverland**

18 Director

19 State of Iowa
20 Department of Elder Affairs

21
22 **Mary Jones, BSEMS, PS**

23 Division Director

24 Div. of Acute Disease Prevention & Emergency Response
25 Iowa Dept. of Public Health

26
27 **Dave Miller**

28 Administrator

29 Iowa Homeland Security and Emergency Management
30 Dept. of Public Defense

31
32 **Marvin Shultz**

33 Health and Safety Director

34 Dept. of Human Services

35
36 **Dawn Wilson**

37 Deputy Chief of Staff

38 Governor's Office

39 State Capitol

40
41 Kansas

42

1 **Tod Bunting**

2 Adjutant General of Kansas
3 Kansas National Guard
4 Adjutant General's Department

5
6 **Anthony Fadale**

7 State A.D.A Coordinator
8 State of Kansas
9 Department of Administration

10
11 **Angee Morgan**

12 Plans Chief
13 Kansas Emergency Management

14
15 **Greg Morgan, MS**

16 Contingency Planner
17 Kansas Department of Health and Environment

18
19 **Missouri**

20
21 **Karen Benson, MS, LPC**

22 Task Force Member
23 Special Needs Population Task Force

24
25 **Lynn Carter, MSW**

26 Coordinator, Disaster Readiness
27 Department of Mental Health
28 Disaster Services

29
30 **Vicky Davidson, MEd**

31 Mental Health Manager
32 Missouri Planning Council
33 MPC

34
35 **Gary Harbison, MA**

36 Chief, Bureau of Special Health Care Needs
37 Missouri Department of Health and Senior Services

38
39 **Nancie McAnagh, MSW**

40 Deputy Department Director
41 Missouri Department of Health and Senior Services

42

1 **Ronald Reynolds**
2 Director
3 SEMA

4

5 **Nebraska**

6

7 **Joseph Evans, PhD**
8 Associate Director
9 MMI-UCEDD

10 Univ. of Nebraska Medical Center

11

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

List of Non-Delegates:

Missouri

Linda Lewis
Regional Administrator
ACF/Region VII

Also Present

Dante L. Gliniecki
Statewide Volunteer Coordinator
Missouri State Emergency Management Agency

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22

P R O C E E D I N G S

THE FACILITATOR MS. GIBNEY: Okay, I'm not sure where we lost -- we seem to have lost a lot of people, but Laura is back. Thank you, Laura. You know, we'll need to thank Laura. She thought she was coming for one session, and we've kidnapped her for two entire days. So she is typing her old fingers to the bone over there for the great State of Missouri. And if I'm going to keep us anymore close to being on time, I should probably get us started back. I'm not sure what happened. A couple of people we've lost, but that's okay. That's all right.

SPEAKER: Angela would be right back.

THE FACILITATOR MS. GIBNEY: Okay, all right. Nancie, do you guys want to start with Missouri, and some of the things that you all worked on, and we do have our friend Mr. Microphone's back for this session. So they are recording us.

MS. MCANAUGH: I promise not to sing. Isn't that what you're supposed to do with Mr. Microphone?

THE FACILITATOR MS. GIBNEY: Yes. I think so.

MS. MCANAUGH: Okay. We spent a lot of time talking about --

1 THE FACILITATOR MS. GIBNEY: No, no, no, no, no,
2 wait, wait. I am --

3 MS. MCANAUGH: My name is Nancie -- I am -- I'm
4 Nancie.

5 SPEAKERS: Hello Nancie.

6 MS. MCANAUGH: I'm Nancie --

7 SPEAKER: Do you have a personal plan or not?

8 THE FACILITATOR MS. GIBNEY: Do you have a --

9 SPEAKER: I'm Nancie and I do --

10 MS. MCANAUGH: I actually -- I'm Nancie and I
11 actually do have a family plan. Nancie McAnaugH with
12 Department of Health and Senior Services in Missouri. And
13 we pretty much spend our whole time talking about
14 sheltering because as every state does, we think we're a
15 little unique in the fact that we've got quite a few metro
16 areas in our state, and two by-state areas, and then
17 everybody else is rural in the state.

18 And when we come down to just trying to plan for
19 a catastrophic earthquake, which is our worst-case
20 scenario in the State of Missouri, and yes, we have
21 tornados, yes, we have floods, but we don't have
22 hurricanes. And so really our big natural disaster that

1 we're trying to plan for right now is the New Madrid
2 Fault.

3 Special Needs Sheltering is something that we've
4 spent a lot of time talking about in our state already.
5 We've got a Special Needs taskforce that's been meeting
6 for the last couple of years, and actually most of the
7 people sitting around this table are members of our
8 Special Needs Steering Committee.

9 In working through the issues of everything --
10 what your definition of special needs is going to be, we
11 decided that the first thing that we need to do when we
12 get back to our state is set up a meeting with the Red
13 Cross, and figure out first off what has the Red Cross
14 identified in every county in the State of Missouri, and
15 we've got a 114 of them plus the City of St. Louis, as far
16 as what the shelters in that area are going to be because
17 we really would like to have Dual-Purpose Shelters and not
18 have separate Special Needs Shelters and General Purpose
19 Shelters, if we could possibly do that.

20 So we do need to sit down with the Red Cross and
21 identify where are the shelters located, are they
22 accessible, what's the square footage of those shelters

1 because if we take a look at what Florida did, and decide
2 that we really want 60 square feet per person rather than
3 20 -- and they really do have a really good report on
4 their website if you want to take a look at it too called
5 2005 Special Needs Sheltering report that walks you
6 through why they've decided to make the changes in their
7 system that they did. I think 60 square feet is something
8 that we are going to need.

9 And something that Karen brought up, if you do
10 have a Dual Purpose Shelter, you need to be able to
11 segregate populations for -- at specific points in time
12 for specific things to be done. So how are we going to
13 work through that?

14 The whole issue of transportation if we have New
15 Madrid events, how are we going to get people out of the
16 area into shelters. It's going to be a huge problem for
17 us. We're probably going to have to use airplanes and
18 helicopters to get people out. So that's going to have an
19 impact on where we decide we're going to place our
20 shelters outside the New Madrid area.

21 We have quite a few pet lovers sitting around
22 the table, and even though Florida says, "People before

1 pets," we disagree to a certain extent because we know we
2 have senior clients -- elderly clients who are not going
3 to leave their homes unless their pets can come with them.
4 So this is a huge issue for us. So everything from
5 looking at foster care for pets, which we thought about
6 during the Katrina episode when we were going to get
7 people coming into the St. Louis area, if we don't have a
8 shelter for pets, can we find foster families in the area
9 willing to take them to working in conjunction with the
10 Red Cross, and the humane society on setting up pet
11 shelters in the area.

12 Can we utilize transportation entities such as
13 OATS and what we have in our state called SMTS to be able
14 to transport individuals outside of the earthquake area to
15 those shelters? How are we going to be able to organize
16 our EMS community in the State of Missouri so that we
17 don't have those folks who decide they're going to rush
18 into the area and help before they're even called to rush
19 into the area and help? How can we make them feel that
20 they are a part of the system, and that we are going to be
21 working in conjunction with them so that we could maybe
22 have them at a certain area ready to -- to utilize those

1 ambulance to take them out of the area to shelters?

2 What sort of medical assets do we have in our
3 state, and how are we going to be able to get those
4 located around the state so that we can be using them with
5 the populations that we're going to need to evacuate to
6 those shelters? What type of transportation as far as
7 accessible are state schools, and high school buses that
8 are -- that have less -- our schools and our state
9 privately contract with school bus contractors? Do they
10 have assets that we can be utilizing? So those are pretty
11 much the issues and outcomes we were working on.

12 And I think like, a lot of states that have a
13 lot of rural areas, we've got the same type of challenges
14 that other states will have when it comes to trying to get
15 folks from an area where we do have a disaster to an area
16 where we're going to be able to provide services for them.
17 We would love to have the opportunity to partner with
18 other states, hello, hello, at the two other tables.

19 (Laughter)

20 MS. MCANAUGH: And to talk to you about helping
21 us. Should we have a New Madrid crisis -- a New Madrid
22 event happen in our state, it'd probably be a good idea to

1 sit down and have some discussions beforehand because
2 you're going to get our -- you're going to get our
3 survivors, whether you want them or not. They're going to
4 be heading over the borders, and you're going to have to
5 deal with this situation.

6 So it's probably a good idea for us to sit down
7 and decide what sort of mutual aid agreements we might be
8 able to work out beforehand. I know some of you belong to
9 the Mid-America Alliance; Nebraska does, which we also
10 belong to. How can we be utilizing those contracts
11 beforehand? As far as federal resources that we might
12 need, gosh, if we can't ask for money and we can't ask for
13 people --

14 SPEAKER: Well, I'm not saying that you can't.
15 I'm saying that --

16 (Laughter)

17 MS. MCANAUGH: Technical assistance, I think,
18 would be wonderful if the Feds could even be hiring some
19 individuals who have expertise on planning for special
20 needs populations that they could be loaning out to states
21 to use as a resource, somewhat like the CDC does. You
22 know, we have people who work at our health department who

1 are actually CDC employees, but they'll come in and work
2 with us for a year or two on an issue and then go back to
3 Atlanta.

4 If the federal government could work out some
5 sort of role like that that they could be utilizing people
6 who work FEMA or work for Homeland Security who have some
7 expertise when it comes to doing this type of planning,
8 that would be wonderful. And I -- I just think we've got
9 a lot of things to get accomplished when we go back to our
10 state. I think it's a little overwhelming for us to think
11 about, but we've already made a lot of progress so we're
12 just really happy to have this opportunity to sit around
13 the table and brainstorm with one another.

14 THE FACILITATOR MS. GIBNEY: That sounds great.
15 Thanks, Nancie. Any questions for Nancie or the folks
16 from Missouri on what they're looking at? So I guess --
17 this is Lisa Gibney. I have one question I guess. When
18 you're looking at your partnerships in some of those pre-
19 planning things, I know I was thinking in the State of
20 Iowa a lot of our helicopter resources to the hospitals
21 are private. They're not a -- we have one that -- I mean
22 the University has one, but in Cedar Rapids in Waterloo,

1 we have one, two, three air units that I'm aware of that
2 are --

3 MS. JONES: (Off mic).

4 THE FACILITATOR MS. GIBNEY: Okay, but how many
5 of those are private, and how many are public?

6 MS. JONES: Well, they're actually all private,
7 but it's the hospital's contract with those entities.

8 THE FACILITATOR MS. GIBNEY: Okay.

9 MS. JONES: The hospital is considered a public
10 facility and just because they contracted with a
11 helicopter, they become --

12 THE FACILITATOR MS. GIBNEY: Right.

13 MS. JONES: -- public accessible --

14 THE FACILITATOR MS. GIBNEY: Thank you, Mary
15 Jones from Iowa because I didn't get the microphone over
16 yet. But let me ask you one more question, Mary. If they
17 wanted to use them as a resource how would they do that?
18 Is that something they would work through the state if
19 they wanted to do some MOU kinds of things or is that
20 something individual through the hospital or -- excuse me
21 (inaudible)?

22 MS. JONES: Mary Jones from Department of Public

1 Health.

2 THE FACILITATOR MS. GIBNEY: Thank you.

3 MS. JONES: And my recommendation on that
4 question is that -- it's just the helicopter service is
5 actually in a local community. Our encouragement would be
6 first that they climb into their County Emergency
7 Management and probably look at utilizing those resources.
8 So that's number one. We always work to support the
9 infrastructure of our Emergency Management System in the
10 State of Iowa, which is very important to us.

11 Then secondly, if they see it as a state
12 perspective, if the local entity would be calling the
13 state or Homeland Security at the State Emergency
14 Operations Center requesting that resource, then Homeland
15 Security would be asking Public Health Resources to access
16 that resource. So the (inaudible) is in place for them to
17 request it and then we would work the issues with that
18 Helicopter service provider. I hope that answered your
19 question.

20 THE FACILITATOR MS. GIBNEY: Yeah, so it's -- is
21 it --

22 MS. JONES: Well, it is processed there. Does

1 it mean every time they're going to be available? Not
2 necessarily.

3 THE FACILITATOR MS. GIBNEY: No, of course not.

4 MS. JONES: Because if they are available, there
5 would certainly be a resource that can be accessed.

6 THE FACILITATOR MS. GIBNEY: Okay. Is there
7 something else to think about? I think I'm done, Dave.

8 MR. MILLER: I think there is (inaudible) --

9 THE FACILITATOR MS. GIBNEY: Oh -- Dave.

10 MR. MILLER: -- if I understood the question of
11 helicopters and (inaudible) certain evacuations especially
12 (inaudible), you know, one of the things (inaudible).
13 First thing is if I don't have a local, assess the
14 National Guard. The National Guard does have some assets
15 in Iowa. It does have some -- there are ambulance assets,
16 how equipped they are specifically (inaudible) to deal
17 with persons with disability is another issue. And we
18 don't know what is the actual -- the true capability of a
19 true (inaudible).

20 So while I may have an aircraft, while I may
21 have access to the National Guard assets in the aircraft
22 then why (inaudible) medical unit. I know the aircraft --

1 step into some of these issues after its program. It's
2 can you master a capability with the actual need, and is
3 it what you've been looking -- disaster. I don't know if
4 there is any of us (inaudible) who don't know what that
5 means.

6 SPEAKER: Oh, okay. Thanks. Is it on? It's on
7 right?

8 SPEAKER: Oh, I'm sorry.

9 SPEAKER: I'm sorry too. I thought I turned it
10 on.

11 SPEAKER: 200 people --

12 (Laughter)

13 SPEAKER: No, that's my secret.

14 SPEAKER: I'm sorry. I just wanted to briefly
15 add something. I mean, we weren't really asking a
16 question about helicopters, but I would be interested to
17 know though. We've got Air Evac companies in the State of
18 Missouri selling private policies to individuals saying
19 "If you need us you pay us 2,000 bucks, and if the big one
20 goes up we're going to land in your front yard and pick
21 you up."

22 And so I'm a little concerned as far as in the

1 case of an actual disaster, an emergency, it's going to be
2 really interesting to see how that's going to work out
3 between -- what those companies might feel they owe to
4 their shareholders or their private clients versus state
5 utilization or the feds (inaudible).

6 (Tape interruption)

7 SPEAKER: And you know -- and that's why we need
8 to step in and see if that -- put in place.

9 (Tape interruption)

10 SPEAKER: So those are things that we need to do
11 to --

12 (Tape interruption)

13 SPEAKER: I'll answer that -- as far as
14 resources with -- Feds that would be one of them. You
15 know, we're going to need some -- that we'll get it. If
16 you need a policy decision about what's reimbursable --
17 for special -- applications and this is the mass care
18 sheltering operations reimbursed under Katrina in a very
19 unusual way this time.

20 You know, that was kind of a surprise too
21 because it's hard to plan properly -- that -- those kinds
22 of surprises, I guess, coming up once in a while. And I

1 do know that Special Needs Shelter operations are -- have
2 been reimbursed in other states routinely in 13 states.
3 And so I just would think FEMA Region 7 probably has to
4 come to -- they need to get that policy decision.

5 (Tape interruption)

6 SPEAKER: -- but we'd surely like to see that.

7 (Tape interruption)

8 SPEAKER: -- the FEMA of Kansas City -- the FEMA
9 Region 7 in Kansas City would be a good resource for
10 technical giants, particularly in Special Needs
11 Sheltering. Some states supported that --

12 (Tape interruption)

13 SPEAKER: Okay. I'll ask this as a question to
14 you Ron because I -- the answer. One of the things that
15 came up and I heard groups talking about what (inaudible)
16 --

17 (Tape interruption)

18 SPEAKER: One of the charges of the (inaudible)
19 is to know each other's --

20 (Tape interruption)

21 SPEAKER: And also share information about
22 resources and capabilities to other -- and I know from our

1 state and the surrounding states --

2 (Tape interruption)

3 SPEAKER: I also know that surrounding states
4 have never asked for that. I haven't asked --

5 (Tape interruption)

6 SPEAKER: I think that's what -- how do we get
7 into the spirit of sharing that information?

8 (Tape interruption)

9 SPEAKER: -- they do a much better job --

10 (Tape interruption)

11 SPEAKER: It seems that they do it. It seems
12 that they have it at their fingertips, seems that it
13 (inaudible) easier as -- and there are some very strong
14 lessons to learn there --

15 (Tape interruption)

16 MS. JONES: Unless --

17 SPEAKER: Well, too late, Mary.

18 MS. JONES: Yeah. This is Mary Jones. I would
19 --

20 (Tape interruption)

21 SPEAKER: I've seen it two ways. We've seen the
22 FEMA regions and the 10 regions in those regional

1 boundaries. The discussion that's going on with Homeland
2 Security regions is would they be different, would they be
3 the same, and if they were Homeland Security there was
4 discussion -- a region had to include --

5 (Tape interruption)

6 SPEAKER: We always took it to be however we --

7 (Tape interruption)

8 SPEAKER: -- there was the need and I built that
9 capability and affinity -- with those that I get it from.
10 So today depending on the capability I need, it may be a
11 partnership with --

12 (Tape interruption)

13 SPEAKER: Tomorrow it's Missouri and Kansas.

14 The next day it's --

15 (Tape interruption)

16 SPEAKER: -- and we build a regional affinity
17 based on that, and we're all the center of our own
18 universe.

19 (Tape interruption)

20 SPEAKER: -- just to address a couple of
21 questions.

22 THE FACILITATOR MS. GIBNEY: Hang on a minute.

1 Let's see if they can -- so they can get us on the tape.

2 SPEAKER: Ron (inaudible) SEMA, Missouri. Dave
3 I know that we have an affinity in Region 7 because we've
4 worked together. It's a small region and we get to know
5 each other. A lot of us know each other already from that
6 point of view. So it helps that we have that
7 relationship.

8 And it makes a little bit of sense to continue
9 with that from our point of view -- Missouri's point of
10 view because of the New Madrid threat. We know -- we
11 expect won't be going. In the worst-case scenario where
12 they won't be going across the Mississippi River, they
13 would be going west and possibly north. And that means
14 Kansas, Iowa and Nebraska. And because we have the
15 relationship already that we have, it makes sense for us
16 to start there, I think -- and I think -- isn't that right
17 Ron?

18 And we want to kind of pursue that. And it's a
19 good place to start for us. And there is one other
20 consideration that -- in terms of regionalization though,
21 and that is the CUSEC states; the Central United States
22 Earthquake Consortium states, and Iowa and Kansas are not

1 in the CUSEC, right? I don't think.

2 SPEAKER: We're associate.

3 SPEAKER: Associate members. So there has been
4 some regional planning going on there, but I think the
5 better (inaudible) on that, on the board there, of course,
6 and so I think we'll probably see some changes there, I
7 hope we do. But, you know, they haven't really progressed
8 very far in their regional planning. It still makes sense
9 for us to go to you guys and we think it's also a better
10 opportunity for us to get help as you won't be tasked by
11 some other CUSEC states, possibly, as much as we would,
12 although Illinois might be for Iowa. So --

13 MS. CARTER: And that triggers another idea that
14 came up at the table, that Nancie and Ron Reynolds
15 mentioned and that is, is there a way in the upcoming SONS
16 exercise in June of '07 to build in some special needs
17 population issues or some sheltering evacuation issues in
18 a way? And who could fund that and what kind of federal
19 effort could be made to encourage that to happen, where
20 that resource comes from above so that it's not every
21 state trying to create it?

22 THE FACILITATOR MS. GIBNEY: And, Lynn, could

1 you real quick tell us for the microphone for the
2 transcriber what the SONS exercise is?

3 MS. CARTER: SONS stands for Spills of National
4 Significance. It's to happen in June of 2007. And my
5 understanding is it's to be related to perhaps an
6 earthquake and some spillage of the pipelines.

7 THE FACILITATOR MS. GIBNEY: And do we know
8 where? Is it going to be in --

9 MS. CARTER: I'm not sure I know that.

10 MR. REYNOLDS: Ronald Reynolds, director of
11 SEMA. Right now, that's not definite, but it will
12 probably be St. Louis based, is what they're thinking
13 about at this time.

14 THE FACILITATOR MS. GIBNEY: Okay, thank you.

15 SPEAKER: (Off mic).

16 THE FACILITATOR MS. GIBNEY: I am so glad you're
17 here (inaudible), that was real nice yesterday.

18 (Laughter)

19 MR. MILLER: It's because I have a big mouth.
20 Dave Miller from Iowa. Just a point about SONS and I
21 happened to discuss it with our governor's rep. We were
22 going to join in too and the Spill of National

1 Significance, as I understand, needs to take some place
2 where the spill happens and that goes clear up into
3 Minnesota and the Lakes region.

4 But the other part of that, Ron, and all of us
5 have been discussing it as states along with the river, if
6 we -- if they added the New Madrid Fault earthquake as
7 part of that scenario, the problem with it thus far and I
8 -- that I keep reading is the funding isn't certain. And
9 I notice, when I looked at Illinois and Wisconsin and, I
10 think, your state and mine, we've qualified our
11 participation based on the funding we may receive. If you
12 want a tasking for the federal government --

13 SPEAKER: Sure.

14 MR. MILLER: -- get us in early, if you're going
15 to fund the exercise. Don't give me two months to plan
16 for a multi-state large scale exercise.

17 SPEAKER: Okay, give me a -- you need in by --

18 MR. MILLER: Oh, we needed it yesterday.

19 SPEAKER: Okay.

20 MR. MILLER: This one's already too late.

21 SPEAKER: Got it.

22 (Applause)

1 SPEAKER: (inaudible), Missouri, SEMA. Just one
2 last point for federal resources and policy decisions.
3 Traditionally, when we've done catastrophic planning, we
4 always try to figure out what our state resources were,
5 how much we could do, at least, particularly, I know in
6 mass care, what's our capacity. And then there is the
7 shortfall between what we can do and what we think the
8 projected losses would be based on, you know, HAZUS Loss
9 Estimation Modules or whatever.

10 And, you know, one thing that's been a little
11 bit troublesome over the years is that it has been hard to
12 really get -- well, first off, I guess we haven't really
13 come up with that delta factor, that shortfall as well as
14 we should, although some things we know we have short
15 falls in now. Helicopters, probably, could be one of them
16 I think and -- but transportation assets so forth.

17 But we -- it looks to me that a lot of folks are
18 thinking to go into DoD, Department of Defense, for
19 resources. And, you know -- and I don't know if we know,
20 I don't know if any of the other states have a good sense
21 of what those DoD resources are in terms of at least human
22 needs, human services, like, what we saw on -- in New

1 Orleans for those massive evacuations and airlifts and all
2 that. That was a surprise to me. I mean they don't
3 really come forward too often and say they have it. Maybe
4 can't because they're involved into, you know, two borders
5 and two different countries and deployments everywhere in
6 the world.

7 So -- but basically DoD probably has to come to
8 the table and give us a realistic point of view on what we
9 should be counting on, if we're actually going to look for
10 those types of resources. I hear it talked about a lot.
11 I don't, personally, want to count on it, but it's
12 probably going to be something we should plan for, if we -
13 - if it's there.

14 THE FACILITATOR MS. GIBNEY: Okay. How about
15 Kansas? Anthony can you --

16 MR. FADALE: Yeah.

17 THE FACILITATOR MS. GIBNEY: Can you give us our
18 -- can you start us off?

19 MR. FADALE: I'll start you off. And our friend
20 from Nebraska also contributed, so we'll add him into some
21 extend because we had a round robin kind of discussion.

22 THE FACILITATOR MS. GIBNEY: So like Kanaska?

1 Is that who you guys are?

2 (Laughter)

3 MR. FADALE: Regional partnership, what can we
4 say. One of the --

5 SPEAKER: Regional (off mic).

6 MR. FADALE: I mean, what we -- this is Anthony
7 Fadale, State ADA Coordinator for the state of Kansas.
8 The issue we talked about was the issue of evacuation
9 primarily and not sheltering. As we said yesterday and as
10 everyone has mentioned before, depending on the incident,
11 everything is going to be handled at the local -- issues
12 of the local planning groups, first and foremost, in the
13 sense that they'll declare the evacuation now.

14 And if for some reason they don't and it needs
15 to happen, the state has the authority to step in. And
16 I'm fairly certain that that's -- but just to clarify that
17 end of things, one thing that we talked about that we
18 could do was -- let me talk about -- in the existing
19 category, we talked about the fact that we could look at
20 to see whether or not state institutions such as -- maybe,
21 the School for the Deaf or the School for the Blind may
22 have extra resources or capacity, if we had to move or

1 evac people from one location to another and they weren't
2 in the evac area or maybe a University for a short period
3 of time because we could look at the accessibility
4 requirements and kind of make sure that those facilities
5 are made accessible.

6 And it's basically trying to -- because you have
7 the ability with the School for the Deaf and the School
8 for the Blind. They have their own kitchens, they have
9 their own service areas. They have resources already
10 available being used by students at multiple levels.

11 So that's basically used as a backup if the --
12 if somebody needed to be evaced or a large group of folks
13 that needed special needs population help, that was one of
14 the issues and we talked about university campuses and
15 other kinds of things. But we'd have to coordinate that
16 with the local authorities to make sure that that was part
17 of the plan. And -- but that could be a sound backup use
18 if they needed it. We talked about the fact that Anthony
19 will -- okay.

20 Anthony will -- I've been invited by a couple of
21 the local media organizations in the Topeka area to talk
22 about what could be -- to come down and look at their

1 severe weather setups and various other things. And given
2 the presentations this morning about weather people
3 turning towards the camera and things like that, we talked
4 about going out and explaining some of the issues with
5 this conference so that we could bring the media groups on
6 board, bring industry on board, and really try and get a
7 partnership going with that. So the local media could be
8 invested just like they are with (inaudible) and other
9 things.

10 One of the other things we talked about was 53 -
11 - our State Department of Transportation has announced
12 that they're going to start their next comprehensive
13 transportation push in the next year before the
14 legislature. And one of the issues we talked about was --
15 kind of falls back to yesterday and the resource mapping
16 idea was when we were evaluating resources and outcomes
17 and the kinds of transportation we had, maybe we can
18 figure out where the holes are in terms of the transit
19 issues, and overlay that, and put that in as part of the
20 plan for the next 5310 issues and various things and work
21 with them.

22 And I have to meet with them in a few weeks to

1 start that process. So I -- we thought that that would be
2 a good idea, would be that if we're going to have our own
3 transportation initiatives, why not kind of hook them up
4 to work together so you're not trying to do two separate
5 things, but trying to combine the resources and the needs
6 and you can kind of kick two birds with one stone. That
7 was the idea there.

8 One thing -- and we did talk about for areas
9 that don't have -- if we did have to evac folks from areas
10 in the rural -- particularly, rural parts of our state, we
11 talked about thinking outside the box, like, using FedEx
12 trucks or flatbeds and equipping them with proper tie-
13 downs and things so that they could -- you could strap in
14 wheel chairs and do other things, if you didn't have
15 access to "accessible transportation".

16 It's kind of a way to think, what does somebody
17 do when they're in the rural area and they've got -- they
18 don't have a lot of access and it's going to take five
19 hours to get somewhere with some locations. That was just
20 an idea we had there. We talked about that in terms of
21 evacuation announcements or other things, keep them
22 simple, keep them local, do -- even if you're -- in our

1 situation, we used the tornado, which isn't evacuation,
2 but we would say instead of going to the lowest level for
3 a child or somebody, they understand, "Go to the
4 basement." So if they've got a basement instead of
5 saying, "lower level," say, "Go to the basement." And
6 that's part of the communicating aspects of that.

7 Let's see, what else did we have? We talked a
8 great deal about the fact that we'd like to use picture
9 cards for communicating those messages and for first
10 responders in various things, of the brochures that were
11 handed out, the flip charts, the little flip charts,
12 giving them to everyone we could think of, the first
13 responders, the planners, the various -- those flip cards
14 that were handed out, and maybe developing our own set of
15 picture cards. And we've devised a -- one of our
16 Commission on Disability Concerns can work with the
17 Department of Commerce. And there is another pool of
18 money that we have to help develop that because they've
19 said they wanted an initiative.

20 What do we have here? And then, I think, we had
21 the personalized medical -- as far as the nursing homes go
22 and the other things, we would do two -- one thing would

1 be to make sure that the nursing homes, from a practical
2 standpoint, could work on ways to tabletop their
3 evacuation, if they had to for their -- because they all
4 have plans. But we'd like to know what they need our help
5 with, not necessarily our requirements, but what -- do
6 they see any issues they have with -- going to them and
7 saying, "What do you have for evacuation and needs".

8 And part of that that we thought of was the --
9 because one of our nursing homes did that during an actual
10 evacuation. They personalized -- they have a bag and
11 they'll stick your meds in and it'll be Anthony's
12 medication. So those things are there for each patient to
13 have. Baggies that goes back to the Velcro baggies kind
14 of thing that was talked about this morning, something
15 that was very personalized, that people could take with
16 them, that are very quickly done. And the first
17 responders would have that right along with them.

18 One of the -- and one of the things we talked
19 about was to have training by disability and government
20 organizations of various -- first responder and various
21 levels on how would you communicate in a very quick
22 fashion with people, such as, writing out short notes,

1 like, short commands or other things of this nature, but
2 trying to communicate with somebody, if you didn't have an
3 interpreter or a captioning or something like that and you
4 had that issue. How would you go about doing that? That
5 was another topic we brought up -- what am I missing here?

6 And I think, we have to have a very aggressive
7 public awareness campaign for people to understand that
8 they have a role to play in their homes, that they should
9 have prepared their personal plans and personal kits for
10 what they may need to devise so that we can -- so that
11 they can most -- protect themselves as well, while we're
12 trying to find them or become aware of them. And the idea
13 of -- that they have to be in -- they have to take some
14 individual responsibility to the extent they can in
15 developing those personal practices, the plans, and being
16 a major part in the initiative. And other than that, I
17 think, we've got everything else. So with that settled,
18 open it up.

19 THE FACILITATOR MS. GIBNEY: Okay, thanks,
20 Anthony. Questions for --

21 MR. FADALE: Nobody have any questions, good.

22 SPEAKER: (Off mic).

1 MR. FADALE: Okay.

2 SPEAKER: Just -- do you have a handle right now
3 -- this is (inaudible), Missouri, SEMA. Do you have a
4 handle on how many schools for -- we call them schools for
5 the handicapped, actually, that's what they're called in
6 Missouri. We have about 28 of those. And do you have,
7 like, schools for the deaf and schools for the blind -- I
8 mean, do you have a good sense of how many you have and
9 what --

10 SPEAKER: (Off mic).

11 SPEAKER: Yes.

12 SPEAKER: The other person in the Kansas City
13 area (inaudible).

14 MR. FADALE: School for blind is at -- I'm
15 sorry. This is Anthony again. School for the Blind is in
16 Wyandotte County and School for the Deaf is in Jackson
17 County.

18 SPEAKER: (Off mic).

19 MR. FADALE: Yes.

20 SPEAKER: I think there is a high (off mic).

21 MR. FADALE: There may be.

22 SPEAKER: (Off mic).

1 MR. FADALE: But those are the two primary
2 schools that we have.

3 SPEAKER: (Off mic).

4 THE FACILITATOR MS. GIBNEY: Anything else that
5 the Kansas delegation wants to add or Nebraska? Joe, did
6 we --

7 SPEAKER: I have -- oh, I'm sorry. I had --
8 from a regional standpoint, I had two suggestions from a -
9 - regional suggestion. But not -- these are -- we didn't
10 have the chance to go over our regional efforts, but I'll
11 just make them as personal observation. But I think they
12 would apply, which is that when Hurricane Katrina hit, our
13 -- I signed up, at least I believe I did, with Randy
14 because they were asking for agency staffs for volunteers
15 to be part of groupings that they had to be -- if the
16 state requested -- if the other state requested the need
17 to do that.

18 One of the things that I think would be useful
19 that hasn't come out at least as far as the conference and
20 the participants in the morning is that I would encourage
21 people to use their -- not only the disability
22 organizations, like, the PNAs and the other folks, which

1 are going to have to be used, but the -- your -- or your
2 agency disability specialists or your local government
3 specialists or your state specialists because they're the
4 internal people that deal with the governmental
5 operations, agency operations that go on inside government
6 itself.

7 And I haven't heard anybody mention that in all
8 of their slides. They say, use disability advocacy groups
9 and that's fine. But there is a different perspective
10 when they're coming in from the outside and what you've
11 got internally as far as what you can actually get down in
12 practical aspects. So I would just urge folks to use them
13 and as far as the regional group, if -- and I'm only going
14 to speak for me, being a one-person office, I can do that.
15 But if somebody needs --

16 (Laughter)

17 SPEAKER: If somebody needs technical assistance
18 or other things from other states, I would be willing to
19 either communicate via e-mail or come for a few days or,
20 you know, if there's anything that I can do to help any of
21 you, I would be happy to do that. Because I don't think -
22 - or if we need other resources and other specialties,

1 we've got some good people in Kansas who do a pretty good
2 job and we could point you in the right direction.

3 I just don't think our resources internally get
4 used very much. And I would argue for more of that
5 regional focus, if the Feds are listening, that they allow
6 us to do that more and -- because I know the IMAC or
7 whatever that agreement's called had --

8 SPEAKER: EMAC.

9 SPEAKER: I'm sorry, EMAC, allows for that. But
10 I don't see them really focusing on that too much. So
11 that's my (inaudible), so we'll go from there.

12 MR. EVANS: This is Joe Evans from Nebraska.
13 Kanbraska, is that what we're called? Couple of things we
14 also talked about --

15 SPEAKER: -- but, you know, who's counting.

16 MR. EVANS: We also talked about the
17 communication and how to get the message out. And a
18 couple of ideas that came up were quite interesting in
19 terms of using, like, state departments of commerce and
20 some of the various Chambers of Commerce in cities across
21 the state to get the message out and to disseminate
22 information to businesses, and also using, like,

1 educational pamphlets that could be delivered by Meals on
2 Wheels because they are the folks that are dealing with an
3 awful lot of our persons with disabilities as well as our
4 persons who are elderly, who may not be disabled enough to
5 be an institution or a nursing home, but they certainly
6 may have some limitations that would keep them from being
7 self-responders, and may need some help.

8 So those are the type of things we also kicked
9 around as well as some obstacles like people who don't
10 want to go, people who when we have problems with local
11 control somebody coming in and telling you what to do, and
12 that always goes up like a lead balloon, and also the lack
13 of training of line staff, people who actually are -- for
14 example, certified nursing assistants.

15 Is -- work is how to take care of -- or how to
16 evacuate a person part of the, in our state, it is 75
17 hours of training before they can become licensed as a
18 CNA. So those are the types of things we also kicked
19 around. So with that, we'll end (inaudible) of whatever -
20 - (inaudible) presentation.

21 (Laughter)

22 THE FACILITATOR MS. GIBNEY: Thanks. Iowa.

1 SPEAKER: Pass them all the way around.

2 THE FACILITATOR MS. GIBNEY: You eventually have
3 to stop. It's going to go back to Knesset (phonetic) if
4 you guys don't stop passing the microphone.

5 MS. JONES: Mary Jones, Iowa Public Health. We,
6 I think, took a little broader perspective after we sat
7 around and talked -- actually yesterday and today. We
8 decided that we really needed to get our arms around some
9 bigger kind of policy issues that yet are longer term will
10 be that they resonate down to the community level, and so
11 our approach is this.

12 I think yesterday we talked about this
13 conference -- upcoming fall conference and engaging
14 appropriate partners and bringing those individuals in.
15 But what we want to do initially is look at four
16 priorities, communication and warnings, evacuation, the
17 shelter issue, and then public outreach and education.
18 And we want to do that from two perspectives.

19 First and foremost is how to protect the
20 citizens of Iowa and provide these services to Iowans, and
21 then look at it, secondly, from a different assumption or
22 perspective, and that would be when others are coming into

1 our state such as evacuees or other states are requesting
2 assistance and wanting to send individuals to us, because
3 we believe that your -- even your sheltering and some of
4 those issues are going to play out differently in those
5 two types of scenarios. So we're going to take that broad
6 approach.

7 And what we want to do is do some initial
8 things, and break this into short-term planning and long-
9 term planning, and actually come out after this conference
10 coming up this fall, with a strategic plan. Identify
11 those with disabilities to find the special needs, what
12 does that mean in Iowa, what is that definition of
13 "special need," really define that, do a comprehensive
14 inventory of our existing resources as they would apply to
15 these two types of scenarios, and then also define the
16 shelters.

17 We saw earlier in that slide presentation you
18 have them for special needs, for pediatrics, and on and on
19 and on. We really want to get a handle, what those -- how
20 those shelters are going to be defined, mass gatherings,
21 special needs, the clinic-type emerging care, et cetera.

22 And then really spend the time engaging local

1 partners, those with disabilities, and the elderly, other
2 state agencies and specifically defining our roles and
3 responsibilities. We believe once we accomplish that,
4 we'll be much better set than to go into actually planning
5 activities at the local level and the state level.

6 We believe that we need to ask our local
7 partners what is it that you expect from, for example, the
8 State Health Department in terms of shelters. What do you
9 -- what are our 99 counties out there thinking, our county
10 emergency managers, our local public health agencies? We
11 don't know that we really know what they would tell us.

12 Here at the state, I might think I know what
13 they need from a public health perspective, but we haven't
14 really gone out and sat down and asked those questions.
15 And in this fall conference, we want to kick off those
16 conversations and then move forward with the strategic
17 plan.

18 SPEAKER: I think just maybe from an even more
19 basic point we keep going back to trying to assess from
20 the various communities regardless of the disability or
21 the special need or what it is, what they're really
22 seeking. And I don't know how it is in other states.

1 When we use our historical perspective, we're aware -- we
2 don't shelter many people in any disaster that we've had.
3 So that's one issue.

4 We were sitting and talking while others were
5 commenting about the rural areas. Well, the truth is
6 depending on the level of disability or handicap or
7 however we want to use it, most people want to stand their
8 homes regardless of the hardship. I remember an ice storm
9 where I had people without electricity for two weeks.
10 They're not sheltering.

11 They're staying in their homes. They expect you
12 to bring a generator to them and care to them. But it is
13 that understanding of what they perceive the need and how
14 you're going to serve it, and matching that up with your
15 capabilities and understanding we have to come to, and
16 we're not there. I don't think we've actively engaged at
17 the very base level about what the need is from the
18 community that's affected.

19 The issue that was voiced this morning that one
20 size doesn't fit all -- locals plan for their local
21 capabilities, and then tell us as the state what they need
22 from us to support it. We really want to go back to that

1 basic planning model and work up from there.

2 SPEAKER: And a sidebar to that is also letting
3 them -- or clearly communicating between the different
4 levels of what can and cannot be done. I think we do have
5 a certain fear or we're pretty sure that there's
6 expectations out there that just -- it needs to be real
7 clear this isn't going to happen.

8 You know, the -- is the military going to -- I
9 mean at the next level up is, you know, is the Department
10 of Defense going to come if that earthquake happens?
11 Didn't come for our tornado, didn't come for the big
12 flood. So we're pretty sure that's not going to happen.
13 So we saw it on TV in Orleans. But it ain't going to
14 happen here in Iowa.

15 But what about our National Guard? Yes or no?
16 What about, you know, whether Public Health is going to do
17 that. No, they're not? You know, don't -- you know, oh,
18 you can step in and take care -- no, that's not going to
19 happen. That's not what the roles -- so we're clear who -
20 - what roles and responsibilities are at state and county
21 and city is really important to start the collaboration
22 talking.

1 And then also some of the little things, but
2 that -- making sure that the messages we give are, you
3 know, not only accessible and all of that, but that
4 they're real. Two of us coming from Public Health
5 backgrounds, you know, the most effective strategy is to
6 figure all the way out, well, why wouldn't they do it?
7 We'll supply that, then, this type of deal.

8 And so, you know, we're working on a little --
9 on little solutions here at the same time is that, you
10 know, we sit here and -- is it two weeks we're telling
11 them to save food, or is it three weeks? Well, don't send
12 them two different messages, because then they'll do
13 nothing. So what is the one message in Iowa we want them
14 to say?

15 And then if you're poor, three days of food? I
16 don't know to me my Public Health clients that are going
17 to have one day of food. I'm checking everyday to make
18 sure they've got food for their kid. You know, so how do
19 you give a message that they can do is really important
20 for persons with disabilities? You know, be self
21 sufficient for two weeks.

22 Medicaid doesn't pay for a catheter ahead of

1 time. So how do you -- how does that happen? You know,
2 insulin, you can't buy it ahead, you know. HMOs, you
3 can't buy your heart medicine ahead. How -- you know,
4 what are some of these answers that you can't just say,
5 oh, you know, good, it's fine if you have money, but not
6 otherwise.

7 SPEAKER: (inaudible) can I ask specifically --
8 say, can I ask who are you -- and as a part of that, are
9 you looking at maybe prioritizing admissions? I know
10 sometimes I try to look at my mom I think goodnight,
11 nurse. Look at the things that are thrown at them in the
12 PSA type of arena. You're supposed to prepare for
13 disaster, you're supposed to do your taxes, you're
14 supposed to brush your teeth after every meal, and there's
15 a lot of messages coming out.

16 Maybe are you looking at a way to maybe
17 prioritize and maybe not? There are probably several
18 steps to true individual personal preparedness. Are we
19 looking at maybe a small segment at a time, or did you
20 have special thoughts on that?

21 SPEAKER: I didn't -- we didn't really go down
22 really far other than in the strategic plan. Those are

1 things that we need to look at. Also, but how does that -
2 - once it cross all parts of public health and nutrition
3 and Department of Transportation --

4 SPEAKER: Right.

5 SPEAKER: -- is that how do you get this as an
6 integrated message instead of oh, today this is, you know,
7 National Preparedness Week or month or whatever.

8 SPEAKER: Right.

9 SPEAKER: You know, maybe we should do it maybe
10 for tornadoes.

11 SPEAKER: And maybe a carrier or two. I know I
12 think fact that -- if you think fact that who's your --
13 who's maybe one of the best carriers you've got? I think
14 our kids. I know in my generation that my -- my
15 generation (inaudible) date myself and at least to give me
16 is very old now you're going to see, because my generation
17 was being sure that, you know, we started in on the
18 seatbelt kind of thing.

19 My boys will not get in the car without the
20 seatbelt. I don't have to tell them. They scream at me
21 if I'm not -- don't have mine on quick enough. And for
22 them now the thing is recycling. We're pushing ahead now

1 into the next generation. How important is it to recycle?
2 And this could potentially be maybe the next generation.
3 It starts with the kids, so by the time they're adult it's
4 more -- much more ingrained in the culture, so to speak.

5 I know my parents could -- they are in the
6 seatbelts. It wasn't a big deal they weren't -- wasn't
7 coming at them all the time like it was with me. So maybe
8 that might be a mechanism to think about, looking at the
9 kids as a carrier so to speak, of the message. Any
10 thoughts on that? Dante? He's got the --

11 MR. GLINIECKI: Dante, Missouri, SEMA. I kind
12 of want to ask the other states since you guys kind of
13 brought it up, you might answer that -- maybe you can
14 answer this question. I -- we also in Missouri believe
15 that, you know, it's -- I think if it is mitigation,
16 preparing individuals and families to be prepared at home
17 just so they don't have to evacuate. So they don't have
18 to become a "victim" or a disaster survivor. And I call
19 that mitigation, and -- but, you know what, I don't know
20 if your states are different from ours.

21 But you know, traditionally, it seems like a lot
22 of the mitigation money that comes from the four or three

1 program, I can't remember which one it is under
2 mitigation, but after disaster, and, you know, you get
3 disaster -- you get mitigation money when there is a
4 disaster operation, a percentage of the total cost of the
5 operation.

6 There is pre-disaster hazard mitigation money as
7 well. But I don't know how many states, if any, are
8 spending money on what that part admitted -- what I call
9 mitigation, which is individual and community
10 preparedness.

11 SPEAKER: (off mic.).

12 MR. GLINIECKI: Say again.

13 SPEAKER: And doesn't it allow for that?

14 MR. GLINIECKI: It doesn't allow for that.

15 That's what somebody else in my state told me, our
16 mitigation officer told me too. Now, --

17 SPEAKER: (off mic.).

18 MR. GLINIECKI: Well --

19 SPEAKER: (off mic.).

20 MR. GLINIECKI: And that's an issue then, at
21 least, I'd really like to -- I --

22 SPEAKER: (Off mic).

1 THE FACILITATOR MS. GIBNEY: Hang on a minute,
2 hang on a minute -- hang on a minute.

3 SPEAKER: (off mic.).

4 MR. GLINIECKI: That's correct, but who -- okay
5 that --

6 SPEAKER: (off mic.).

7 SPEAKER: (off mic.).

8 THE FACILITATOR MS. GIBNEY: The mitigation
9 program is not for individuals, it's to benefit the
10 jurisdiction, so they don't have to -- like, if you have
11 an ice storm rather than putting poles back up, you bury
12 the infrastructure, you buy out the home owners' property,
13 not to benefit the home owners but to benefit the city, so
14 they don't have to go back in there and provide any
15 assistance to that community.

16 SPEAKER: (off mic.).

17 SPEAKER: What about the community education
18 program in the community?

19 THE FACILITATOR MS. GIBNEY: It's not
20 applicable, I think that's a request we need to put into
21 this first, that this is -- if we can keep people so they
22 have, you know, enough water in their own basement or

1 floor, if they don't have basements, is that that's one
2 less thing that has to be provided to 10,000 people in
3 this town, and a lot of the emergency, you know, they need
4 to change the way they look at it, like immunizations, you
5 know.

6 SPEAKER: It --

7 THE FACILITATOR MS. GIBNEY: (inaudible) number
8 of people that needs state assistance. I'm not asking
9 them to run away but it's about education and prevention.
10 And if we can prepare people enough that they don't need
11 to be evacuated, we will save millions and millions of
12 dollars in resources and infrastructure. But we need
13 something to invest in that prevention campaign, that
14 outreach that public information and education campaign.
15 And everybody knows and public health is what we try and
16 do all the time, it's the hardest thing to get funded.

17 MR. GLINIECKI: Well --

18 THE FACILITATOR MS. GIBNEY: Because you don't
19 see a direct benefit, a tangible benefit.

20 MR. GLINIECKI: I think there are a couple of
21 issues here, and money is always one. I came over here
22 because, I think, we're going to pass the mic about 10

1 times, but --

2 SPEAKER: We are sharing --

3 MR. GLINIECKI: The mitigation for money itself,
4 whether it's pre-disaster mitigation, the competitive
5 grant, it's the post-disaster stuff that comes in the
6 other program. As Andy (phonetic) said, it isn't meant
7 for those kinds of activities. But if you're a little
8 imaginative, you almost get there. For instance, we used
9 the mitigation grant -- when we talk about communications
10 in warning, we use the mitigation grant to expand NOAA
11 Weather Radio notifications statewide.

12 In addition we use the mitigation grant to --
13 and work with rural electric coops and others to buy the
14 receivers to place in the hands of individuals that can do
15 this. So if you're a little imaginative, you can kind of
16 get there. But the other is -- yeah, and the truth is we
17 do. We buy -- one of our counties put a NOAA Weather
18 Radio in the hand of every family in their county. I had
19 to do a show, proof of residency, because there was enough
20 grant money to do it. Others did it in all their critical
21 needs facilities. They did at nursing homes, and day care
22 centers, and schools, and those things. It depended on

1 how much grant money they got.

2 So there are innovative ways to do that, and you
3 need to look for them. And all of our states do that, I
4 know we do, and we share that information. Well, when you
5 talked about community outreach, and we talked about in
6 our view, I couldn't agree more with starting with kids.
7 That not only are they a carrier, it does institutionalize
8 it over time, and you get a part of the education program.
9 That's difficult to do with everything that we've asked
10 educators to do.

11 And yet if you can build in into the daily
12 curriculum, and all the pieces along the way, whether it's
13 a Science class or a Geography class, or Social Studies
14 class, or whatever it is, you begin to ingrain emergency
15 management principles in the school. I had a good fortune
16 to be in Russia a couple of years ago, and in K through
17 12, what they told me at Americom, K through 12, they had
18 900 hours of emergency management related education. Nine
19 hundred hours, and I said "How could that be true?" And
20 they said, because we integrate it in everything we do, we
21 teach self sufficiency, we teach these things.

22 I think we need to do the same thing, it becomes

1 part of our culture. It allows us to focus very limited
2 resources on those that really have special need. And
3 what happens, I'm preaching now, but what happens is you
4 get so many that ask to be accommodated because they think
5 their neighbor got something that they didn't. Well, that
6 creates a huge need, it's not special need. Now everybody
7 has got a need, you took care of them, take care of me. I
8 lost out because they gained something. We've got to
9 change that culture, and we have long ways to go to do it.

10 THE FACILITATOR MS. GIBNEY: Hey Jason
11 (phonetic), this is Lisa Gibney, I have my own mike
12 (inaudible) to the party.

13 (Laughter)

14 THE FACILITATOR MS. GIBNEY: But needs is going
15 to be the next. But, one thing along that same line about
16 the kids, one thing that I found in my work with -- doing
17 all that, because I wanted to get in schools too, I take
18 exactly what they said. They looked at me and said "Are
19 you crazy?" I can keep up now, but you know what they
20 love? And I went to them with something that was free to
21 them, that they needed, and that was elementary, something
22 to do for indoor recess. Because that called on the

1 teachers, that's not part of the "curriculum" but when the
2 weather is bad and they show the flag up on the door and
3 say "Hey, we're standing inside," you can't always plan
4 that.

5 Sometimes it depends if the playground is muddy
6 or not, and may have to pull something out of there
7 either. So I made them real simple like some word search
8 puzzles, and some riddle crossword things that they could
9 do that were based around. Well, in my case, it was
10 radiation preparedness stuff. And they gave to them like
11 free, no strings attached, but it got me in the door.
12 When I gave them something without asking for anything
13 back, they were very more receptive, and suddenly they
14 were calling me and saying, "Okay, I'm going to have to
15 work on it, English assignment, is there some way we could
16 integrate some of your stuff into that in the science".

17 But that was real easy -- it didn't take a lot
18 of effort, and they were just through adept to have it
19 because indoor recess is not curriculum based typically.
20 It falls back on the individual teachers, and they were
21 real excited. And I went to my area education association
22 with those, those of the ideas, things that I had, and

1 they helped me put them up to in -- at least the eastern
2 part of Iowa. So that was something they were all pleased
3 to have.

4 SPEAKER: I just -- in Missouri we've got a
5 program called Ready entry (phonetic) which was actually
6 funded through CDC and HRSA dollars. Our Public Health
7 Department funded it in conjunction with FEMA. And we've
8 actually been disseminating the ready entry product to the
9 school districts in the State of Missouri, who've been
10 integrating it into their curriculum. And it really is
11 training kids about how to go home and ask about do we
12 have a family plan, how do we put one together, or what
13 type of things do we need to put together, to make
14 ourselves safe in our houses.

15 And we really are having some great outcomes by
16 pushing that ready entry program into our elementary and
17 junior high schools in the State of Missouri. In
18 conjunction with that, we spent some of our CDC and HRSA
19 dollars on partnering with the Missouri School Board
20 Associations to create a web based system where they can
21 do planning for their school districts. It's really
22 changed the way that the school system is thinking about

1 preparedness and planning in the state because they don't
2 have an, you know, they don't have experts on staff, that
3 this is just an extra thing that gets thrown to them to do
4 on top of everything else that they have to do now, is
5 doing preparedness planning.

6 And so by partnering with the Missouri School
7 Board Association, creating this web based system, where
8 they can't create these plans for their schools. It's
9 another way that's really helped us try and integrate what
10 we're doing is, at least, on the public health side on
11 preparedness into the school system in the State of
12 Missouri. And I'm hoping over the next five years we can
13 really see a turnaround as far as, it will become part of
14 the whole curriculum, not to something we do on time and
15 not again.

16 SPEAKER: I'd like to just make a comment. Dave
17 spoke earlier about evacuations. And I think we're
18 probably working it, something is probably not going to
19 happen, probably not only Missouri, but other states
20 because folks just don't like leaving their houses. You -
21 - maybe if they feel okay, there is a system in place for
22 as evacuation shelters that they will leave. But a good

1 example, we had tornados pretty bad down (inaudible) where
2 over a third of the houses were destroyed. There was a
3 Red Cross shelter there.

4 And after about the third day, and Dante you can
5 correct me on it, they closed the dam because we weren't
6 using it. But they didn't have trailers, they didn't have
7 tents -- and tents or anything. They would stand either
8 in their automobile with friends, family members. They
9 didn't come into shelters that was set up for them, maybe
10 to eat a meal, but not to spend the night hardly.

11 SPEAKER: Now, that's exactly what we talked
12 about in trying to figure out what the real need is. The
13 other one now, I want to shift gear to something you said
14 reminded me of something else that you're doing and we're
15 beginning to do in Iowa. And that is look at that
16 partnership with the business community. You guys, I
17 think, are working with the business executives for
18 national security base and we've talked to Bill Lawson
19 (phonetic). We're beginning to work in Iowa and create
20 those partnerships too. And I think it's something we're
21 all going to benefit from.

22 Lisa, there was a piece on the national, and I

1 know that VHS and FEMA knows about Benz (phonetic), but I
2 don't know how much they know about Benz or how much
3 they've integrated it as a national strategy for business
4 involvement. It's another one that needs to get beyond
5 states and we need to talk about it regionally and grow it
6 into a national perspective.

7 MR. GLINIECKI: Dante from Missouri FEMA. I
8 know that (inaudible) is working with Benz at the national
9 level as well, and they're looking at what's going on in
10 Kansas City as an example. And, the compliment I think a
11 little bit of what Nancy was saying about the health
12 department's outreach program for Preparedness, Individual
13 and Family Preparedness of course, system course -- good
14 outlook for that too, and a good mechanism for that. So,
15 there's some -- I mean, I know we've got some tools in
16 place and I think we can make good use of that.

17 One thing I guess I'd suggest though, you know,
18 your idea that -- how did you get those radios out to the
19 public. I've been thinking we should do that, and I'd
20 like to use mitigation dollars to do that forever. But,
21 you know, the ongoing forum that we need to have to
22 discuss these issues, I don't know what that will be, but,

1 and I don't know if that's a FEMA Region 7 duty or not,
2 but I was -- I'm trying to think who in FEMA Region 7
3 would be the appropriate person for that. And, I don't
4 think now if there's position that really fits the bill to
5 coordinate an ongoing discussion group or something for
6 this purpose, but I think it would be worthy of a
7 consideration and helping the Human Services in Kansas
8 City I know it has some capability to do that.

9 SPEAKER: (Off mic).

10 SPEAKER: I wouldn't expect -- this is going to
11 be very disparaging. So, you quote me directly. Somebody
12 from VHS will come on to me. I'm getting tired of waiting
13 for that. You know, when we did the original meeting, a
14 few weeks ago to talk about (inaudible) I couldn't wait
15 for the feds to define it and begin talking about it. It
16 takes too long. And, if we don't get together as states
17 and make it happen like you did with E-MAC and some of the
18 other initiatives, it takes too long. We can't wait any
19 more.

20 I know that they have a handle on the issue and
21 I know there are things I can do to help and I know we
22 need to tell them how to help us. But if we wait for them

1 to lead us, sometimes it takes too long.

2 THE FACILITATOR MS. GIBNEY: Is there a
3 compromise or do you think they (inaudible)

4 SPEAKER: Well, it gets into a whole array of
5 issues, Lisa. For instance, in the national -- in the
6 strategies for the grants in the National Preparedness
7 Goal in the National Response plan, it talks about
8 regional collaborations. They haven't found the
9 mechanisms for making them happen. And for a grant, I
10 can't do a regional application for the grant.

11 So there are road blocks to finding the
12 financial considerations unless you take your money and
13 the states get together and say we'll co-invest in all the
14 politics that goes with that. That's what I said, I can't
15 afford to wait for them anymore. I can't afford to wait
16 for them to grant the multi-state partnership like we did
17 in agriculture. I need that money; all the states that
18 participate need the money. But, the truth is, regardless
19 of what the federal money is, the states are going to have
20 to step up. Say it's a major consideration, it's a
21 priority, we're going to do it anyway. And I think we
22 need to seize those opportunities and then force the

1 federal government to recognize those and find the
2 mechanisms to the future business scenario interest
3 (inaudible)

4 THE FACILITATOR MS. GIBNEY: And just one brief
5 aside on that issue. It's not I can't wait for the feds
6 any longer, it's that I can't wait for the feds to get on
7 the same page on an issue any longer, and I just would
8 like you take this back to -- and I want to specifically
9 hone in on Pandemic Food Planning on this issue right now.

10 You know, HHS came out with their wonderful
11 guide on Pandemic Food Planning last year, and then just,
12 I don't know, 6-8 weeks ago, Homeland Security issued
13 their own plan, which in some points in time was in direct
14 contradiction to the HHS plan, which was recently issued,
15 and from a state perspective some of the things in
16 Homeland Security plans, such as we're going to study this
17 for 18 months and then get back to you. I'm sorry, but
18 we're going ahead and planning as a state, we can't wait
19 for somebody to plan 18 months and then get back to us.
20 So, if you could please take that back to that, I really
21 need Homeland Security to be talking to HHS especially
22 when it comes to public health issues that HHS is in

1 charge of. And that's (inaudible), I apologize.

2 And I think to piggyback on that, it's important
3 to recognize these are complex issues with complex
4 relationships. And I believe kids is one way to tackle
5 that. But, we need to recognize just as we fight apathy
6 when we deal with smoking and seatbelts and all the major
7 public health issues, it takes very complex strategies,
8 multi-faceted over a long period of time, and single
9 solution kind of responses for a grant here or a little
10 grant there, are not going to do it. It takes a
11 comprehensive vision that this is a long-term commitment;
12 we all need to bring to our public that we are accountable
13 to.

14 SPEAKER: It doesn't happen on 12-month grant
15 cycles --

16 SPEAKER: Exactly.

17 SPEAKER: -- (inaudible) prefer to change it
18 every year. And that kind of means across the board needs
19 to be --

20 THE FACILITATOR MS. GIBNEY: Okay, anything --
21 last one, believe it or not, we're about out of time. I
22 know this has been a fascinating afternoon.

1 SPEAKER: Well, I'll make this one -- along with
2 the grant money the idea is and I got to confess, I'm
3 totally confused when I look at the VHS website, in the
4 sense that they keep saying, you can use grants for
5 certain things and not other things, and boy we need to
6 use, we need to have special needs planning, but when you
7 try and apply for a grant, based on special needs
8 application, they reject it.

9 I applied for special needs to get equipment
10 through our state process, and it wasn't our state
11 officials that -- but because I checked the wrong box or
12 didn't characterize it appropriately, I was rejected even
13 though it was just to get evacuation slips for our
14 buildings and tried to apply for federal use and they
15 said, you know, they said well, that's not covered at the
16 time when I did it. My point is that if they're going to
17 say, you know, this area is important, they've got to give
18 us the ability to say, we want a grant to cover this for a
19 extended period of time, so we can actually address the
20 issue instead of saying, well, we don't-- we've got money
21 but it doesn't fit exactly that or, you know, because if
22 you want the issue to be covered, you're going to have to

1 give people the resources to do that. So I would just
2 encourage them to, if they are going to allow for special
3 needs grants, then let's get on with it.

4 THE FACILITATOR MS. GIBNEY: Okay. Great.

5 SPEAKER: (off mic)

6 SPEAKER: I don't know, but I -- all I know was
7 it was some federal -- they had some federal issues with
8 the way the application was worded and that's why it was
9 rejected.

10 THE FACILITATOR MS. GIBNEY: Okay. What I need
11 to do is make sure I let everybody take a chance to head
12 out, if you weren't -- we have a real short break time, we
13 need to be back in the main room again at 4:45. I'm going
14 to stick around and finish some notes, so Anthony or
15 anybody else that had notes that -- we want to make sure
16 that I get the tapes back, I'll be glad to stay.
17 Otherwise I'll see everybody back in the big room and just
18 actually start what, 4:45 for our --

19

* * * * *