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PREPARING EARLY, ACTING QUICKLY: MEETING THE NEEDS OF OLDER AMERICANS DURING A DISASTER

HEARING

BEFORE THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

ONE HUNDRED NINTH CONGRESS

FIRST SESSION

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PREPARING EARLY, ACTING QUICKLY: MEETING THE NEEDS OF OLDER AMERICANS DURING A DISASTER

WEDNESDAY, OCTOBER 5, 2005

UNITED STATES SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, DC.

The committee met, pursuant to notice, at 10:30 a.m., in room SH–216, Hart Senate Office Building, Hon. Gordon Smith (chairman of the committee) presiding.

Present: Senators Smith, Dole, and Martinez.

OPENING STATEMENT OF SENATOR GORDON SMITH, CHAIRMAN

The CHAIRMAN. Good morning, ladies and gentlemen. We welcome all of you to this hearing. It's entitled, "Preparing Early, Acting Quickly: Meeting the Needs of Older Americans During a Disaster." It is probably one of the most important topics our committee will consider this year.

Over the last several weeks, we in Congress have devoted much of our time to helping our fellow Americans who have been displaced by Hurricanes Katrina and Rita to get back on their feet. We have also begun the long process of rebuilding those areas of the Gulf region that have been so ravaged by these terrible storms. Now that the work is underway, however, we must begin to examine the preparedness of our federal, state and local governments to deal with such disasters in the future.

We will hear from our witnesses older Americans have special needs that make them particularly vulnerable during an emergency. Today's hearing will seek to determine what those needs are and how those who are charged with formulating our nation's responses can incorporate best practices so these concerns are specifically addressed.

A key lesson learned in the aftermath of the recent hurricanes is that government at all levels must do more to ensure the health and safety of older Americans during a disaster. Many in this population are extremely vulnerable, and it is the government's responsibility to ensure that adequate steps have been taken to identify those in need, evacuate them to safety, and provide appropriate care once they are displaced.

There is no doubt that this poses a daunting challenge, but as we will hear from many of today's witnesses, states, localities and provider groups have instituted outstanding systems that have

proven effective. I hope the testimony from today's distinguished witnesses allows this committee to learn about best practices in disaster preparedness, and enables us to move forward with concrete recommendations for how best to protect our most vulnerable citizens during emergencies.

As we have learned, once a disaster strikes, it is too late to begin deciding the appropriate course of action. Rather, we must be prepared well before the crisis is upon us in order to give our responders the best opportunity to identify those most at risk and to get them to safety.

As we will also hear from our witnesses, no two older persons are alike. The diversity of need is vast, ranging from those who are cared for in a nursing home or hospital to an active person living on their own and still able to drive. However, when a disaster strikes, we are all vulnerable, and extra care must be taken to ensure that older persons are able to get out of harm's way.

As members of this committee, I believe we are protectors of older Americans, charged with ensuring that our government is taking appropriate care of those in need. Therefore, as we contemplate policies to improve our country's disaster preparedness, we must consider the special needs of this older population; namely, how do we identify people who have health or mobility challenges who cannot evacuate on their own; how do we safely transport people with various levels of healthcare needs out of an impacted area; how do we identify or create special-need shelters; how do we ensure emergency medications are available and accessible; how do we provide meals for people with special dietary needs; how do we provide personal care aids for those who are unable to care for themselves; and finally, how do we assess the long-term needs of older persons and provide assistance in making arrangements for appropriate care?

As we listen to the testimony of our witnesses today, we will hear details about the considerable work they have done in their communities to address these important concerns. All provide some excellent examples of positive results that can be achieved with thorough planning and early preparedness. Large scale natural disasters like the hurricanes that struck the Gulf Coast stretch our federal, state and local response capabilities to their absolute limits and we must be prepared.

I am hopeful today's witnesses will give our committee members valuable insight on the special needs of older Americans to help us ensure that no lives are needlessly lost during future emergencies. Again, I thank you all for coming and sharing your expertise with us.

Now, let me turn to my colleagues, Senator Dole and Senator Martinez.

OPENING STATEMENT OF SENATOR ELIZABETH DOLE

Senator DOLE. Thank you, Mr. Chairman, for calling this hearing today on such timely and critical issues. As a former president of the American Red Cross and as a senator from North Carolina, obviously, I have witnessed firsthand how easily hurricanes and other disasters can strip away property and possessions, threaten lives, and leave folks displaced.

As everyone in this room knows all too well from the events of recent weeks, disasters can be especially devastating for our elderly citizens. Many factors make our seniors more vulnerable in their daily lives—lack of mobility, chronic medical conditions that require daily medications and other treatments, isolation from family and friends, and limited financial resources—and it is the very vulnerabilities that put the elderly at extraordinary risk when disaster strikes. We must be ever mindful of the limitations that put our seniors at higher risk in a disaster, and prepare and plan accordingly.

Public and private partnerships at all levels of government are vital to reducing disaster suffering and damage. No single organization has the time, the people, or the financial resources to do all that needs to be done. Government agencies and organizations like the American Red Cross emphasize the importance of personal responsibility, urging businesses, schools and families to have an emergency plan in place.

Seniors, and the ones who care for them, also must be strongly encouraged to have such a plan. Like everyone else, they readily need emergency phone numbers, blankets, cash and a first-aid kit, but many seniors also need oxygen, prescription drugs, and extra batteries for hearing aids and wheelchairs. We need to encourage personal preparation for our seniors, as this would greatly minimize their stress and trauma in a disaster situation.

Of course, communication and information access are critical in a disaster, not just to facilitate response and recovery efforts, but also to assist the victims. That is one of the reasons that I am a strong supporter of 211, an easy to remember phone number that those who need assistance or want to volunteer can use to connect with community services and volunteer opportunities. 211 is currently available in 22 states, and I have co-sponsored legislation that would expand this service nationally.

When someone calls 211, trained staff and volunteers analyze what services are needed from nonprofits, government agencies, and other organizations, and then they quickly connect the caller with those services. In the Gulf Coast, 211 has served as a valuable resource for people devastated by Katrina and Rita. For example, in Louisiana, an elderly caller desperately needed his medication. He did not have a doctor's prescription, but he did have empty medicine bottles. The 211 call specialist got in touch with his local pharmacy and verified that it would supply his medicine. The call specialist then quickly called the man back and gave him the information he needed to get his medication.

Like the elderly man in Louisiana who needed that medication, many of our older Americans have special needs that must be addressed before, during and after a disaster. This committee has a unique responsibility to carefully consider these issues, and I ap-

preciate the presence of each and every witness here today, and I want to thank each of you for all that you do to protect our older Americans when disasters strike.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Dole.

Senator Martinez.

OPENING STATEMENT OF SENATOR MEL MARTINEZ

Senator MARTINEZ. Mr. Chairman, thank you very much, and thank you for holding this important hearing today. It is important that we focus on the unique needs of the elderly in times of natural disasters. As Congress continues to exercise proper oversight in examining the response by government at all levels—local, state and federal—to the damage caused by Hurricane Katrina and what the appropriate federal role in responding to natural disasters should be, I want to call to your attention a piece written by Florida Governor Jeb Bush, which published in *The Washington Post* on September the 20, of this year. I would like to, with your concurrence, make it a part of the record of today's hearing.

The CHAIRMAN. We will include it in the record.

[The information follows:]

In the wake of Hurricane Katrina, Americans are looking to their leaders for answers to the tragedy and reassurances that the mistakes made in the response will not be repeated in their own communities. Congressional hearings on the successes and failures of the relief effort are underway.

As the governor of a state that has been hit by seven hurricanes and two tropical storms in the past 13 months, I can say with certainty that federalizing emergency response to catastrophic events would be a disaster as bad as Hurricane Katrina.

Just as all politics are local, so are all disasters. The most effective response is one that starts at the local level and grows with the support of surrounding communities, the state and then the federal government. The bottom-up approach yields the best and quickest results—saving lives, protecting property and getting life back to normal as soon as possible. Furthermore, when local and state governments understand and follow emergency plans appropriately, less taxpayer money is needed from the federal government for relief.

Florida's emergency response system, under the direction of Craig Fugate, is second to none. Our team is made up of numerous bodies at all levels of government, including state agencies, the Florida National Guard, first responders, volunteer organizations, private-sector health care organizations, public health agencies and utility companies. Once a storm is forecast for landfall in Florida, all these groups put their disaster response-and-recovery plans into high gear.

Natural disasters are chaotic situations even when a solid response plan is in place. But with proper preparation and planning, it is possible—as we in Florida have proved—to restore order, quickly alleviate the suffering of those affected and get on the road to recovery.

The current system plays to the strengths of each level of government. The federal government cannot replicate or replace the sense of purpose and urgency that unites Floridians working to help their families, friends and neighbors in the aftermath of a disaster. If the federal government removes control of preparation, relief and recovery from cities and states, those cities and states will lose the interest, innovation and zeal for emergency response that has made Florida's response system better than it was 10 years ago. Today's system is the reason Florida has responded successfully to hurricanes affecting our state and is able to help neighboring states.

But for this federalist system to work, all must understand, accept and be willing to fulfill their responsibilities. The federal government and the Federal Emergency Management Agency are valuable partners in this coordinated effort. FEMA's role is to provide federal resources and develop expertise on such issues as organizing mass temporary housing. FEMA should not be responsible for manpower or a first response—federal efforts should serve as a supplement to local and state efforts.

Florida learned many lessons from Hurricane Andrew in 1992, and we have continued to improve our response system after each storm. One of the biggest lessons in that local and state governments that fail to prepare are preparing to fail. In

Florida, we plan for the worst, hope for the best and expect the unexpected. We understand that critical response components are best administered at the local and state levels.

Our year-round planning anticipates Florida's needs and challenges—well before a storm makes landfall. To encourage our residents to prepare for hurricane season this year, for 12 days Florida suspended the state sales tax on disaster supplies, such as flashlights, batteries and generators. Shelters that provide medical care for the sick and elderly take reservations long before a storm starts brewing. To ensure that people get out of harm's way in a safe and orderly manner, counties coordinate with each other and issue evacuation orders in phases. Satellite positioning systems, advanced computer software and a uniform statewide radio system allow all of these groups and first responders to communicate when the phones, cell towers and electricity go out.

The Florida National Guard is deployed early with clear tasks to restore order, maintain security and assist communities in establishing their humanitarian relief efforts. Trucks carrying ice, water and food stand ready to roll into the affected communities once the skies clear and the winds die down. Counties predetermine locations, called points of distribution, that are designed for maximum use in distributing these supplies.

Florida's response to Hurricane Katrina is a great example of how the system works. Within hours of Katrina's landfall, Florida began deploying more than 3,700 first responders to Mississippi and Louisiana. Hundreds of Florida National Guardsman, law enforcement officers, medical professionals and emergency managers remain on the ground in affected areas. Along with essential equipment and communication tools, Florida has advanced over $100 million in the efforts, including more than 5.5 million gallons of water, 4 million pounds of ice and 934,000 cases of food to help affected residents.

I am proud of the way Florida has responded to hurricanes during the past year. Before Congress considers a larger, direct federal role, it needs to hold communities and states accountable for properly preparing for the inevitable storms to come.

Senator MARTINEZ. He illustrates the way that local and state governments most effectively prepare for a crisis and the proper role of the federal government. A senator from that state, Florida, which has experienced seven hurricanes and two tropical storms in the last 13 months. I urge the consideration of the successes and the challenges that Florida faces very uniquely when disasters occur.

Mr. Chairman, I can remember last year in the aftermath of Hurricane Charley, which was the first one to ravage Florida last year, a group of elderly citizens who had been transported from the Port Charlotte area to Tampa. The building where they lived had been completely destroyed. They had been relocated to a hotel and it appeared they were going to live there for several months.

The thing that struck me the most about that was the spirit of these people. They were all displaced, all in need of their medication, their routine, their doctors, the things that become a part of the daily life of elderly American, and yet their spirit was incredible. They were determined to get on with life, grateful for every little thing that was done for them, and understanding that they were going to be displaced for a period of time, but determined not to let this completely alter and change their lives. I think that incredible spirit is what we need to try to encourage while providing the necessary and vital services.

When I was in local government I know how hard we worked to provide the special-need shelters that Senator Dole was discussing, and would have them available to all of the special needs population that may be medically dependent, but particularly our elderly population and the special needs that they would have.

The thing that I find that is so in need is for us to look at the long-term recovery from storms. I think in spite of the Katrina ex-

perience, that we do reasonably well in the short term. I think we have to analyze and examine how we improve all that we do. I am not just suggesting federal governmental intervention, but I am talking about all levels of community, whether it be the not-for-profits like the Red Cross, or whether it be the involvement of the faith community, or local and state government, all of that working together to see how we impact the long-term recovery.

When we look at this vulnerable population, I think one of the most difficult things is the issues that linger beyond the immediate aftermath of a storm when one with advanced age, already in medical need, faces long-term displacement from a home or from their usual surroundings. So I look forward to the hearing and the testimony of your witnesses today and very much thank you for calling this hearing. Thank you.

The CHAIRMAN. Thank you, Senator Martinez.

To the points that each of you have made, this will be the first hearing of a number that we will hold, continuing to focus on different aspects that we may yet hear, even today, about how the governmental response at all levels can be tightened up and improved.

We will now turn to our first witness, our first panel. That consists of Mr. Keith Bea. He is a specialist in American National Government at the Congressional Research Service. He is here to discuss the framework that governs how government entities work together to plan for a respond to disasters.

Thank you, Keith for coming here today.

STATEMENT OF KEITH BEA, SPECIALIST, AMERICAN NATIONAL GOVERNMENT, GOVERNMENT AND FINANCE DIVISION, CONGRESSIONAL RESEARCH SERVICE, WASHINGTON, DC

Mr. BEA. Good morning, Chairman Smith, Senators Dole and Martinez. It is a pleasure to be here. On behalf of the director of CRS, I thank you for the invitation to participate in this important hearing. As you know, all CRS analysts who testify before a congressional committee are prohibited from making policy recommendations, and must confine their remarks to their field of expertise.

Pursuant to the committee's letter requesting my participation today I will provide information in three areas. First, overview of federal emergency management policies; second, a reference to federal evacuation policies; and third, a summary of the interactions of the federal government with non-federal entities in implementing emergency management policies.

My responsibilities in CRS do not include coverage of the evacuation policies pertinent to care facilities, health institutions, or the elderly in communities. My colleagues in CRS, some of whom have already provided material to the committee, are prepared to continue to assist you on these in-depth policy matters as your inquiry proceeds.

My first task is to provide a brief overview of federal policies. The Department of Homeland Security administers many, but not all, of the federal emergency management policies. The Homeland Security Act of 2002, which established the Department of Home-

land Security, consolidated many of the functions and missions of the component legacy agencies.

As shown in Table 1, attached to my testimony, 13 departments, other than DHS, 8 agencies, the executive office of the President, and the House of Representatives implement statutory authorities that touch upon some element of federal emergency management. Many of these authorities focus on specific types of emergencies or conditions.

My comments this morning will center on the most significant policies that relate to the functions of the Department of Homeland Security, particularly the Emergency Preparedness and Response Directorate, also known as the Federal Emergency Management Agency, or FEMA.

Two principal statutory authorities appear pertinent to the committee's request for a general overview. These are the Homeland Security Act and the Robert T. Stafford Disaster Relief and Emergency Assistance Act, often referred to as the Stafford Act.

First, the Homeland Security Act of 2002 vests in the Department of Homeland Security a seven-part mission, which includes preventing terrorist attacks; serving as a focal point regarding natural and man-made crisis in emergency planning; and other functions as set out in my written statement.

Title V of the Homeland Security Act established the Emergency Preparedness and Response Directorate within the department; set forth the responsibilities for the undersecretary for emergency preparedness and response; and for the first time, elucidated the mission of FEMA in a single statutory provision.

The responsibilities of the Undersecretary of Emergency Preparedness and Response, who has also been referred to as the director of FEMA, include managing the response to attacks and major disasters by positioning emergency equipment and supplies and evacuating potential victims; aiding recovery from attacks and disasters; and consolidating federal emergency management response plans into a single, coordinated National Response Plan, among other functions. I will provide information on the National Response Plan later in my statement.

Title V of the Homeland Security Act assigns two large categories of responsibilities to FEMA. First, the agency is to implement the Stafford Act and, second, protect the nation from all hazards by leading and support the nation in a comprehensive, risk-based emergency management program.

The second principal federal statutory authority that I will refer to you is the Stafford Act, which authorizes the President to issue declarations that direct federal agencies to provide assistance to states overwhelmed by disasters. Through executive orders, the President has delegated to the Secretary of Homeland Security responsibility for administering provisions of the Stafford Act. Assistance authorized by the statute is provided through funds appropriated by Congress to the Disaster Relief Fund. A history of funds appropriated to the Disaster Relief Fund since 1974 is presented in Table 2 of my written statement.

Under Stafford Act authority, the President or his designees may take specified actions as summarized in my written statement. The President may direct, at the request of a governor, that Depart-

ment of Defense resources be committed to perform emergency work to preserve life and property in the immediate aftermath of an incident that may eventually result in the declaration of a major disaster or emergency.

Also, the Secretary of Homeland Security may preposition supplies and employees. The Act also authorizes the President to issue a major disaster declaration or an emergency declaration at the request of a government. Major disaster declarations may be issued after a natural catastrophe or, regardless of cause, after a fire, flood or explosion. The President may exercise broader authority when issuing an emergency declaration, generally but not always, at the governor's request. Information on the different types of assistance authorized to be provided after a major disaster or emergency declaration is summarized in my written statement.

A number of administrative policy documents and guidances have been issued to implement these and other federal statutory policies. Presidents have issued directives, including executive orders, that set out responsibilities for different aspects of emergency management.

Following the terrorist attacks of September 11, President Bush issued Homeland Security Presidential Directives, or HSPDs, that have established emergency management preparedness and response policies. Section 16 of Homeland Security Presidential Directive-5 required the Secretary of Homeland Security to develop and administer a National Response Plan. The directive mandates that the plan integrate federal domestic prevention, preparedness, response and recovery plans into one all-discipline, all-hazards plan.

On January 6, 2005, former Secretary Tom Ridge released the National *Response* Plan. The National *Response* Plan includes emergency support functions assigned to federal agencies and to the American Red Cross; sets out the interagency organizational frameworks, and includes annexes for certain types of catastrophes and activities. Figure 2 of the National *Response* Plan, also attached to my written statement, identifies the responsibilities of federal agencies under the NRP for certain missions.

Moving from this overview discussion of statutory authorities, presidential directives and the NRP, I would like to address a second requested topic, a general discussion of federal evacuation policies that have been enacted by Congress.

A database search of the U.S. Code revealed 15 statutory provisions pertaining to evacuations. Table 3, attached to this testimony, summarizes the provisions and identifies statutory citations. These statutory provisions range from very general authority to specific requirements with which agencies must comply. In general, federal policy acknowledges state authority pertinent to evacuation, and local officials generally work with state officials to enforce those laws.

An example I would like to bring to the committee's attention is recent congressional action that occurred after I submitted my written testimony to the Committee. The conference report, filed on September 29, that accompanied, the appropriation for the Department of Homeland Security—that's H.R. 2360—addresses the issue of evacuation procedures.

The conferees recognize that state and local governments must develop multi-state and multi-jurisdictional evacuation plans and direct the Department of Homeland Security to develop guidelines for state and local governments to follow in the development of those plans. To my knowledge, this legislation awaits the President's signature.

Finally, I would like to provide the Committee with insight regarding the complex, intergovernmental and intersectoral relationships involved in federal emergency management.

The National *Response* Plan, like the Stafford Act, is premised upon the involvement of non-federal entities. Federal emergency management involves federal agencies, and as noted by the Senators in your opening comments, state and local governments, tribal organizations, voluntary organizations, the private sector, and individuals and families. The Stafford Act also requires that federal assistance be predicated upon the maintenance of insurance and that federal aid provided under the act not duplicate such assistance.

In addition, the preparedness of families and individuals, the planning and practices conducted by private organizations, and the exercise of state and local authorities all converge at the scene of a significant catastrophe, often, as you know, under the klieg lights of *CNN* and other broadcast media. Some sources of information on activities undertaken by state and nongovernmental entities, brought to my attention by my colleagues in CRS, are identified in my written statement.

In summary, the federal role, as established by statute, administrative direction and tradition is bifurcated. One mission is to coordinate the activities of federal and non-federal responding agencies and the other is to provide assistance, whether through financial means, technical aid, or the transfer of material or supplies. Federal emergency management is based upon policies that concentrate some authority in the Department of Homeland Security and disperse other authorities to other federal entities. Federal authorities include some provisions on mass evacuation that acknowledge state authority and rely upon a complex mix of governmental and non-governmental actors.

I appreciate the opportunity to address the committee and stand ready to respond to questions on the general matter of federal emergency management policies and practices. Thank you, Mr. Chairman.

[The prepared statement of Mr. Bea follows:]

Memorandum September 30, 2005

TO: Special Committee on Aging
Attention: Ken Van Pool

FROM: Keith Bea
Specialist, American National Government
Government and Finance Division

SUBJECT: Prepared Testimony on Federal Emergency Management Policy

On September 29, 2005, you notified Mr. Daniel Mulhollan, Director of CRS, that I have been invited to testify on October 5, 2005. I am honored to have received the invitation and will be pleased to assist the committee in providing information on federal emergency management policy, and generally on federal preparedness and evacuation policies. In accordance with CRS policy guidelines, set forth in the letter from Mr. Mulhollan of September 30, my testimony will be presented in a nonpartisan fashion, will not make policy recommendations, and will be pertinent solely to my field of expertise.

The following testimony is submitted pursuant to your letter.

Statement of Keith Bea, Specialist, American National Government, Government and Finance Division, Congressional Research Service, before the U.S. Senate Special Committee on Aging, October 5, 2005

Good morning Chairman Smith, Ranking Member Kohl, and other members of the Special Committee on Aging. On behalf of the Director of CRS, I express thanks to your committee for inviting me to participate in this important hearing. As you know, all CRS analysts who testify before a congressional committee are prohibited from making policy recommendations.

I have been asked to provide background information on federal emergency management policies, the interactions of the federal government with non-federal entities in implementing those policies, and on federal evacuation policies generally. I will not address matters specific to the evacuation associated with the tragedies in the Gulf Coast states. Also, my responsibilities in CRS do not include coverage of the evacuation policies pertinent to care facilities, health institutions, or the elderly in communities. My colleagues are prepared to assist you on these in-depth policy matters as your inquiry proceeds.

A Brief Overview

Since the terrorist attacks of September 11, 2001, the Department of Homeland Security (DHS) has administered many, but not all, of the federal emergency management policies. The Homeland Security Act of 2002 (HSA), which established DHS, consolidated many of the functions and missions of the component legacy agencies. As shown in **Table 1** attached to this testimony, 13 departments (other than DHS), 8 agencies, the Executive Office of the President, and the House of Representatives implement authorities that touch upon some element of federal emergency management. Many of these are statutory authorities administered by federal entities other than DHS and focus on specific types of emergencies or conditions. For example, the Department of Energy may exercise authority during or before energy emergencies; the Secretary of Health and Human Services is authorized to issue a "public health emergency" declaration; and the Department of Justice may provide law enforcement emergency assistance to states and localities. I will not focus on these authorities, but it is important to understand the scope and reach of federal emergency management policies.

My focus will be on the emergency management policies administered by DHS, particularly the Federal Emergency Management Agency (FEMA), also referred to as the Emergency Preparedness and Response Directorate, or EPR. This morning I will review and discuss, to a limited extent, the principal emergency management authorities, federal policies pertinent to evacuation generally, and the administration of those authorities.

Principal Federal Emergency Management Authorities

Federal emergency management policy is framed by a number of statutes, presidential directives, and administrative documents. With the Committee's permission, I will review some basic information about these policy instruments.

Emergency Management Statutory Authorities. Two principal statutory authorities appear pertinent to the Committee's request for a general overview of federal emergency management policies

The Homeland Security Act. The Homeland Security Act of 2002 (P.L. 107-296, as amended), has a seven-part primary mission, which may be summarized as follows:

- preventing terrorist attacks;
- reducing vulnerability to terrorism;
- minimizing damages and aiding in the recovery from terrorist attacks;
- carrying out functions of transferred entities "including by acting as a focal point regarding natural and manmade crises and emergency planning";
- ensuring that functions "not related directly to securing the homeland" are not diminished, except by Act of Congress;
- ensuring that the economic activities of the United States are not diminished by homeland security programs; and
- monitoring and contributing to efforts to address the link between illegal drug trafficking and terrorism.[1]

Title V of the HSA established the Emergency Preparedness and Response (EPR) directorate within DHS, set forth the responsibilities of the EPR Under Secretary, and for the first time, elucidated the mission of the Federal Emergency Management Agency (FEMA) in a single statutory provision. The responsibilities of the Under Secretary of EPR, like those of DHS, comprise seven elements, summarized as follows:

- improving the effectiveness of emergency response providers to "terrorist attacks, major disasters, and other emergencies";
- supporting aspects of the Nuclear Incident Response Team;
- "providing" the federal response to attacks and major disasters, including the management of the response, direction of specified teams and capabilities, and coordinating federal response resources after attacks or major disasters;
- aiding recovery from attacks and disasters;

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[1] Sec. 101 of P.L. 107-296, 6 U.S.C. 111(b).

- building a "comprehensive incident management system" with federal and non-federal partners;
- consolidating federal emergency response plans into "a single, coordinated national response plan"; and
- developing programs for interoperative communications technology.[2]

Title V of the HSA assigns two large categories of responsibilities to FEMA. First, FEMA (this entity is synonymous with EPR) implements the Robert T. Stafford Disaster Relief and Emergency Assistance Act, discussed in some detail below, and protects "the Nation from all hazards by leading and supporting the Nation in a comprehensive, risk-based emergency management program." Such a program is commonly referred to by the acronym CEM, for comprehensive emergency management.

The four CEM program components, first developed by an intergovernmental task force in the late 1970s, as set out in Title V, are:

- mitigation, "by taking sustained actions to reduce or eliminate long-term risk to people and property from hazards and their effects";
- planning, "for building the emergency management profession to prepare effectively for, mitigate against, respond to, and recover from any hazard";
- response, "by conducting emergency operations to save lives and property through positioning emergency equipment and supplies, through evacuating potential victims, through providing food, water, shelter, and medical care to those in need, and through restoring critical public services"; and
- recovery, "by rebuilding communities so individuals, businesses, and governments can function on their own, return to normal life, and protect against future hazards."[3]

The Stafford Act. The Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act) authorizes the President to issue major disaster declarations that authorize federal agencies to provide assistance to states overwhelmed by disasters.[4] Through executive orders, the President has delegated to the Secretary of DHS responsibility for administering the major provisions of the Stafford Act. Assistance authorized by the statute is available to individuals, families, state and local governments, and certain nonprofit organizations.

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[2] Sec. 502 of P.L. 107-296, 6 U.S.C. 312.

[3] Sec. 507 of P.L. 107-296, 6 U.S.C. 317. A fifth component, which encapsulates the CEM framework, is to increase efficiencies "by coordinating efforts relating to mitigation, planning, response, and recovery."

[4] The Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121 et seq. For more information see CRS Report RL33053, *Federal Stafford Act Disaster Assistance: Presidential Declarations, Eligible Activities, and Funding*, by Keith Bea.

Activities undertaken under authority of the Stafford Act are provided through funds appropriated to the Disaster Relief Fund (DRF). Federal assistance supported by DRF money is used by states, localities, and certain non-profit organizations to provide mass care, restore damaged or destroyed facilities, clear debris, and aid individuals and families with uninsured needs, among other activities. In calendar year 2004, President Bush issued 68 major disaster declarations; in calendar year 2005, 35 such declarations have been issued (as of the date of this testimony), including those for Florida, Louisiana, Alabama, and Mississippi for Hurricane Katrina, and Texas and Louisiana for Hurricane Rita.[5] A history of funds appropriated to the DRF since 1974 is presented in **Table 2**, attached to this testimony.

Presidential Declarations. Under Stafford Act authority, five types of actions may be taken by the President. Four of these are explicitly authorized; the fifth (pre-positioning of supplies and resources) has been inferred.[6] Unlike other provisions of the Stafford Act, these declaration authorities have not been delegated to the Secretary of the Department of Homeland Security.

Prior to a Disaster. Three of the five types of declarations (or commitments) may be made under Stafford Act authority before a catastrophe occurs. First, at the request of a Governor, the President may direct that Department of Defense resources be committed to perform emergency work essential to preserve life and property in "the immediate aftermath of an incident" that may result in the declaration of a major disaster or emergency (discussed below).[7] The statute does not define the term "incident."

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[5] For a list of major disaster declarations, see U.S. Federal Emergency Management Agency, "Federally Declared Disasters by Calendar Year," available at [http://www.fema.gov/library/drcys.shtm], visited Aug. 29, 2005. For information on supplemental appropriations enacted in FY2005 after four hurricanes struck Florida in calendar year 2004, see CRS Report RL32581, *Supplemental Appropriations for the 2004 Hurricanes and Other Disasters*, by Keith Bea and Ralph Chite. For information on Hurricane Katrina Supplementals enacted in FY2005, see CRS Report RS22239, *Emergency Supplemental Appropriations for Hurricane Katrina Relief*, by Jennifer Lake and Ralph Chite.

[6] Following an investigation into the response to Hurricane Andrew in 1992, the General Accounting Office (now the Government Accountability Office) reported that "Current federal law governing disaster response does not explicitly authorize federal agencies to undertake preparatory activities before a disaster declaration by the President, nor does it authorize FEMA to reimburse agencies for such preparation, even when disasters like hurricanes provide some warning that such activities will be needed." U.S. General Accounting Office, *Disaster Management: Improving the Nation's Response to Catastrophic Disasters* (Washington: July 23, 1993), p. 3.

[7] The statute reads "During the immediate aftermath of an incident which may ultimately qualify for assistance under this title or title V of this Act...the Governor of the state in which such incident occurred may request the President to direct the Secretary of Defense to utilize the resources of the Department of Defense for the purpose of performing on public and private lands any emergency work which is made necessary by such incident and which is essential for the preservation of life and property. If the President determines that such work is essential for the preservation of life and property, the President shall grant such request to the extent the President determines practicable. Such emergency work may only be carried out for a period not to exceed 10 days." 42 U.S.C. 5170b(c).

Second, the President is authorized to provide fire management assistance in the form of grants, equipment, personnel, and supplies to supplement the resources of communities when fires on public property, or on private forests or grasslands, threaten destruction that might warrant a major disaster declaration.[8] Implementation of this authority, which has been delegated to FEMA officials, requires that a gubernatorial request be submitted while an uncontrolled fire is burning. To be approved, state applications must demonstrate that either of the two cost thresholds established by FEMA through regulations has been reached.[9] The thresholds involve calculations of the cost of an individual fire or the costs associated with all of the fires (declared and non-declared) in a state each calendar year.[10]

Third, when a situation threatens human health and safety, and a disaster is imminent but not yet declared, the Secretary of DHS may pre-position employees and supplies. DHS monitors the status of the situation, communicates with state emergency officials on potential assistance requirements, deploys teams and resources to maximize the speed and effectiveness of the anticipated federal response, and, when necessary, performs preparedness and preliminary damage assessment activities.[11]

After a Catastrophe Occurs. The Stafford Act authorizes the President to issue two types of declarations after an incident that overwhelms state and local resources. In considering a gubernatorial request for a Stafford Act declaration, the President evaluates a number of factors, including the cause of the catastrophe, damages, needs, certification by state officials that state and local governments will comply with cost sharing and other requirements, as well as official requests for assistance. In summary, the President may issue a major disaster declaration or an emergency declaration, or may decide not to issue either.

Major Disaster Declaration. The President may issue a major disaster declaration after receiving a request from the Governor of an affected state.[12] Major disaster declarations may be issued after a natural catastrophe or, "regardless of cause, [after a] fire, flood or explosion."[13] A declaration authorizes the President to direct that the following types of disaster assistance be provided: (1) *general federal assistance* for technical and advisory aid and support to state and local governments in the distribution of consumable supplies;[14] (2) *essential assistance* from federal agencies to distribute aid to victims through state and local governments and voluntary organizations, perform life and property saving assistance, clear debris, and use resources of the Department of Defense before a major disaster (or

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[8] Sec. 420 of the Stafford Act, 42 U.S.C. 5187.

[9] Regulations are found at 44 CFR 204.1 et seq.

[10] 44 CFR 204.51.

[11] This activity is not explicitly set out in the Stafford Act. The *National Response Plan*, developed by DHS pursuant to congressional mandate, sets forth the following guidance: "When advance warning is possible, DHS may deploy liaison officers and personnel to a state emergency operations center (EOC) to assess the emerging situation." U.S. Department of Homeland Security, *National Response Plan* (Washington: 2004), p. 91.

[12] For criteria considered in the declaration of a major disaster, see 44 CFR 206.48.

[13] 42 U.S.C. 5122(2).

[14] Sec. 402 of the Stafford Act, 42 U.S.C. 5170a.

emergency, discussed below) occurs;[15] (3) *hazard mitigation* grants to reduce future risks and damages;[16] (4) *federal facilities* repair and reconstruction;[17] (5) *repair, restoration, and replacement of damaged facilities* owned by state and local governments and owners of private nonprofit facilities that provide essential services;[18] (6) *debris removal* through the use of federal resources or through grants to state or local governments or owners of private nonprofit facilities;[19] (7) *assistance to individuals and households* including financial grants to rent alternative housing, direct assistance through temporary housing units (mobile homes), limited financial assistance for housing repairs and replacement, and financial assistance for medical, dental, funeral, personal property, transportation and other expenses;[20] (8) *unemployment assistance* to individuals unemployed as a result of the major disaster;[21] (9) *grants to assist low-income migrant and seasonal farmworkers* to be provided by the Secretary of Agriculture (total limited to $20 million annually) "where the Secretary determines that a local, state or national emergency or disaster" has resulted in a loss of income or inability to work;[22] (10) *food coupons and distribution* for low-income households unable to purchase nutritious food;[23] (11) *food commodities* for emergency mass feeding;[24] (12) *legal services* for low-income individuals;[25] (13) *crisis counseling assistance and training* grants for state and local governments or private mental health organizations to provide services or train disaster workers;[26] (14) *community disaster loans* to local

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[15] Sec. 403 of the Stafford Act, 42 U.S.C. 5170b. Debris removal provided as emergency work has been designated by FEMA as "Category A" assistance. Emergency protective measures have been designed by FEMA as "Category B" assistance.

[16] Sec. 404 of the Stafford Act, 42 U.S.C. 5170c.

[17] Sec. 405 of the Stafford Act, 42 U.S.C. 5171.

[18] Sec. 406 of the Stafford Act, 42 U.S.C. 5172. Private nonprofit facilities that provide "critical services" (power, water, sewer, wastewater treatment, communications, and emergency medical care) may receive grants. Owners of other facilities that provide essential, but not critical, services must first apply for a Small Business Administration (SBA) loan, and may then receive grants if they are ineligible for such a loan or require aid above the amount approved by the SBA. The permanent work supported under this authority has been designated by FEMA as follows: "Category C," roads and bridges; "Category D," water control facilities; "Category E," buildings and equipment; "Category F," utilities; and "Category G," parks, recreational facilities, and other items. For more information, see U.S. Department of Homeland Security, Federal Emergency Management Agency, "Public Assistance Guide - FEMA Publication 322," available at [http://www.fema.gov/pdf/rrr/pa/pagprnt_071905.pdf], visited Sept. 5, 2005.

[19] Sec. 407 of the Stafford Act, 42 U.S.S. 5173.

[20] Sec. 408 of the Stafford Act, 42 U.S.C 5174. [Sec. 409, food coupons and distribution, was redesignated Sec. 412.]

[21] Sec. 410 of the Stafford Act, 42 U.S.C. 5177.

[22] 42 U.S.C. 5177a.

[23] Sec. 412 of the Stafford Act, 42 U.S.C. 5179.

[24] Sec. 413 of the Stafford Act, 42 U.S.C. 5180.

[25] Sec. 415 of the Stafford Act, 42 U.S.C. 5182. [Sec. 414 of the Act waives residency requirements for replacement housing eligibility.]

[26] Sec. 416 of the Stafford Act, 42 U.S.C. 5183.

governments that lose tax or other revenues needed for governmental services;[27] (15) *emergency communications* to establish temporary communications during, "or in anticipation of an emergency or major disaster;"[28] and (16) *emergency public transportation* to provide transportation to essential places.[29] Each major disaster declaration specifies the type of incident covered, the time period covered, the types of disaster assistance available, the counties affected by the declaration, and the name of the federal coordinating officer. Amendments to major disaster declarations often modify the types of assistance to be provided and the areas (generally counties) included in the major disaster declarations.

The Stafford Act does not establish a cap on the total assistance to be provided after the President issues a major disaster declaration. However, the statute does establish minimum and maximum restrictions on the federal assistance to be provided. Presidents have, for the most serious and costly disasters, exercised discretion in waiving the cost-share generally required to be provided by the affected states. Summaries of the federal share of assistance, and limitations on that assistance, follow:

- *Essential assistance:* The federal share must be at least 75% of eligible costs.

- *Hazard mitigation:* Up to 75% of the cost of approved measures may be provided, but total federal assistance cannot exceed 7.5% of the total assistance provided under the major disaster provisions (Title IV) of the Stafford Act.

- *Repair, restoration, or replacement of public facilities:* In general, at least 75% of eligible costs must be provided, but this threshold may be reduced to 25% if a facility has previously been damaged by the same type of disaster if mitigation measures have not been adopted to address the hazard. Federal aid generally will be reduced if facilities in flood hazard areas are not covered by flood insurance. Cost estimation regulations must be adhered to, but the President may approve costs that exceed the regulatory limitations. "Associated costs," associated with the employment of national guard forces, use of prison labor, and base and overtime wages for employees and "extra hires," as well as "extraordinary costs" incurred by the state, are capped at percentages established in the statute, based on the net eligible cost of assistance. The President must notify congressional committees with jurisdiction before providing more than $20 million to repair, restore, or replace facilities.

- *Debris removal:* The federal share must be at least 75% of the eligible costs.

- *Individual and household assistance:* Temporary housing units may be provided directly to victims of disasters, without charge, for up to 18 months, unless the President extends the assistance "due to extraordinary circumstances." Fair market rents may be charged at the conclusion of the

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[27] Sec. 417 of the Stafford Act, 42 U.S.C. 5184.

[28] Sec. 418 of the Stafford Act, 42 U.S.C. 5185.

[29] Sec. 419 of the Stafford Act, 42 U.S.C. 5186.

18-month period. Up to $5,000 (adjusted annually) may be provided for housing repair or hazard mitigation measures, and up to $10,000 (adjusted annually) may be provided for the replacement of private residences.[30] The federal share of housing assistance is 100%. Financial assistance is also provided for uninsured medical, dental, funeral, transportation, personal property, and other needs; the federal share for this assistance is capped at 75%. The total amount of financial aid to be provided to an individual or household cannot exceed $25,000 (adjusted annually).

- *Unemployment assistance:* Individuals unemployed as a result of a major disaster may receive assistance for up to 26 weeks, as long as they are not entitled to other unemployment compensation or credits.

Emergency Declaration. The declaration process for emergencies is similar to that used for major disasters, but the criteria (based on the definition of "emergency") are less specific.[31] The President may issue an emergency declaration without a gubernatorial request if primary responsibility rests with the federal government.[32] The types of *emergency assistance* authorized to be provided under an emergency declaration include the following: (1) support state and local emergency assistance; (2) coordinate disaster relief provided by federal and non-federal organizations; (3) provide technical and advisory assistance to state and local governments; (4) provide emergency assistance through federal agencies; (5) remove debris through grants to state and local governments and direct federal assistance; (6) award grants to individuals and households for temporary housing and other needs; and (7) help states distribute medicine, food, and other consumables. Expenditures for an emergency are limited to $5 million per declaration unless the President determines that there is a continuing need; Congress must be notified if the $5 million ceiling is breached. The federal share of emergency assistance must be at least 75% of eligible costs.

Federal Evacuation Statutory Authorities. A database search of the *U.S. Code* by CRS revealed 15 statutory provisions that pertain to evacuations.[33] **Table 3**, attached to this testimony, summarizes the provisions and identifies the citations. Four of those thirteen provisions were recently enacted by Congress, and signed into law by President Bush on

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[30] Financial assistance to build permanent housing may be provided in insular areas outside the continental United States "and in other remote locations" where temporary housing alternatives are not available.

[31] A Stafford Act "emergency" is "any occasion or instance for which, in the determination of the President, federal assistance is needed to supplement state and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States." 42 U.S.C. 5122(1).

[32] "The President may exercise any authority vested in him by ... this title with respect to an emergency when he determines that an emergency exists for which the primary responsibility for response rests with the United States because the emergency involves a subject area for which, under the Constitution or laws of the United States, the United States exercises exclusive or preeminent responsibility and authority. In determining whether or not such an emergency exists, the President shall consult the Governor of any affected state, if practicable. The President's determination may be made without regard to subsection (a) of this section." 42 U.S.C. 5191(b).

[33] These results are not presented as a comprehensive search of all statutory provisions that pertain to evacuations. The use of search terms more broad and inclusive than those used by CRS might result in a larger set of statutory provisions.

August 10, 2005, in the Safe, Accountable, Flexible, and Efficient Transportation Equity Act of 2005 (P.L. 109-59). These statutory provisions range from very general authority (such as the mission of FEMA, in executing its response functions, being responsible for "evacuating potential victims," as well as the congressional finding that public and private sector emergency preparedness actions should include evacuation plans) to specific requirements concerning the currency of computer models and the completion of studies and reports.

In general, federal policy defers to the states to enact laws pertinent to evacuation, and local officials generally work with state officials to enforce those laws. Using the authority set out in state laws and local ordinances, state and local officials may suggest or require the evacuation of residents from homes and communities before catastrophes occur.[34]

Administrative Authorities

The national preparedness system (NPS), administered by the Department of Homeland Security (DHS), has significant implications for the operations and priorities of homeland security officials, emergency managers, and first responders. The NPS documents and procedures issued in 2004 and 2005 will guide federal funding allocation decisions in FY2006, direct federal and non-federal efforts to build emergency response capabilities, and establish the means by which homeland security priorities will be set, in an effort to save lives and property when catastrophes occur. Work on the NPS stems from authority set out in the Homeland Security Act of 2002 (P.L. 107-296), the DHS appropriations legislation for FY2005 (P.L. 108-334), and executive directives issued by President Bush.

Six basic documents make up the NPS. First, the National Preparedness Goal (NPG) sets a general goal for national preparedness, identifies the means of measuring such preparedness, and establishes national preparedness priorities. Second, 15 planning scenarios set forth examples of catastrophic situations to which non-federal agencies are expected to be able to respond. Third, the Universal Task List (UTL) identifies specific tasks that federal agencies, and non-federal agencies as appropriate, would be expected to undertake. Fourth, the Target Capabilities List identifies 36 areas in which responding agencies are expected to be proficient in order to meet the expectations set out in the UTL. Fifth, the National Response Plan (NRP) sets out the framework in which federal agencies (and voluntary agencies) operate when a catastrophe occurs. Sixth, the National Incident Management System (NIMS) identifies standard operating procedures and approaches to be used by respondent agencies as they work to manage the consequences of a catastrophe. These documents (and other ancillary agreements) are intended to establish a national system to ensure that the response to a catastrophe will be as efficient and effective as possible.

National Response Plan. As noted above, the HSA authorizes the Secretary of Homeland Security, acting through the Under Secretary for EPR, to "consolidat[e] existing federal government emergency response plans into a single, coordinated national response plan." Section 16 of Homeland Security Presidential Directive-5 requires the Secretary of

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[34] State laws generally authorize the governor to order and enforce the evacuation of residents under emergency situations. See CRS Report RL32287, *Emergency Management and Homeland Security Statutory Authorities in the States, District of Columbia, and Insular Areas: a Summary*, by Keith Bea, Government and Finance Division, CRS, and L. Cheryl Runyon and Kae M. Warnock, consultants, p. 4.

Homeland Security to "develop, submit for review to the Homeland Security Council, and administer a National Response Plan (NRP)." The directive mandates that the plan integrate federal domestic prevention, preparedness, response, and recovery plans into one all-discipline, all-hazard plan.

On January 6, 2005, then-DHS Secretary Tom Ridge released the NRP.[35] The NRP includes emergency support functions assigned to federal agencies (and the American Red Cross), sets out the interagency organizational frameworks, and includes annexes for certain types of catastrophes and activities. **Figure 2** of the NRP, submitted to the Committee as supporting visual material, identifies the responsibilities of the federal agencies under the NRP for certain missions.

Involvement of Non-Federal Entities

Federal emergency management is based upon a complex set of actions involving not only federal agencies, but also state and local governments, tribal organizations, voluntary organizations (including religious entities), the private sector, and individuals and families. The policies summarized above, and the procedures and practices that have developed to implement these policies, acknowledge that federal authorities are crucial, but not the only sources critical to the survival and restoration of communities.

The Stafford Act acknowledges the role and importance of non-federal entities. For example, the findings and declarations section of the Stafford Act notes that "special measures, designed to assist the efforts of the affected states..." are needed before and after disasters, and that the act provides "an orderly and continuing means of assistance by the federal government to state and local governments in carrying out their responsibilities to alleviate the suffering and damage which result from such disasters...."[36] In an effort to provide information to Congress on the role of the states, CRS has identified many (but not all) of the state emergency management and homeland security statutory authorities that direct state and local efforts.[37]

The statute also requires that federal assistance be predicated upon the maintenance of insurance,[38] and that federal aid provided under the act not duplicate such assistance.[39] The Act also establishes, as a function of the federal coordinating officer (FCO), the coordination of relief by state and local governments, "the American National Red Cross, the Salvation

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[35] The text of the NRP is available at "Emergencies & Disasters, National Response Plan," available at [http://www.dhs.gov/dhspublic/display?theme=14&content=4264], visited Sept. 29, 2005.

[36] 42 U.S.C. 5121.

[37] Summary information is presented in CRS Report RL32287, *Emergency Management and Homeland Security Statutory Authorities in the States, District of Columbia, and Insular Areas: a Summary*, by Keith Bea and others. Individual profiles of state authorities are listed in **Table 1** of that report.

[38] 42 U.S.C. 5154.

[39] 42 U.S.C. 5155.

Army, the Mennonite Disaster Service, and other relief or disaster assistance organizations."[40]

The preparedness of families and individuals, the planning and practices conducted by private organizations, and the exercise of state and local authorities all converge at the scene of a catastrophe. The federal role, as established by statute, administrative directive, and tradition, is one of coordination and assistance, whether through financial means, technical aid, or the transfer of material or supplies. The emergency management partnership is intended to save lives and property by ensuring that the burdens encountered in extreme events are shared. The coordination of planning efforts of individual institutions with local emergency planning activities is critical, whether those institutions are prisons, long-term health care facilities, homes for the elderly, or hospitals.

Experience has made evident certain lessons.[41] Redundant, interoperable communications systems are necessary to ensure that facilities are able to relay their status and needs to emergency managers. Public safety officers and resources are needed to protect facilities, their resources, their staff, and their patients. Complex disasters create challenges not experienced in smaller catastrophes. For example, a single ambulance company may have contracts with multiple facilities to evacuate their patients. This works for isolated disasters such as a fire at a single facility, but such "double-counting" becomes a problem when facilities are affected across a wide area. Double-counting can also pose a problem in planning for extra staffing during disasters, when one volunteer health professional has signed up to assist multiple facilities. In each case, facilities believe they have their needs covered, when in fact, if a wide area is affected, they will not.

Similarly, the possible loss of first responders and emergency management facilities, such as emergency operation centers, requires adaptability and the readiness to implement "plans B, C or maybe D." Any faulty assumption that a certain resource, facility, or even landmark will be there when catastrophe strikes, will force all parties, not just federal officers, to adjust plans and procedures.

The involvement of private and state and local officials in the identification of vulnerable populations is an important element of emergency preparedness. Lists maintained by utility companies of customers on life-support equipment, motor vehicle departments' handicapped permit registrations, and records of Meals-on-Wheels programs serving the homebound are all means of identifying those likely to be in need. In addition, many resources are available from non-federal entities. For example, the National Organization on Disability has issued a *Guide on the Special Needs of People with Disabilities for Emergency Managers, Planners & Responders*.[42] Also, the Research and Training Center on Independent Living, associated with the University of Kansas, has developed a document that raises challenges associated with the needs of special populations and makes recommendations for addressing those needs in emergency preparedness activities.[43] These

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[40] 42 U.S.C. 5143.

[41] Much of the following information was developed by Sarah A. Lister, Specialist in Public Health and Epidemiology, Domestic Social Policy Division, CRS.

[42] Document available at [http://nod.org/resources/PDFs/epiguide2005.pdf], visited Sept. 30, 2005.

[43] Elizabeth Davis and Jennifer Mincin, *Incorporating Special Needs Populations into Emergency*

(continued...)

documents, like others that may exist, provide ideas for the protection of certain sectors of the Nation's population, and they are used by federal and non-federal emergency management professionals in all areas.

The efforts made by individual states and cities may serve as examples for federal action. For example, the Florida state health department pre-registered certain individuals before the four hurricanes struck in 2004. These individuals were advised and assisted in their evacuation to "special needs shelters." These shelters were set up to provide for individuals with limited medical or nursing needs that could not be met in general shelters, such as those run by the Red Cross. The shelters were staffed by Disaster Medical Assistance Teams and teams of health professionals deployed by FEMA. Special needs shelters are considered a versatile tool in providing health care support to vulnerable populations during disasters.[44]

I appreciate the opportunity to address the Committee and am ready to respond to your questions on the general matter of emergency management policies and practices.

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[43] (...continued)
Planning and Exercises, available at [http://www.rtcil.org/JMFinal072105.pdf], visited Sept. 29, 2005.

[44] For example, see the document prepared by the Association of State and Territorial Health Officials available at [http://www.astho.org/pubs/SpecialNeeds.pdf], visited Sept. 29, 2005.

Table 1. Statutory Emergency Authorities of Federal Agencies (Other than Department of Homeland Security)

Organization or official	Citation	Task or authority
Dept. of Agriculture	7 U.S.C. 1926a	emergency water infrastructure aid
	7 U.S.C. 1961	disaster loan
	7 U.S.C. 2273	search and rescue assistance
	16 U.S.C. 2106	fire suppression
	16 U.S.C. 2201	repair from winds
Dept. of Commerce	16 U.S.C. 1455	coastal flood management economic assistance
	42 U.S.C. 3149	disaster recovery assistance
	42 U.S.C. 3192	recovery information
National Institute of Standards and Technology	15 U.S.C. 7301	building standards
National Oceanic and Atmospheric Admin.	15 U.S.C. 313c	flood warning
Dept. of Defense	10 U.S.C. 138	homeland security coordination
	10 U.S.C. 371	law enforcement assistance
	10 U.S.C. 382	weapons of mass destruction
	32 U.S.C. 503	seismic vulnerability
	50 U.S.C. 2301	emergency preparedness assistance
	50 U.S.C. 2314	emergency response team
Corps of Engineers	33 U.S.C. 426p	flood emergency aid
	33 U.S.C. 467	dam safety
	33 U.S.C. 701n	emergency response
	33 U.S.C. 709a	flood hazards
	33 U.S.C. 2332	flood hazards
	33 U.S.C. 2240	port emergencies
	33 U.S.C. 2293	civil works management
Dept. of Education	20 U.S.C. 1065	emergency fund use
	20 U.S.C. 6337	emergency waiver authority
	20 U.S.C. 7138	school crises
	20 U.S.C. 7217	emergency waiver authority
	20 U.S.C. 7428	emergency waiver authority
	20 U.S.C. 9251	emergency waiver authority
Dept. of Energy	16 U.S.C. 824a(c)	energy emergencies
	42 U.S.C. 6323	energy emergencies
	42 U.S.C. 7270c	facility vulnerability
	42 U.S.C. 7274d	emergency training
	42 U.S.C. 10137	emergency training

Organization or official	Citation	Task or authority
Dept. of Health and Human Services	42 U.S.C. 247d	public health emergency
	42 U.S.C. 243	quarantines, public health plans
	42 U.S.C. 239	smallpox response
	42 U.S.C. 249	medical care for those quarantined
	42 U.S.C. 267	quarantine stations
	42 U.S.C. 300hh	national stockpile
	42 U.S.C. 8621	emergency energy aid
	42 U.S.C. 1320b	waiver authority
	42 U.S.C. 3030	elderly assistance
Dept. of Housing and Urban Development	12 U.S.C. 1701n	reduce attack vulnerability
	12 U.S.C. 1709	mortgage assistance
	42 U.S.C. 3539	disaster fund
	42 U.S.C. 5306	reallocation of funds
	42 U.S.C. 5321	waiver authority
	42 U.S.C. 12750	matching fund waiver
Dept. of the Interior	16 U.S.C. 1011	watershed protection
	42 U.S.C. 5204	disaster recovery plans
	43 U.S.C. 502-503	emergency fund for reclamation
Public Lands Corps	16 U.S.C. 1723	disaster prevention and relief
Dept. of Justice (Attorney General)	20 U.S.C. 7138	school safety
	42 U.S.C. 10501	law enforcement aid
Dept. of Labor	29 U.S.C. 2918	emergency grants
Dept. of Transportation	23 U.S.C. 125	emergency funds
	23 U.S.C. 310	civil defense
	23 U.S.C. 502	seismic vulnerability
	33 U.S.C. 1225	structure protection
	33 U.S.C. 1226	vessel protection
	49 U.S.C. 60132(c)	emergency pipeline response
	49 U.S.C. 5102	hazardous material transportation
	50 U.S.C. 191	vessels in emergency situations
Dept. of the Treasury	19 U.S.C. 1318	emergency authority
	26 U.S.C. 5708	disaster loss aid
	29 U.S.C. 1148	waiver authority
	29 U.S.C. 1302	waiver authority
	42 U.S.C. 2414	flood insurance funding
Dept. of Veterans Affairs	38 U.S.C. 1785	medical assistance
	38 U.S.C. 8117	public health emergencies
	38 U.S.C. 7325	medical response plans
	38 U.S.C. 7326	emergency training
	38 U.S.C. 8105	facility safety
	38 U.S.C. 8111A	health care provision
Corporation for National and Community Service	24 U.S.C. 12576	disaster relief

Organization or official	Citation	Task or authority
Environmental Protection Agency	42 U.S.C. 300g 42 U.S.C. 300i 42 U.S.C. 300j 42 U.S.C. 7274d 42 U.S.C. 9601 42 U.S.C. 9662 42 U.S.C. 11001	water safety after disasters vulnerability assessment preparedness grants training grants environmental response water pollutants and emergencies hazardous material releases
Executive Office of the President		
President	42 U.S.C. 217 42 U.S.C. 5170 42 U.S.C. 5187 42 U.S.C. 960 47 U.S.C. 606(c) 50 U.S.C. 2301 50 U.S.C. 1621 - 1622	use of Public Health Service declaration authority fire suppression hazardous substance releases control of radio stations weapons of mass destruction national emergencies
Homeland Security Council	6 U.S.C.A. 491-496	consultation, coordination
National Security Council	50 U.S.C. 2352 - 2353	crisis management
Office of Science and Technology Policy	42 U.S.C. 6613, 6617	advice, consultation
National Aeronautics and Space Admin.	42 U.S.C. 2487	technology for health needs
National Foundation on the Arts and the Humanities		
Institute of Museum and Library Services	20 U.S.C. 9133	waiver authority
National Nuclear Security Administration	50 U.S.C. 2401 - 2402	facility management
Nuclear Regulatory Commission	42 U.S.C. 2242(a)	facility licenses
Office of Personnel Management	5 U.S.C. 3110	employment waivers
Small Business Administration	15 U.S.C. 631(e,g), 636d	disaster loans

Organization or official	Citation	Task or authority
U.S. House of Representatives		
Office of Emergency Planning, Preparedness, and Operations	2 U.S.C. 130i	emergency management authority
All departments and agencies		
Agency heads	42 U.S.C. 1856b	emergency fire assistance authorized

Source: CRS Report RL33064, *Organization and Mission of the Emergency Preparedness and Response Directorate: Issues and Options for the 109th Congress*, by Keith Bea. **Table 1** information based upon a CRS examination of federal statutory authority. Thomas P. Carr, Government and Finance Division, provided database search assistance.

Note: **Table 1** does not identify presidential directives that assign responsibilities for and establish federal policies pertinent to the mission of EPR. Some of these directives include Executive Orders 12241 (radiological emergencies), 12580 (hazardous substance releases), 12656 (federal emergency preparedness), 12777 (oil discharges), and 13016 (Superfund amendments).

Table 2. Disaster Relief Fund, FY1974-FY2005

(millions of dollars)

		Total Appropriations				Outlays	
FY	[a]Request	Original	Supple-mental	Nominal	*Constant 2005*	Nominal	*Constant 2005*
1974	100	200	233	433	1,412	250	816
1975	100	150	50	200	591	206	609
1976	187	187	0	187	517	362	999
1977	100	100	200	300	770	294	754
1978	150	115	300	415	997	461	1,108
1979	200	200	194	394	876	277	616
1980	194	194	870	1,064	2,175	574	1,173
1981	375	358	0	358	668	401	746
1982	400	302	0	302	526	115	201
1983	325	130	0	130	217	202	337
1984	0	0	0	0	0	243	391
1985	100	100	0	100	156	192	299
1986	194	100	250	350	533	335	511
1987	100	120	[b]0	120	178	219	325
1988	125	120	0	[c]120	173	187	269
1989	200	100	[d]1,108	1,208	1,674	140	194
1990	270	98	[e]1,150	1,248	1,668	1,333	1,781
1991	270	0	0	0	0	552	711
1992	[f]184	185	4,136	[g]4,321	5,429	902	1,134
1993	292	292	2,000	[h]2,292	2,816	2,276	2,796
1994	[i]1,154	226	[j]4,709	4,935	5,935	3,743	4,502
1995	320	320	[k]3,275	3,595	4,235	2,116	2,492
1996	320	222	[k]3,275	[k]3,497	4,042	2,233	2,581
1997	320	[l]1,320	[l]3,300	4,620	5,248	2,551	2,898
1998	[m]2,708	320	[n]1,600	1,920	2,155	1,998	2,242
1999	[o]2,566	[p]1,214	[q]1,130	2,344	2,597	3,746	4,149
2000	2,780	[r]2,780	0	2,780	3,019	2,628	2,853
2001	2,909	300	[s, t]	[t]5,890	6,249	3,217	3,413
2002	[u]1,369	664	[v]7,008	[v]12,160	12,677	3,947	4,114
2003	1,843	800	[w]1,426	[w]2,199	2,255	8,541	8,761
2004	1,956	1,800	[x]2,275	[x]2,042	[y]2,068	[y]3,044	[y]3,082
2005	2,151	2,042	[x]68,500	70,542	70,542	[y]3,363	[y]3,363
Total	**24,240**	**16,360**	**108,988**	**132,099**	**144,455**	**50,648**	**60,224**

Sources: U.S. President, annual budget documents; appropriations legislation; U.S. FEMA budget justifications. Nominal amounts are the actual appropriations; 2005 constant dollar amounts based on CRS calculations in turn based on GDP (chained) price index in U.S. President (Bush), *Historical Tables, Budget of the United States Government, Fiscal Year 2005* (Washington: 2004), pp. 184-185. Table prepared by Keith Bea, Specialist in American National Government, Government and Finance Division, CRS.

a. Data in the request column generally represent the first budget request submitted by the Administration each year and do not include amended or supplemental requests. Notes in this column provide additional detail.

b. In Feb. 1987, a total of $57.475 million was rescinded and transferred from the DRF to the Emergency Food and Shelter Program account (P.L. 100-6; 101 Stat. 92). That amount was returned to the fund the same year in supplemental appropriations legislation enacted in July 1987 (P.L. 100-71; 101 Stat. 412).

c. P.L. 100-202 (101 Stat. 329), the Continuing Appropriations Act for FY1988, appropriated $120 million for disaster relief. According to FEMA, the original appropriation for that fiscal year was $125 million, but $5 million was transferred to the Department of Labor for "low income agriculture workers."

d. Supplemental funds were included in P.L. 101-100 (101 Stat. 640), continuing appropriations legislation enacted after Hurricane Hugo struck in Sept. 1989. According to FEMA, this amount was "referred to as a supplemental but was an increase in the original appropriation during a continuing resolution."

e. P.L. 101-130 (103 Stat. 775), enacted after the Loma Prieta earthquake, appropriated $1.1 billion in supplemental funding for FY1990. In addition, $50 million was appropriated in P.L. 101-302 (104 Stat. 214), dire emergency supplemental appropriations legislation. **Table 2** does not reflect a $2.5 million transfer from the President's unanticipated needs fund.

f. FY1992 request does not include the budget amendment of $90 million submitted by the Administration.

g. Appropriations for FY1992 included a $943 million dire emergency supplemental in P.L. 102-229 (105 Stat. 1701), enacted in fall 1991 after Hurricane Bob; $300 million after the Los Angeles riots and flooding in Chicago (spring 1992) in P.L. 102-302 (106 Stat. 248); and $2.893 billion in P.L. 102-368 (106 Stat. 1117) after Hurricanes Andrew and Iniki, Typhoon Omar, and other disasters.

h. Total for FY1993 includes the $2 billion supplemental approved after the Midwest floods in 1993 (P.L. 103-75; 107 Stat. 739).

i. The original FY1994 budget request was $292 million. On July 29, 1993, a supplemental request of $862 million was sent by President Clinton to Congress.

j. Supplemental appropriations for FY1994 enacted after the Northridge earthquake struck Los Angeles (P.L. 103-211; 108 Stat. 13).

k. Additional supplemental appropriation approved for Northridge earthquake costs (P.L. 104-19; 109 Stat. 230) for FY1995, with the same amount ($3.275 billion) reserved for a contingency fund for FY1996 (P.L. 104-19; 109 Stat. 231). However, $1 billion of the contingency fund was rescinded in FY1996 omnibus appropriations, P.L. 104-134 (110 Stat. 1321-358). In the same legislation, another $7 million was also appropriated to other FEMA accounts for costs associated with the bombing of the Alfred P. Murrah federal building in Oklahoma City (P.L. 104-134; 109 Stat. 254).

l. The FY1998 budget appendix (p. 1047) noted a transfer of $104 million from the disaster relief fund in FY1996. In the FY1997 appropriations act (P.L. 104-204; 110 Stat. 1321-358), $1 billion that had been rescinded in FY1996 (P.L. 104-134) was restored, and $320 million in new funds were appropriated. Supplemental appropriations of $3.3 billion were approved in P.L. 105-18 (111 Stat. 200) after flooding in the Dakotas and Minnesota, and after storms in other states were declared major disasters. The legislation specified, however, that of the total, $2.3 billion was to be available in FY1998 only when FEMA submitted a cost control report to Congress. This requirement was met, and the funding was made available in FY1998.

m. The FY1998 request consisted of a $320 million base amount plus $2.388 billion "to address actual and projected requirements from 1997 and prior year declarations." (*Budget Appendix FY1998*, p. 1047). Does not include $50 million requested for the DRF for mitigation activities.

n. Supplemental appropriations legislation (P.L. 105-174; 112 Stat. 77) for FY1998, approved for flooding associated with El Niño and other disasters.

o. The FY1999 request consisted of $307.8 million for the DRF and an additional $2.258 billion in contingency funding to be available when designated as an emergency requirement under the Balanced Budget Act of 1985, as amended.

p. The FY1999 omnibus appropriations act (P.L. 105-277; 112 Stat. 2681-579) included $906 million for costs associated with Hurricane Georges, flooding associated with El Niño, and other disasters.

q. Emergency supplemental appropriations for FY1999 (P.L. 106-31; 113 Stat. 73) included $900 million for tornado damages as well as $230 million for unmet needs, subject to allocation directions in the conference report (H.Rept. 106-143).

r. FY2000 appropriations act (P.L. 106-74, 113 Stat. 1085) included disaster relief funding as follows: $300 million in regular appropriations and $2.480 billion designated as emergency spending for costs associated with Hurricane Floyd and other disasters. In addition, the Consolidated Appropriations Act (P.L. 106-113; 113 Stat. 1501) authorized the Director of FEMA to use up to $215 million in disaster relief funds appropriated in P.L. 106-74 (113 Stat. 1047) for the purchase of residences flooded by Hurricane Floyd, under specified conditions.

s. Supplemental appropriations legislation (P.L. 106-246; 114 Stat. 568) authorized that $50 million from the DRF was to be used for buyout and relocation assistance for victims of Hurricane Floyd. The act also

appropriated $500 million in a separate account (P.L. 106-246; 114 Stat. 590) for claim compensation and administrative costs associated with the Cerro Grande fire that destroyed much of Los Alamos, New Mexico.

t. P.L. 107-38 (115 Stat. 220) appropriated $40 billion in response to the terrorist attacks of Sept. 11, 2001. Pursuant to the statute, these funds for FY2001 were allocated by the Office of Management Budget from the Emergency Response Fund (ERF). Of the total appropriated in P.L. 107-38 after the Sept. 11 attacks, $4.357 billion was allocated for FY2001 through P.L. 107-117 (115 Stat. 2338). The total available for obligation for FY2001 ($5.9 billion) taken from FEMA *Justification of Estimates, FY2003*, p. DR-2.

u. Request for FY2002 did not include funding for the Disaster Relief Contingency Fund.

v. Congress appropriated a total of $7.008 billion for FY2002 in P.L. 107-117 (115 Stat. 2238) and P.L. 107-206 (116 Stat. 894) to meet additional needs associated with the terrorist attacks. Total funds available ($12.16 billion) include a transfer from TSA, $1 billion released from the Emergency Contingency Fund, and other sources. See DHS, Emergency Preparedness and Response Directorate, *Justification of Estimates, FY2004*, p. DR-2.

w. Includes $983.6 million in P.L. 108-69 (117 Stat. 885) and $441.7 million in P.L. 108-83 (117 Stat. 1037) to meet needs associated with tornadoes, winter storms, the recovery of wreckage of the Space Shuttle *Columbia* and other disasters. Also, funds appropriated in these measures and in the FY2004 appropriations act for DHS (P.L. 108-90; 117 Stat. 1137) have been used for costs associated with Hurricane Isabel. Total of $2.199 billion available taken from DHS, Emergency Preparedness and Response Directorate, *Justification of Estimates, FY2005*, p. FEMA-18.

x. P.L. 108-106 (117 Stat. 1209), which primarily addressed reconstruction costs in Iraq and Afghanistan, also contained an appropriation of $500 million for needs arising from disasters in fall 2003, including Hurricane Isabel and the California fires (117 Stat. 1220). Sec. 4002 of the act designates the funds an emergency requirement pursuant to the budget resolution adopted by Congress (H.Con.Res. 95), but the Consolidated Appropriations Act for FY2004 (Sec. 102(a), Division H, P.L. 108-199; 118 Stat. 454) rescinded $225 million of the $500 million appropriated in P.L. 108-106 (117 Stat. 1220). Total of $2.043 billion taken from: DHS, Emergency Preparedness and Response Directorate, *Justification of Estimates, FY2005*, p. FEMA-18. P.L. 108-303 (118 Stat. 1124), enacted after Hurricanes Charley and Frances struck Florida, appropriated $2 billion to the DRF and gave discretion to DHS to transfer $30 million to the Small Business Administration for disaster loans. P.L. 108-324 , Division B of the Military Construction Appropriations Act for FY2005, appropriated an additional $6.5 billion to the DRF (118 Stat. 1247). Congress also appropriated $10 billion in P.L. 109-61 (119 Stat. 1988), approved by Congress in a special session of the leadership and signed by the President on September 2, 2005, as an immediate response to the needs caused by Hurricane Katrina. A second supplemental for costs associated with Hurricane Katrina ($50 billion, P.L. 109-62; 119 Stat. 1990) was approved by Congress and signed by President Bush on September 8, 2005.

y. Outlay data and constant dollar calculations based on estimates.

Table 3. Federal Statutory Provisions on Evacuation Policy

Summary	Citation
Federal employees and their dependents may receive assistance if they must be evacuated.	5 U.S.C. 5709, 5725, 5922, 5923
The role of FEMA includes evacuating disaster victims.	6 U.S.C. 317
National Construction Safety Teams must evaluate technical aspects of evacuation procedures and recommend research.	15 U.S.C. 7301, 7307-7308
Chief of Engineers may use funds to evacuate persons in a flood wall project area if the cost of the project can be substantially reduced.	33 U.S.C. 701i
Emergency preparedness activities include non-military civilian evacuation and evacuation of personnel during hazards.	42 U.S.C. 5195a
Computer models for evacuation must be periodically evaluated and improved.	42 U.S.C. 7403(f)(2)(C)
Temporary housing and evacuation of threatened persons are to be included in the scope of hazardous substance removal.	42 U.S.C. 9601(23)
Emergency plans completed by local emergency planning committees (LEPCs) must include evacuation plans.	42 U.S.C. 11003
Owners of facilities where a hazardous chemical release occurs must provide information on precautions to be taken, including evacuation.	42 U.S.C. 11004(b)(2)
Secretary of Transportation must establish incident response plans for facilities and vessels that include evacuation procedures.	46 U.S.C. 70104(b)
Congressional finding made that private and public sector emergency preparedness activities should include an evacuation plan.	P.L. 108-458, §7305, 118 Stat. 3848
Evacuation routes may be included as components of the National Highway System under the high priority corridor designations.	P.L. 109-59 (H.R. 3, Sec. 1304 (a))
The Secretary of the Department of Transportation (DOT) and the Secretary of Homeland Security, in coordination with the Gulf Coast States and contiguous states, must review and assess federal and state evacuation plans for catastrophic hurricanes impacting the Gulf Coast Region and report, by October 1, 2006, findings and recommendations to Congress.	P.L. 109-59 (H.R. 3, Sec. 10204)
The National Science Foundation is to produce a public transportation security study of public systems' ability to accommodate the emergency evacuation, egress, or ingress from urban areas with populations over one million.	P.L. 109-59 (H.R. 3, Sec. 3046)

Summary	Citation
Emergency evacuation studies are a required DOT activity under the deployment of the transportation model known as the "Transportation Analysis Simulation System."	P.L. 109-59 (H.R. 3, Sec. 5512(b)(4))

Source: CRS compilation based on database searches conducted by Thomas P. Carr, Analyst in American National Government, Government and Finance Division, and contributions by Robert S. Kirk, Economic Analyst, Transportation, Resources, Science, and Industry Division, both of CRS.

Note: **Table 3** excludes statutory provisions related to military personnel, criminal offenses, foreign nations and international relations, liability, and payment of costs,

National Response Plan

December 2004

Figure 2. Designation of ESF coordinator and primary and support agencies

Agency	Emergency Support Functions														
	#1 - Transportation	#2 - Communications	#3 - Public Works and Engineering	#4 - Firefighting	#5 - Emergency Management	#6 - Mass Care, Housing, and Human Services	#7 - Resource Support	#8 - Public Health and Medical Services	#9 - Urban Search and Rescue	#10 - Oil and Hazardous Materials Response	#11 - Agriculture and Natural Resources	#12 - Energy	#13 - Public Safety and Security	#14 - Long-term Community Recovery and Mitigation	#15 - External Affairs
USDA			S		S	S		S		S	C/P	S		P	S
USDA/FS	S	S	S	C/P	S	S	S	S	S	S			S		
DOC	S	S	S	S	S		S		S	S	S	S	S	P/S	S
DOD	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
DOD/USACE			C/P	S	S	S		S	S	S	S	S	S	S	
ED					S										S
DOE	S		S		S		S	S		S	S	C/P	S	S	S
HHS			S		S	S		C/P	S	S	S			P/S	S
DHS	S	S	S		S	S	S	S	S	S	S	S	C/P/S	S	C
DHS/EPR/FEMA		S	P	S	C/P	C/P			C/P	S				C/P	P
DHS/IAIP/NCS		C/P										S			
DHS/USCG	S		S	S				S	S	P			S		
HUD					S	S								P	S
DOI	S	S	S	S	S	S				S	P	S	S	S	S
DOJ	S				S	S		S	S	S	S		C/P/S		S
DOL			S		S	S	S	S	S	S	S	S		S	S

C = ESF coordinator
P = Primary agency
S = Support agency

Note: Unless a specific component of a department or agency is the ESF coordinator or a primary agency, it is not listed in this chart. Refer to the ESF Annexes for detailed support by each of these departments and agencies.

Figure 2. Designation of ESF coordinator and primary and support agencies (Continued)

Agency	Emergency Support Functions														
	#1 - Transportation	#2 - Communications	#3 - Public Works and Engineering	#4 - Firefighting	#5 - Emergency Management	#6 - Mass Care, Housing, and Human Services	#7 - Resource Support	#8 - Public Health and Medical Services	#9 - Urban Search and Rescue	#10 - Oil and Hazardous Materials Response	#11 - Agriculture and Natural Resources	#12 - Energy	#13 - Public Safety and Security	#14 - Long-term Community Recovery and Mitigation	#15 - External Affairs
DOS	S				S			S		S	S	S			S
DOT	C/P		S		S	S	S	S	S	S	S	S		S	S
TREAS					S	S								P	S
VA			S		S	S	S	S					S		S
EPA			S	S	S			S		C/P	S	S	S	S	S
FCC		S			S										S
GSA	S	S	S		S	S	C/P	S		S	S				S
NASA					S		S		S				S		S
NRC			S		S					S		S			S
OPM					S		S								S
SBA					S	S								P	S
SSA						S							S		S
TVA			S		S							S		S	S
USAID								S	S						S
USPS	S				S	S		S			S		S		S
ARC ied Cross			S		S	P		S			S			S	S

C = ESF coordinator
P = Primary agency
S = Support agency

Note: Unless a specific component of a department or agency is the ESF coordinator or a primary agency, it is not listed in this chart. Refer to the ESF Annexes for detailed support by each of these departments and agencies.

The CHAIRMAN. Thank you, Mr. Bea. I suppose my overriding question to you is, is the Stafford Act sufficient? Does it need enhancement, strengthening? I don't want this to be a finger-pointing session, but did it work? Did it work in Florida last year? Did it work in Mississippi, Louisiana and Texas? Does the federal component need to be strengthened?

Mr. BEA. Well, Senator, as I pointed out in my opening comments, we are prohibited from making policy recommendations. They surgically removed that gland when I came to work for CRS. But I will tell you that questions have been raised about the adequacy of the Stafford Act. The Stafford Act is based upon 1950 authority that has been amended several times over the decades. It certainly seems pertinent for Congress to look at the implementation of the Stafford Act, and whether the emergency management needs of the 21st century are met by not only the Stafford Act, but by other federal emergency authorities I identify in Table 1.

The CHAIRMAN. I think the American people, generally, when these things occur, they want government to be responsive and efficient, and I do not think they are much focused on whether it is local, state or federal; they just want the system to work.

Mr. BEA. True.

The CHAIRMAN. Obviously, so do we. One of the points of this hearing is to find out what more we need to do statutorily, regulatorily, to make this response more seamless than it was, at least in one state.

Mr. BEA. It is a rich area for congressional action, Senator Smith.

The CHAIRMAN. No question about it.

As you have focused on this hearing, in which our focus is to look at the needs of the elderly, is there a sufficient way to identify them, their special needs, and their mobility challenges? Do we have the right kinds of data about them, where they are, and what their needs are to be responsive? As I listened to your testimony, obviously, there are lots of lists. The government is good at making lists, but are they workable, are they duplicative, are they being utilized properly?

Mr. BEA. The concept of the National Response Plan and, in general, the Stafford Act, is to coordinate federal responses and nonfederal resources. Clearly, there are improvements to be made. I am not an expert in the data on elderly population. My colleagues in CRS can better address that. But, Senator, I will comment that, generally, the federal emergency management policies do not address particular populations, and that may be one area that the Senate may wish to pursue.

The CHAIRMAN. You mentioned the double counting by ambulance companies and other emergency providers when establishing contracts with facilities that need evacuation plans. Does this work? Is there double counting? Is the complexity too great? Have there been efforts to ensure that if and when a provider double counts that they have contingency plans in place?

Mr. BEA. Thankfully, my colleague, Sarah Lister, suggested that I include that in my statement. It is an indication of the complexity of significant catastrophes; that if you have established an oper-

ating procedure, under a normal circumstance, something should happen; police should be there.

Clearly, what we have seen in the Gulf states is that what happens is the first responders are so devastated and the people you are counting on to respond are so devastated that they cannot respond. What happens next? What is plan B? Therefore, the double counting issue, apparently, according to my colleague, is an issue that has been identified and is just one example of specific issues that add to the complexity of the mix, that require attention to some of the details, and also the flexibility to develop responses with plans B, C and D if necessary.

The CHAIRMAN. Obviously, we care about the safety of first responders. As you have evaluated this system, first responders, do they have a place to be protected in the event of a hurricane, and what happens if they run away?

Mr. BEA. The first responders, as often is pointed out to me, are the people at the scene. If a bomb were to explode in a federal building, the staff, the Members, the people who are there in addition to the capitol police, would be the first responders. The backup systems that you have, whether they are federal or non-federal, are key in ensuring an adequate response if our initial first responders are not available, whether they departed or whether they were impaired. That is part of the system of planning that should take place largely through state planning, and the federal guidances are there to set the framework for state plans.

The CHAIRMAN. I think it would be important also to say, as much as we want government to get it right—I am reminded of my wise, old mom that used to say, "The Lord helps those who help themselves." Obviously, personal preparation is very important. I think we live in a day and age where at both the government and the individual level, we have to assume the worst and plan for it. All Americans ought to look to their own security and safety in the event of catastrophe and engage in provident living because that will lead to better preparation for the unexpected, which these days seems to be more expected than ever.

Senator Martinez, do you have questions?

Senator MARTINEZ. I was only going to just inquire as to the Stafford Act, whether you thought in the recent events there were clear flaws in it that you could make a recommendation that they should be amended or changed. Are you prohibited from doing that?

Mr. BEA. I am, Senator.

Senator MARTINEZ. I guess that is why I did not hear that from you.

Mr. BEA. I will also tell you I am very respectful of people who are on the ground there. I have been up here. I watched the news media; I spoke with people involved. I would be very hesitant to assert my position as a third party evaluator, at this point, in examining what happened down there. Clearly, it was a tragedy; clearly, mistakes were made.

Senator MARTINEZ. Yes, it does seem to me that it ought to be reviewed with eyes towards modernizing it and maybe making it more compatible with today's real situations and the real world.

Mr. BEA. Absolutely.

Senator MARTINEZ. Sometimes it does take a cataclysmic event like we had happen to awaken to us the need for reform.

I do go back to the Florida experience where Governor Bush has very clearly come on the side of maintaining the preeminence of local government as it relates to evacuations, responsibilities, and things like that. I am not so sure that there should be anything done to change that. I think at the end of the day, the federal government's role has always been a secondary role, a role of assistance, prepositioning supplies and things that would come in, in the second wave. But my own experience in local government is that those difficult decisions of when to evacuate, and preparing shelters for evacuation that are adequate, and taking into account the special needs population really squarely falls under the responsibility of state and local government. I am not sure that anything federally we can do ought to change that.

Mr. BEA. I understand. Absolutely.

Senator MARTINEZ. Thank you.

The CHAIRMAN. Mr. Bea, thank you very much. You have been a great witness, and you have added measurably to the record and given us some things to work on.

Mr. BEA. Thank you, Senator.

The CHAIRMAN. Our second panel consists of Ms. Maria Greene, who is the director of the Division of Aging Services in the Georgia Department of Human Resources. Ms. Greene will discuss how her agency works with the Georgia Emergency Management Agency to ensure the safety of older Georgians during a disaster.

Also on this second panel is Dr. Jeffrey Goldhagen. He is the director of the Duval County Health Department, which is home to Jacksonville, FL. He will be giving us an overview of the system his health department has instituted to assist the elderly and other special needs individuals in preparing for and evacuating during a disaster.

Ms. Greene, thank you for being here.

STATEMENT OF MARIA GREENE, DIRECTOR, DIVISION OF AGING SERVICES, GEORGIA DEPARTMENT OF HUMAN RESOURCES, ATLANTA, GA

Ms. GREENE. Good morning, Chairman Smith and distinguished members of the committee. I am the director of the Division of Aging Services, designated as the state unit on aging. It is my pleasure to talk with you today about Georgia's emergency preparedness plan as it relates to older adults and people with disabilities.

The organization of the Department of Human Resources is unique in its ability to respond to the needs of citizens. We have integrated and coordinated plans that have been tested and improved upon. Georgia responded quickly and resourcefully in assisting people fleeing from hurricane-ravaged states, and we have new lessons learned to incorporate into our planning.

Along with Aging Services, the department is an integrated human services agency that includes divisions of Public Health, the Mental Health State Authority, and Family and Children Services, just to name a few. The coordinated efforts of the department,

other state agencies, local governments and private-sector organizations comprise our state's emergency plans.

In conjunction with the department, the area agencies on aging have county, city, regional and state emergency preparedness plans. The plans include the coordination of first-responder tasks with the local EMS, law enforcement, and county officials. The area agency on aging staff identifies at-risk older adults and people with disabilities that receive services through our network. These individuals would need assistance to evacuate in an emergency and have no immediate family caregiver to aid them. Citizens who do not receive public benefits but are in need of assistance, before or after a crisis, are encouraged to register with the local EMS or a law enforcement agency.

Our protocol was put to test during an after-hours chemical accident at a laboratory in the metropolitan area. Citizens in the vicinity needed to evacuate. The local aging service provider had a special needs list of people who receive our services and are in need of assistance during an emergency. The client listing is updated quarterly and shared with local EMS and law enforcement. The care managers had a copy of the client list in their homes, and were ready to help when the staff telephone tree was activated. Everyone was assisted to safety, but one lesson learned—just a small lesson—from that experience was the need for automobile cell phone charges due to the batteries running down and having no immediate access to the buildings.

Most recently, Georgia was able to assist individuals displaced from the states impacted by the hurricanes. Governor Purdue, Commissioner Walker, and I were at Dobbins Air Force Base when people were air lifted from the Gulf states. Many of the people were elderly and disabled.

During the chaos of a disaster of this magnitude, it is understandable that many people arrived and were quickly placed in shelters, hospitals, and facilities. It was not immediately known, however, where all the individuals were placed. The Long-Term Care Ombudsman Program, the Office of Regulatory Services, the Georgia Advocacy Office, the community service boards, and all of the area agencies on aging have worked tirelessly to identify the displaced individuals placed in facilities. These individuals have been reunited with families, moved to more appropriate home and community services, and assisted in the facilities where they choose to remain.

Many fine examples of emergency response developed from our work. Nursing home and personal care home associations and mental health hospitals monitored their bed vacancies. Senior centers generously volunteered to be used as rest areas and lunch locations for persons regardless of age. The state created resource centers, where one-stop access for services could occur. Georgia embraced flexibility for benefits and developed assessment teams to go to hotels, where large numbers of displaced persons were staying. The team members were comprised of staff throughout the department, including aging and the disability networks.

During a crisis, we all feel that the bulk of our work is happening at that point in time. What we are actually learning is that

assistance after the crisis, especially by human service organizations, is crucial.

During the time of crisis, so many people are at their best, but others are at their worst behavior. Unscrupulous people will use disaster to put money into their own pockets, money that was intended for those who were suffering. The Adult Protective Services Program and elder abuse prevention specialists were called upon to investigate and intervene on cases of suspected abuse, fraud and exploitation of the hurricane victims. In the future, our revised emergency preparedness plan will include additional planning to prevent the abuse before it starts.

Also as a result of consumer fraud and exploitation, the increased need for elderly legal assistance has become very apparent. A special training to lawyers around specific legal interventions for displaced persons is occurring this month.

Another valuable lesson learned is the significant needs of people who have cognitive impairments. Mental health professionals were available to offer mental health crisis support, but the knowledge of someone's dementia or Alzheimer's was unknown. Electronic medical records and access to basic healthcare information would have aided appropriate placements for a special needs shelter.

Our department is an exceptional, integral part of Georgia's emergency response before, during and after a crisis. Communications, coordination and understanding of older adults and people with disabilities are critical to disaster preparedness. Work to modify our existing emergency plans to incorporate these lessons learned is currently underway.

Thank you for the opportunity to share with the committee Georgia's experience in emergency preparedness.

[The prepared statement of Ms. Greene follows:]

B. J. Walker, Commissioner

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TESTIMONY OF

MARIA GREENE, DIRECTOR

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF AGING SERVICES

BEFORE THE

U. S. SENATE SPECIAL COMMITTEE ON AGING
HEARING ON

PREPARING EARLY, ACTING QUICKLY: MEETING THE NEEDS OF OLDER AMERICANS DURING A DISASTER

October 5, 2005

Senate Hart Office Building, Room 216
Washington, D.C.

Serving Older Georgians and Their Families
www.aging.dhr.georgia.gov

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October 5, 2005

Good morning Chairman Smith, Ranking Member Kohl, and distinguished Members of the Committee. My name is Maria Greene and I am the Director of the Georgia Department of Human Resources Division of Aging Services, designated as the State Agency on Aging (often called the State Unit on Aging). It is my pleasure to talk with you today about Georgia's Emergency Preparedness plan as it relates to older adults and people with disabilities.

I would like to share with you brief messages as they relate to emergency preparedness. The organization of the Department of Human Resources is unique in its ability to respond to the needs of citizens. We have integrated and coordinated plans that have been tested and improved upon. Georgia responded quickly and resourcefully in assisting people fleeing from hurricane ravaged states and we have new lessons learned to incorporate into our planning.

Along with Aging Services, the Department is an integrated human services agency that includes divisions of Public Health, the Mental Health State Authority, and Family and Children Services. The coordinated efforts of the Department, other state agencies, local governments, and private sector organizations comprise our state's emergency plans.

Additionally, the Division of Aging Services partners with the U.S. Administration on Aging by assigning a State Aging Disaster Officer to participate with federal aging staff on disaster preparedness. The Older Americans Act envisions a comprehensive and coordinated array of services, particularly as it relates to information, screening assessment, counseling and referral, and specific programs related to health promotion, family caregiver support, legal services, long-term care ombudsman, prevention of elder abuse and neglect.

In conjunction with the Department, the Area Agencies on Aging have county, city, regional and state emergency preparedness plans. The plans include the coordination of first responder tasks with the local EMS, law enforcement and county officials. The Area Agency on Aging (AAA) staff identifies "at risk" older adults and people with

disabilities that receive services through the AAA. These individuals would need assistance to evacuate in an emergency or will need medical assistance for health related problems and have no immediate family caregiver to aid them. Citizens who do not receive public benefits but are in need of assistance before or after a crisis are encouraged to register with the local EMS or law enforcement agency. Our protocol was put to test during an after hours chemical accident at a laboratory in the metropolitan area. Citizens in the vicinity needed to evacuate. The local aging service provider had a special needs list of people who receive our services and are in need of assistance during an emergency. The client listing is updated quarterly and shared with local EMS and law enforcement. The care managers had a copy of the client list in their homes and were ready to help when the "staff telephone tree" was activated. Everyone was assisted to safety. One lesson learned from this experience was the need for automobile cell phone chargers due to batteries running down and no immediate access to buildings.

During June 2004, the Division of Aging Services conducted emergency preparedness training for Area Agencies on Aging emergency coordinators as part of its Baldrige Criteria quality improvement initiative. *Emergency Management and Disaster Assistance: Roles and Responsibilities for the Aging Network* included presentations by DHR Emergency Operations Command Center officials, Division Planning and Evaluation staff, Coastal Georgia Area Agency on Aging staff on their local experiences with emergency preparedness plans and legal issues for the 2004 G-8 Summit held at Sea Island, Georgia. The training provided information on addressing emergency preparation for clients with special needs. The AAA Emergency Coordinators and AAA staff conducted additional meetings to further develop their local emergency plans.

Most recently Georgia was able to assist individuals displaced from the states impacted by the Hurricanes. Governor Perdue, Commissioner Walker and I were at Dobbins Air Force Base when people were air lifted from the Gulf States. Many of the people were elderly and disabled. During the chaos of a disaster of this magnitude it is understandable that many people arrived and were quickly placed in shelters, hospitals and facilities. It was not immediately known where all individuals were placed. The Long Term Care Ombudsman Program, the Office of Regulatory Services, the Georgia Advocacy Office, the Community Service Boards (Community Mental Health Centers) and Area Agencies on Aging have worked tirelessly to identify displaced individuals placed in facilities. These individuals have been reunited with families, moved to more appropriate home and community services and assisted in the facilities where they choose to remain.

Georgia has the third largest number of evacuees in the nation and according to the Federal Emergency Management Agency (FEMA), over 40,000 heads of household are registered in our state. Many fine examples of emergency response developed from our work. Nursing home and personal care home associations and mental health hospitals monitored their bed vacancies for use by individuals displaced by the disaster. Senior Centers generously volunteered to be used as rest areas and lunch locations for persons regardless of age. Faith-based organizations and private sector entities

partnered with government. The State created Joint Resource Recovery Centers (JRRCs) Centers where one-stop access for services could occur. With the leadership of our state agencies, three JRRCs were established in Cobb, Gwinnett, and Fulton counties and served over 15,700 individuals. Georgia embraced flexibility for benefits and developed Assessment Teams to go to hotels where large numbers of displaced persons were staying. The team members were comprised of staff from the Department including the aging and disabilities networks.

While our entire Aging Network remained on alert to serve victims of the hurricanes, the Atlanta Regional Commission Area Agency on Aging, the Middle Georgia Area Agency on Aging, the Northeast Georgia Area Agency on Aging, and their service providers and volunteers devoted many hours to assess, identify and process displaced persons. The ARC Area Agency on Aging assisted the American Red Cross in training Aging Network volunteers for case assessment. Years ago, the AAA had developed its Information and Referral system to include Elder Services Program (ESP) software to match individuals of all ages with the resources they were requesting. The database currently contains 16,761 statewide resources that can be accessed by all AAAs. Such foresight proved useful in disaster response as the Aging Network appeared to be one of the few entities providing case management to ensure that individuals received comprehensive information and assistance concerning available resources.

During a crisis we all feel that the bulk of our work is happening at that point in time. We are learning that the assistance after the crisis especially by human services organizations is crucial.

During the time of crisis, so many people are at their best, but others are at their worst. Unscrupulous people will use disaster to put money into their own pockets; money intended for those who are suffering. The Adult Protective Services Program and Elder Abuse Prevention Specialists were called upon to investigate and intervene on cases of suspected abuse, fraud and exploitation of Hurricane victims. In the future our revised emergency preparedness plan will include additional planning to prevent elder abuse before it starts. Also as a result of consumer fraud and exploitation the increased need for Elderly Legal Assistance has become very apparent. The Institute of Continuing Legal Education of Georgia of the State Bar of Georgia will conduct a special training to lawyers around specific legal interventions for displaced persons will occur this month. Several ELAP attorneys will serve as presenters. The immediate legal needs for displaced persons may involve issues of Kinship Care, Probate, Guardianship, Public Benefits, Homeowner's Claims/Insurance, Landlord/Tenants, Crisis Consumer/Debt-Related Issues, and Health and Mental Health Insurance Issues. Clearly, Older Americans Act legal assistance providers will encounter increased long-term legal assistance needs for older adults impacted by the hurricanes.

Within our State Unit on Aging, Adult Protective Services staff kept sentinel alert for vulnerable adults in harms' way. They identified issues to safeguard displaced persons and their families, including issues of caregiver burnout. Recently, Louisiana APS requested that Georgia APS and other APS programs identify Louisiana APS clients. Our

APS staff will review multiple provider lists in order to provide assistance to their sister APS agency.

Another valuable lesson learned is the significant needs of people who have cognitive impairments. Mental health professionals were available to offer mental health crisis support but the knowledge of someone's dementia or Alzheimer's was unknown. Electronic medical records, access to basic health care information, and integration with physical health needs, would have aided appropriate placements for a special needs shelter. For example, many individuals presented without their prescription medications for chronic or mental disabilities. They could not advise assessment team members of their medications or the proper dose. Electronic medical histories would have assisted these special needs individuals. Older adults face significant challenges in access to adequate mental health services as they are underrepresented and underserved. We were pleased to have the Fuqua Center of Late Life Depression of Emory Healthcare partnered with the Division of Aging Services and the Atlanta Regional Commission Area Agency on Aging during the need for emergency services for older adults.

Another challenge was that rather than receiving evacuees only through the controlled environment of our military base, thousands of evacuees came to Georgia by their own means or the goodwill of others. In Georgia, the American Red Cross opened 22 shelters, while 14 non-American Red Cross shelters were opened across the state. The majority of displaced persons in Georgia are with friends, family or in hotels where the American Red Cross is providing temporary housing for an estimated 57,158 displaced individuals in 18,438 hotel rooms statewide. The long range challenge of providing the comprehensive and coordinated array of Older Americans Act services to older adults and persons with disabilities is apparent.

Our Department is an exceptional, integral part of Georgia's emergency response before, during and after a crisis. Additionally, the Area Agencies on Aging, their aging network service providers, and advocacy groups enhance the state plans immensely. Communications, coordination and understanding of older adults and people with disabilities are critical to disaster preparedness. Work to modify our existing emergency plans to incorporate lessons learned is currently underway.

Thank you for the opportunity to share with the committee Georgia's experiences in emergency preparedness.

The CHAIRMAN. Thank you very much.

Ms. GREENE. You are welcome.

The CHAIRMAN. Jeffrey Goldhagen. Thank you.

STATEMENT OF JEFFREY GOLDHAGEN, DIRECTOR, DUVAL COUNTY HEALTH DEPARTMENT; AND ASSOCIATE PROFESSOR OF PEDIATRICS, UNIVERSITY OF FLORIDA, JACKSONVILLE, FL

Mr. GOLDHAGEN. Well, thank you, sir. It is a pleasure to be here, Chairman Smith. Certainly my distinguished Senator from Florida, it is a great opportunity to be here. My bias is going to come out pretty squarely, pretty quickly as I move through this presentation.

The nation has 3,000 local health departments. Now, all those local health departments are at various levels of sophistication with respect to their ability to respond and their capacity to respond, but, fundamentally, the responsibility for that first response and for the health and well-being of special needs citizens, including the elderly, fall fairly straight-forwardly on the shoulders of local health departments.

The CHAIRMAN. Should it be otherwise?

Mr. GOLDHAGEN. No, it should not be otherwise. We are central partners with the public safety colleagues, but, in fact, it is pretty straightforward what the responsibilities of our public safety agencies are. It is pretty well-defined and they are fairly well-funded. But, in fact, for public health, that definition is not quite as well-defined nationally, and we have not had the degree of funding that our public safety colleagues have had.

With respect to special needs—just a broad overview—we are responsible for identification of all special needs people, citizens in the community and their triage. We are responsible for ensuring their transportation to appropriate shelters. We are responsible for ensuring that, in fact, their medical needs are met, their mental health needs are met, their social service needs are met within the context of the shelters. We are responsible for post-event planning to make sure that they are discharged and get to a venue that is safe for them, ensuring, in fact, they get to those venues.

In particular—and I think it relates to the question about double counting—we are responsible for ensuring that the system works. There are hospitals in this system, there are home health agencies in this system, there are ambulance companies in this system, there are dialysis centers in this system. There are numeral parts of this system that have to work. In fact, it is local health departments that are responsible that the system responds appropriately, and to be accountable and to intervene when, in fact, those systems are not, both prospectively as well as during the event.

It is critical to understand the important role that we play because over the last several decades, in fact, the infrastructure of public health has been allowed to deteriorate. It may be too strong a word to say that it has decimated, but it has been allowed to deteriorate. The Institute of Medicine has put together two very poignant reports on that, and, in fact, what we see now is that if that infrastructure is not available and present, then we are not able to respond.

Let me go into some more specifics, some of the challenges. We have to make sure that, in fact, the shelter is open. We have to make sure that there is medical personnel. We have to make sure that there is access to medication, access to oxygen, availability of dialysis. That is our responsibility. We are also responsible to make sure the hospitals are prepared. In fact, it is our responsibility to make sure they have generators in place, that assisted-living facilities have generators in place, that, in fact, the shelters have generators in place, so that is essentially our responsibility.

It is our responsibility to make sure that, in fact, the equipment that is required in the shelters are there, whether it is lifts to make sure that we can lift overweight people or appropriate cots that fill the needs of those that are elderly, and on and on.

Now, with respect to what we have been able to do in Duval County, we are very proud of what we have been able to put together. With respect to what Senator Martinez had said a moment ago, that, in fact, is the secret to our success, that local communities have assumed responsibility and particular local public health agencies have assumed responsibilities.

In Jacksonville, as an example, at least once a year, sometimes twice a year, we put out a request for registration for special-needs in the utility bills. So we get information through the utility bills as well as a number of other sources of information to identify and register all of the people with special needs.

All of that information goes into a searchable database. That includes extensive information, and I am going to read some of that information; demographics on the individual; who the person's physician is; what pharmacy they use; what medications they have; what home health agency they use; who are their emergency contact persons in and out of town; permission to search their home after an event; again, their medications; what disabilities they have, what special medical needs they have or transportation requirements they have; whether they live in a surge zone; and so on. That is all searchable, based on what category storm is coming in and the type of event that might be happening.

The CHAIRMAN. Jeff, you actually get written permission to enter their homes ahead of time.

Mr. GOLDHAGEN. Right.

The CHAIRMAN. So that, obviously, is a very significant educational tool—people understand there is one that can help, and you know who they are and what their needs are.

Mr. GOLDHAGEN. Right, absolutely.

The CHAIRMAN. Have you had an occasion to test this? Obviously, you had four hurricanes last year. Was Duval County affected?

Mr. GOLDHAGEN. Yes. We were affected not to the extent that Southern Florida was affected. Yes, we have detract teams, which are teams that actually go out post-event to actually look at people's homes to find out whether or not there is electricity, not electricity, whether it is appropriate to send the person back, and whether a person in fact registered to come to the shelter actually came. Sometimes when we arrange the transportation with the other emergency service function, if people refuse to actually be transported, we will go back after the event to make sure that, in fact, they are okay.

We have a very interesting program called Adopt-A-Shelter program, and each of the hospitals in Jacksonville have adopted a special-needs shelter. They are responsible for assuring that there is personnel, not only physician nurses, but respiratory therapists. They are responsible for making sure that all of the material that is needed in the center is there.

We have a contract with a medical supply company, and that contract includes maintaining an inventory over time so that if we need to open up a shelter, we pick up the phone. The medical supply company drops everything that is needed to run that center, and we then walk in with our personnel and it is all there, from oxygen to medications, and so on. If we have to change a venue after the event, they take all of that material and move it to another venue.

We have 500 people in the Medical Reserve Corps who serve as a background for us to back us up. That includes physicians, nurses, respiratory therapists, and so on. We have ham operators in each of our shelters, and the community is completely connected by an 800 mega hertz radio system.

My time is really, actually over. I just want to focus on several recommendations. The first is an all-hazards approach. There has been a tremendous amount of assets and resources that have come down to the local level. We would say that most of it has not come to the health departments public account, but there has been a tremendous amount of resources coming in. Unfortunately, it has been categorical, focused on bioterrorism. We need the ability to use the resources that come in, in an all-hazards approach so that we can be as prepared to deal with a hurricane as we are with an anthrax attack. That would be the first recommendation that I would have.

The second is, frankly, that a focus needs to be put in the public health infrastructure nationwide. In fact, if we are able to respond, or the capacity to respond, we can in fact do so. Clearly, what happened in Katrina is once there was a focus off of the public safety issue, the focus was on public health, and this is a public health emergency and so on. So, ultimately, all disasters deteriorate essentially into a public health disaster and public health system.

We need to make sure that public health departments understand that, in fact, they are responsible for the system's response and coordinating the other elements of the health system. We need state laws that really require local jurisdictions to create these searchable databases, and make it very well defined. In fact, the public health system is responsible for these roles and responsibilities.

Finally, let me reiterate again, we need flexibility. We need the ability to use the assets and resources that are coming from the federal level to meet the needs of our local communities. If that happens, then we have the capacity to actually respond to make sure the systems work.

[The prepared statement of Mr. Goldhagen follows:]

Statement of

Jeffrey Goldhagen, MD, MPH

Director, Duval County Health Department

Associate Professor of Pediatrics, University of Florida

Jacksonville, Florida

Before the Special Committee on Aging

United States Senate

Hearing on "Preparing Early, Acting Quickly: Meeting the Needs of Older Americans During a Disaster"

October 5, 2005

It is my pleasure, Chairman Smith and distinguished Senators, to address you today concerning the role of local public health departments in protecting older Americans during disasters. I am going to talk about two aspects of this issue: 1) How Duval County has addressed the needs of the elderly and other special populations in anticipation of disasters; and 2) how the nation can use its resources for public health preparedness more effectively to continue protecting the elderly, as well as all of us.

The nation's 3000 local public health departments play essential roles in disaster preparations and response. It makes no difference whether a disaster is a hurricane or an act of terrorism. Public Health departments are equal partners with Public Safety and other critical agencies in local emergency management systems and are responsible and accountable for the health and well-being of all citizens, and in particular those with special needs. With respect to people with special needs, local health agencies are responsible for their identification and triage, ensuring transportation to appropriate shelters, meeting their medical, mental health and social-service needs while they are in shelter, post-event planning, and ensuring their safe return to home or other venues. In addition, local health agencies are also responsible for ensuring that health and medical systems, e.g., hospitals, dialysis centers, home health agencies, etc, are prepared and respond appropriately as a ***system*** to whatever challenges they face.

Understanding the extensive responsibilities of local health departments is of critical importance to the issues we are discussing, as over the past two decades, as detailed in two Institute of Medicine reports, the public health infrastructure has been allowed to deteriorate

to the point that it does not have the capacity as a whole to respond to the real and potential challenges we face as a nation and as local communities. While the responsibilities of Public Safety agencies are generally understood and funded, the complexities of Public Health's responsibilities are not, and funding has generally not been adequate to ensure our capacity to respond.

Although not perfect, Duval County (Jacksonville, FL) can serve as a case study of a county that has dedicated resources and worked hard to plan for the needs of the elderly and other persons with special needs during situations that would require an evacuation and sheltering. As a coastal city in Florida that is also situated on a large river (the St. Johns River), and with a population of over 800,000, the proximity of dense populations to the coastline and river, coupled with the generally low coastal elevations, significantly increases our county's vulnerability to the storm surge associated with hurricanes and tropical storms. Since 1933, 25 hurricanes have passed within 100 miles of Duval County.

Our Health Department has 800 employees, 13 clinics, and a budget of $50,000,000. We now have seven people working in emergency preparedness, of which four are funded by county general revenue, and three by grants for terrorism and bioterrorism preparedness. However, all 800 staff have specified roles to play in an emergency and understand they are expected and accountable to fulfill them in any situation in which they are asked to do so. Over the past eight years, we have developed significant partnerships with hospitals, law enforcement, fire rescue, Red Cross, Salvation Army, mental health professionals and various other public and private organizations. We have participated in departmental and county-wide tabletop and functional exercises and provided multiple trainings for internal staff and external partners.

Special Needs Planning

Since Hurricane Andrew struck Florida in 1992, there has been extensive planning to respond to the vulnerability of Floridians with special needs in emergency and disaster situations. Florida law now requires that, in order to meet the special needs of persons who would require assistance during evacuations and sheltering because of physical or mental handicaps, each local emergency management agency maintains a registry of disabled persons located within the jurisdiction of the local agency.

Our definition of a special needs person includes the frail elderly, individuals needing assistance with activities of daily living and/or medication administration, persons on dialysis, individuals needing electricity for treatment and/or oxygen, persons needing wound care, and persons with sensory or mobility impairments. We also consider individuals needing transportation during an evacuation as "special needs."

There are great challenges to ensure a *system* is in place to respond to the predicted and unpredictable needs of these special needs citizens. To name a few:

- Appropriate staffing of shelters with medical personnel, access to medication and oxygen, and availability of dialysis must be assured.
- All hospitals, nursing homes, and assisted living facilities must have generators in place to enable them to provide life-sustaining care during power outages.
- Specific shelters must be equipped with generators to assume responsibility for electrically dependent special needs clients and those who require climate controlled environments

- Special equipment, including appropriate cots, hospital beds, lifts, etc. must be in place to respond and care for the needs of the special needs clients.
- Systems must be in place to track clients entering into the shelters and to follow them upon discharge.
- Nursing and other personnel must be fully trained to assume administrative and clinical management responsibilities.
- A post-event plan must be in place to transfer responsibility from Public Health to other agencies after 3-5 days to allow local health departments to fulfill their other post-event responsibilities, e.g., surveillance, community assessments, outbreak investigation, environmental health responses, medication and vaccination distribution, public information, etc.

In response to these challenges, our Health Department, in collaboration with the City of Jacksonville Emergency Operations Center (EOC), has developed several unique programs and procedures to meet the needs of persons with special needs.

- Persons with special needs are either self-identified through a registration form mailed with their utility bill, usually in late spring, or through identification by public and private sector agencies, home care agencies and physicians. Persons who have been identified are then evaluated by health department nurses to determine their appropriate shelter placement in the event of evacuation.
- A searchable database that includes extensive information about each person in the registry, e.g., their demographics, physicians, pharmacy, home health agency, emergency contact persons in and out of town, permission to search their home,

medications, disabilities, special medical needs, transportation requirements, residence in a surge zone, etc. is maintained. The data base allows us, long before the projected arrival of gale force winds, to determine the number of people needing hospital and special needs shelter placement, and those with specific or non-specific transportation requirements, e.g., ambulance, wheel chair van, car, bus, etc. We then generate a plan for special needs evacuation and transportation and recommend when it should begin.

- An "Adopt-A-Shelter" program was developed in which each hospital in the city has assumed responsibility for staffing, medical supplies, and support of a Special Needs Shelter in the event of an emergency evacuation. This ensures that these shelters are fully staffed during the event, including reserve personnel, and fully stocked with resources. It also precludes the need to go through the process of identifying resources each time an event occurs, and frees-up Health Department staff to fulfill other functions.

- A contract with a medical supply company identifies all resources required to support a special needs shelter, requires them to keep an inventory available at all times, and to deliver these supplies to each shelter prior to them opening. In addition, if post-event plans require shelters to be relocated, the company is expected to transport the supplies between venues.

- A Medical Reserve Corps, that includes 500 physicians, nurses, respiratory therapists, etc., has been established, trained and prepared to support the Department and hospitals.

- Ham operators are present in all shelters to ensure continuity of communications with the Emergency Operations Center and the City and County Government

- There is an 800 MHz radio system that connects public health with the shelters and hospitals to ensure communication linkages with the health system for which the Health Department is accountable. In addition, the Health Department is connected to all Public Safety agencies and the EOC through this system.

Lessons Learned

Over the last several years, a number of lessons have been learned in our community and as a result of Florida's responses to hurricanes. In 1999, Hurricane Floyd, a category 4 storm, posed a severe threat to Florida's entire east coast and prompted the evacuation of millions of residents from South Florida, including Duval County. We learned from Hurricane Floyd to begin evacuation of people with special needs as early as possible and during daylight hours, even if it means some people will eventually be evacuated unnecessarily. The importance of developing a close relationship and trust with the media before the event, and for accurate, frequent and consistent communication with the public cannot be overstated.

From a public policy perspective, we empathized with the plight of the hospitals in New Orleans, as two of Jacksonville's hospitals are located on the river and will flood with a Category 3 hurricane. Their plans call for them to evacuate to higher floors; however, either their generators or their electrical switches are still on the first floor. We strongly recommend that funds be identified to correct such problems in our health care institutions, so that hospitals can continue to provide care throughout all but the worst hurricanes. Providing local communities with flexibility to use the resources that have been allocated through Homeland Security funding would help in this regard.

Since September 11, 2001, the nation has devoted additional resources to public health preparedness. Public health departments, through grants to the states, have been asked to undertake a huge number of new tasks, with funding that is nowhere equal to the expectations. Local health departments have received, on average, about enough money to buy a large pizza for each household in their communities since 9/11. Moreover, we have been asked to "switch gears" regularly in how we spend these modest funds, to address whatever the particular priority of the day may be, be it smallpox or anthrax. This approach is not viable or sustainable.

Perhaps the most important lesson learned from hurricanes Katrina and Rita is that we can't afford to focus on just selected terrorist threats. It is imperative that we develop a public health infrastructure that is capable of addressing all hazards, all of which present challenges in caring for vulnerable older Americans. This requires a strong, sustained effort that focuses on the underpinnings of all disaster preparedness – skilled professional staff, ongoing training and exercising, redundant communications, highly developed disease surveillance and environmental health capabilities, and continued improvement in coordination among all the first responders, hospitals, health care professionals, and volunteers in every community. A national organization, e.g., the National Association of County and City Health Officials (NACCHO) should be used to ensure the distillation of knowledge, distribution of resources, and access to information related to benchmark programs to local health departments occurs to the extent that they can be prepared to meet the needs of communities.

We have a long way to go and are greatly concerned about losing ground once again, if Congress adopts the Administration's proposal to cut the funding for state and local health department preparedness by 14% in FY 2006. We are facing too many threats, from

hurricanes to avian influenza to biological terrorism, to place such a low national priority on improving the nation's local public health system.

Summary Recommendations

The following list of recommendations is provided as a framework and context for ensuring that the critical roles and responsibilities of Public Health can be fulfilled in a systems response to any type of disaster. In particular, Public Health has the lead role in assuring the needs of special needs citizens, including the elderly, are fulfilled in any type of emergency requiring sheltering.

1. Public Health departments are equal partners with Public Safety and other critical agencies in local emergency management systems, and are responsible and accountable for the health and well-being of all citizens, and in particular those with special needs. Although some new federal resources have been received through CDC and HRSA, they have been insufficient to overcome years of neglect of the nation's public health infrastructure. Adequate funding is required to ensure a Public Health infrastructure is in place to meet the challenges local health departments face in their response to disasters.

2. There will never be enough resources in local health departments to support personnel dedicated specifically to disaster responses. As a result, all staff in local health departments must be trained, prepared and expected to respond to all types of emergencies.

3. The response to disasters must be a *systems* response. Local health departments must take the responsibility and be prepared to assume responsibility for the coordination of all elements of the health system's response to disasters, including sheltering of special needs citizens.

4. The infrastructure to support a comprehensive response to the requirements of special needs citizens must be in place, as well as the capacity to ensure its implementation.

5. State laws need to require local jurisdictions to maintain searchable databases of those with special needs, with broad ranging definitions of "special needs."

6. Benchmark programs and innovative approaches to Public Health's response at the local level, including responding to those with special needs, must be disseminated to the 3000 local health departments in the US, and support provided for capacity building. The National Association of County and City Health Officials (NACCHO) is well positioned to assume this role and responsibility.

7. Relationships with all media modalities and outlets must be established prior to the event, with a common understanding of their critical role to be played established.

8. Greater flexibility must be provided to local health departments to use current categorical federal dollars for an all-hazards approach to emergency systems development and to provide infrastructure capacity. Current funding has focused on preparing for specific agents or acts of bioterrorism. It has stymied all-hazards preparedness. We need to ramp up the entire public health infrastructure-trained workforce, communications, all-hazards plans, etc. Only that will give us the flexibility to save the greatest number of lives when disasters hit. In addition, these

resources should also be able to be used to ensure hospitals, dialysis units and other critical health services are able to respond in emergency situations.

9. Different parts of the nation face different threats, and different localities have completely different mixes of resources. There is no "one size fits all" plan or practice to help the elderly and persons with special needs –we have to let local Health Departments, who work in the context of the overall emergency planning system in their jurisdictions, make the best of limited resources by using them to strengthen their capacities systematically. We need to look at what they can do now and then expand that so they can do more for more people. Jumping from one high priority to a different one each year prevents us from making overall sustained progress in improving public health preparedness

We in the Public Health sector are deeply concerned that, just as we are making some progress, a 14% cut in the funds for public health preparedness has been proposed and included in the Continuing Resolution that Congress just passed. There could be no worse time to cut back preparedness funding.

Thank you for holding this hearing and for your support of public health. I'll be happy to respond to any questions you may have.

The CHAIRMAN. Well, Mr. Goldhagen and Ms. Greene, you both are truly to be congratulated for the work you have done in your communities and counties to prepare, particularly for the focus on the seniors, and mental health issues, and special services for people with dementia. It is actually a very remarkable kind of plan you have in place. I guess my question to you is, in your dealings and in your associations with other states and counties, do most have the level of preparation that you have in these Gulf state areas?

Mr. GOLDHAGEN. Well, I would say most definitively in the state of Florida. The reason for that is, quite frankly, a history of how Florida's public health system has been established. That is there are 67 counties. There are around 65 local health departments. The expectation from the state and expectation of the counties are that, in fact, the health departments and the local systems are going to respond. So, then, in the context of a system that is structured like that, the answer is yes. On the other hand, using another state, which I came from, which was Ohio, in Cuyahoga County, as an example, there was the county health department, there was the City of Cleveland's health department, and there were multiple other local health departments.

So part of the answer, recommendations, need to make sure that counties have a coordinated system at the local level that are going to work, and that the agencies responsible have the capacity and the resources to, in fact, do so. I sat in awe and listened to Mr. Bea talk about the structure at the federal level. But ultimately, if it is going to work, the real focus needs to be at ensuring the capacity at the local to respond.

The CHAIRMAN. Florida had four tough hurricanes last year, but the response was—I heard Senator Martinez even speak to it——

Mr. GOLDHAGEN. Remarkable.

The CHAIRMAN [continuing]. Pretty darn good at the local, state and federal level. I think you even commented that FEMA really showed up and got it done. I think that that is a real credit to Florida and to FEMA, and the people who were all concerned.

Ms. Greene, are you familiar with S. 1716 that has to do with 100 percent Medicaid reimbursement for states like yours who are taking in refugees? Are you aware of it, and is that important?

Ms. GREENE. Yes, sir. Oh, it is. My understanding is that Georgia's 1115 Medicaid waiver request has been approved, and it was modeled similar to Texas. I believe Georgia according to FEMA had 40,000 plus heads of households registered from the Gulf states that had come to Georgia. My understanding is we will have a five-month, 100 percent federal matching rate for those people. Many of them have come either into our nursing homes and maybe never needed a nursing home, and now we are moving them into the Medicaid waiver for home and community-based services, the community care services program that we manage. We are very appreciative at that immediate assistance, and it is going to help us out a lot.

The CHAIRMAN. Well, we are going to get it done. I think it is also fair to say, in relationship to Louisiana, that even the best plans can be overwhelmed by natural disasters. Would you agree with that?

Ms. GREENE. I would agree. The advantage, at least for us, is that since we were not a disaster state—we actually had electricity, utilities, cell phone towers—it is much easier to help the displaced individuals. I can imagine lessons learned from the Gulf states is going to be 10-fold, of the ones that I mentioned today just for Georgia.

The CHAIRMAN. Mr. Martinez.

Senator MARTINEZ. Thank you, Mr. Chairman.

I will say that Florida's preparedness today, in great measure, is owed to the failures of Andrew in 1992, when things did not go quite as well. I think a lot was learned there, and I think a lot of those lessons were applied, and equally, I think we need to learn from Katrina, so that we can move forward in a better way.

Dr. Goldhagen, I just want to welcome you. As a fellow Floridian, I am proud to have you here and proud of the work that you all do in Jacksonville. I know Mayor Payton is a great local leader and does a great job as your local leader. You have had a good heritage of good mayors in the City of Jacksonville, which I know makes a big part of your ability to do what you do in your department.

I was going to ask you about specifically what areas where you feel there is need for flexibility, if you could be a little more specific so that I can maybe be more helpful and more responsive. I am very sensitive, coming from local government, about assistance that come from gifts with strings attached to such an extent that it, perhaps, makes it unusable for the needs that you have. Particularly as it relates to emergency response, we have to make sure that we take away constrains to the flexibility that local governments will need as they attempt to deal with emergencies.

Can you be specific with that?

Mr. GOLDHAGEN. Sure. I can give you actually a wonderful example that certainly the disaster in New Orleans identified for us.

Jacksonville, for those of you who do not know, is just an absolutely beautiful city situated on the ocean, but also having a river that runs through it, the St. John's River. We have two of our largest hospitals, actually, on the river, Baptist and St. Vincent's hospitals. They have their generators on the level of the river, and all of their electrical equipment and switches, as an example are basically at that level too. So, in fact, in a situation where you want to evacuate vertically, or move people up as opposed to moving them out, that would not be possible in this situation.

The HRSA dollars that are coming to Jacksonville do not allow us to invest putting ancillary, auxiliary generators up high enough to allow them then to evacuate vertically, which would eliminate the kind of problems that we saw happening in the hospitals in New Orleans. That would be one very specific example of how we would use the federal dollars in a different way if we were allowed to, in fact, use those dollars in that context.

Now, one might say that it should be the responsibility of the hospitals. The hospital systems are under significant distress in some respects. There is not the resources necessarily in the hospitals to actually do that, or with some additional dollars, that we would be able to do that.

That would be an example of how we would use the dollars that are coming from the federal government if, in fact, we have flexi-

bility. Most of the dollars coming through Homeland Security, through HRSA CDC, come with strings attached to focus very specifically on bioterrorism and terrorism events. In fact, what we need to do is to be able to use those dollars in an all-hazards approach so that, in fact, we are as prepared to deal with a hurricane again as we are to deal with whether it is a radiological or biological event.

Senator MARTINEZ. Thank you.

One of the really egregious examples of failures in New Orleans is the issue of the nursing homes that, perhaps, or obviously, were not timely evacuated or evacuated at all. How does Duval—and I'll take it on to Georgia as well, ask both of you to address. How do you deal with these vulnerable populations that you know are in situations where they are going to be totally dependent? How do you deal with them in terms if evacuations are necessary and providing for a better situation if they need to be evacuated?

Ms. GREENE. I think, obviously, the key is communication. We have heard several times that as much communication that you can do in advance is beneficial. I know we require, through our Office of Regulatory Services, that they have emergency plans. Those are checked on to see that they are in place. But if they do not heed the warnings early—because we know that with older people and people with disabilities, you are going to need a little bit more time to help them move. Helping them to move, you also have all of their wheelchairs, their walkers, their medicines, and their records that would be helpful to go with them. So time is of the essence in that pre-planning, and that communication is essential.

Mr. GOLDHAGEN. I would agree. But I would like to just comment on the issue of double counting. I am not exactly sure what that meant. But, again, I think it really focuses the issue on the capacity of local government to respond.

When we actually evacuated the beaches last year for one of the hurricanes, it became very clear that the ambulance companies—if this is what you meant by double counting—had multiple contracts, all with different facilities, including the hospital and so on. What we were able to do was take over the system.

We then stepped in—the health department, the ESFA, took over the system, took over the ambulance, triaged the ambulance, got the hospital—which we have one at the beaches—evacuated early, and then assured that the system was in place to orderly evacuate each of the nursing homes that needed to be evacuated.

Without a strong local health system, nobody could have walked in and taken over the actual function of the ambulance services to ensure that, in fact, there was a coordinated approach to what needed to happen. So, again, it comes back to emphasize the critical role, both predictable as well as unpredictable. We had not predicted that, in fact, the local ambulance companies had multiple contracts with the same people to do the same thing, but because a system was in place, we assumed that responsibility.

Senator MARTINEZ. In those instances, though, where the beach was evacuated, how far in advance was that carried out, whose decision was it to evacuate, and who executed the decision to evacuate?

Mr. GOLDHAGEN. Well, the way the system works, it is the mayor's decision. We meet as an executive group, which is probably 30 to 40 people.

Senator MARTINEZ. The EOC?

Mr. GOLDHAGEN. At the Emergency Operation Center, right, which 12 years ago was one room with three telephones, and today is an extremely sophisticated, high-tech center. We meet. The mayor makes the decision. There is a complex set of formulas that go into exactly how long in advance we should be getting the evacuation. We routinely argue for starting 6 to 12 hours before the Emergency Operation Center is willing to start, and we go through that discussion and tension, and a decision is made when to do it. Then the emergency service functions go into place, and we work in a coordinated way, with all of us sitting around in the same facility.

Senator MARTINEZ. Those are all functions of the local officials.

Mr. GOLDHAGEN. Yes.

Senator MARTINEZ. My experience in Orange County was that we pretty much made those decisions and carried them out ourselves.

Mr. GOLDHAGEN. Yes.

Ms. GREENE. It is similar in Georgia and also with the role of public health, which I value and support. We have provisions in Georgia statute for public health to also step up to the plate and take control if it is not working out, similar to how he was describing it. So my hat is off to the first responders. At times, people have said, should the aging network be the first responder. We are seeing the bulk of our work now, after the crisis. We did not necessarily need to be there with the first responders. Our work is more now.

Senator MARTINEZ. It is the long-term recovery and the issues that come from that.

Ms. GREENE. Absolutely.

Senator MARTINEZ. Thank you both very much.

Mr. GOLDHAGEN. Thank you for the opportunity.

The CHAIRMAN. To the incident Senator Martinez raised, where healthcare providers and responders literally abandoned hundreds of elderly people to die, and they died, I wonder if part of your calculation now is to work with those providers on their own plans for how to take care of their individual and family needs without abandoning the vulnerable population.

Is that a new calculation in preparedness; that you have to know who your responders are and what their back bone is going to be in the event of these kinds of catastrophes?

Mr. GOLDHAGEN. Well, that is not an issue for us, primarily because we work extensively with the medical society, as an example. When we evacuate a hospital, the physician orders go with the patient. We have worked on creating actually bilateral agreements with nurses so, in fact, with the hospitals, to allow nurses from one hospital to actually follow with the patients to another hospital, and have worked through all the legal issues related to that, so that if one hospital is evacuated, the nursing staff goes at that entity.

Again, in our database system, we have the information as to who the doctors are, and have worked with the hospitals, as well

as the medical society, to ensure that, in fact, that is not an issue for us. When we need the physicians, they are able to evacuate with their families, so that we care for the families as well as them, if they are involved with the emergency response.

The CHAIRMAN. That is very good news. Duval County is lucky. I hope every county prepares in the future the way you have. Of all the tragedy in this Katrina episode, I think the most disgraceful was the abandonment of these elderly people to die. I mean, I do not know how that happens in the 21st century, but it did.

Thank you both for your presence here. It has been wonderful, the contribution you have made to our hearing today. With that, we thank you, and we will call up our third and final panel.

The CHAIRMAN. Panel 3 will consist of Ms. Leigh Wade, who is the executive director of the Area Agency on Aging in Southwest Florida. She will discuss the role of area agencies on aging during a disaster. Her experience during past hurricanes have led her to work more closely with communities in developing disaster preparedness plans.

We will also have Dr. Carolyn S. Wilken. She is an associate professor in family science, and a cooperative extension specialist in the area of gerontology at the University of Florida. Dr. Wilken is here today to discuss communication and transportation issues that older Americans face during these disasters.

Finally, Susan Waltman is the senior vice president and general counsel at the Greater New York Hospital Association. Ms. Waltman is here to discuss her role as a healthcare representative in New York City's Emergency Operation Center, EOC, during a disaster, and how she identifies and coordinates responses to healthcare emergencies.

We thank you all for being here.

I suppose, Susan, maybe there is a slant you can give, not a natural disaster, but on a human cause disaster like 9/11 certainly presented your city with.

Why don't we start with Ms. Wade.

STATEMENT OF LEIGH E. WADE, EXECUTIVE DIRECTOR, AREA AGENCY ON AGING OF SOUTHWEST FLORIDA, INC., FORT MYERS, FL

Ms. WADE. Good morning, Chairman Smith. Thank you for this opportunity to present today.

My name is Leigh Wade, and I am the executive director of the Area Agency on Aging for Southwest Florida, Inc., which is based in Fort Myers, FL. Today, I also speak on behalf of the National Associations of Area Agencies on Aging, or N4A, which champions the interest of the nation's 650 area agencies on aging, or AAAs, and 240 Title VI Native American aging programs.

The human suffering caused by Hurricanes Katrina and Rita will linger in the American consciousness for years to come. Older adults were particular hard hit by these disasters. We will not soon forget the images of the frail, older women, 80 and 90 years old, who were air lifted to safety, or diabetic seniors unable to access proper medical care in an overwhelmed shelter. Our hearts go out to our friends on the Gulf Coast. Having lived through many Flor-

ida hurricanes, I have some idea of what they are going through and what lies ahead.

In 2004, the AAA of Southwest Florida had the misfortune of bearing the brunt of three separate hurricanes in a little over a month's time when Hurricanes Charley, Frances and Jean hit in rapid succession. Today, more than a year later, older adults in my area are still struggling to recover.

Fortunately, we had a disaster plan that we put into action early on. We called the local older adults to inform them of Charley's approach, and to warn them, they may have to evacuate from their homes.

During the hurricanes, our agency assessed and responded to the needs of affected seniors. Working side by side with aging service providers in the most severely affected communities, we focused on delivering meals, water and ice to older adults. Our agency staff helped arrange transportation for the older adults to the special needs shelters and worked at disaster recovery centers.

We had help from some federal, state and local agencies. Assistant Secretary on Aging, Josefina Carbonell, visited the devastated areas within three days after the hurricanes hit, and offered the Administration on Aging funding, assistance, and coordination. On the other hand, another federal agency did not figure out that we could help them assist older adults until two months after the first hurricane hit.

The services we provided exhausted our Older Americans Act Disaster Funding of $4.3 million. We had to cease accepting applications and have over 100 applications still pending. We are still receiving calls on a daily basis for more assistance. We found through our hurricane experiences that older adults have distinct needs that present challenges to community-wide emergency planning and response. Every stage of an emergency needs to be handled differently when dealing with frail, older adults during evacuation, at the emergency shelters, and when returning to the communities.

There are many challenges in transporting older adults in providing appropriate health services and nutrition; in meeting the needs of people with special conditions, such as hearing loss and dementia; in handling emotional issues, which can be complicated by separation from loved ones and caregivers; and in protecting people from those people who would prey upon older adults. By definition, disasters and other emergencies reduce any agency's capacity to continue business as usual. However, if properly supported, area agencies can plan a key role in disaster preparedness.

I can think of at least three major areas where AAAs experiences and resources could be of service.

First, organizing safe and accessible transportation is critical. AAAs have a wealth of experience in working with community transportation authorities and providers through our assisted transportation programs.

Second, finding appropriate temporary housing for older adults is another major challenge. In Southwest Florida, many long-term care facilities were closed permanently or for a long period of time. AAAs can assist in assessing the needs of older adults for housing assistance as well as connecting them to other needed services.

Third, providing continuity of services to older evacuees as they move from shelters to other temporary housing has also been a significant challenge; one of my own personal pet peeves. Our agency had difficulty locating older adults who needed gap-filling services due to regulations that prevented FEMA from disclosing their new location once they had moved from the shelters to the temporary housing in FEMA cities. AAAs need to have access to older adults to ensure that they get the services they need.

To effectively assist older adults during times of crisis, I join with N4A in offering you the following recommendations, which are detailed in my written testimony. In order to succeed as a first responder to older adults, AAAs must have better access to decision-makers; be directly involved in long-range planning; be at the table in order to coordinate services and have adequate resources, technology and communication tools to respond to older adults needs.

Not only do AAAs need to be at the table when federal, state and local governments draft their emergency plans, we also need to take the lead in helping county and city governments adequately prepare for the aging of the population and the dramatic effect it will have on our nation. N4A has proposed establishing a new title in the Older Americans Act that would support AAAs and Title VI Native American aging programs to do just this. I hope you will support this new title when the Older Americans Act is up for reauthorization next year.

The CHAIRMAN. Since you asked me to, I will.

Ms. WADE. All right. Thank you very much. I sure do appreciate it. I am going to count on that.

Thank you for holding today's hearing to call attention to the special needs of America's seniors in disaster. I would be happy to answer any questions you might have.

[The prepared statement of Ms. Wade follows:]

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TESTIMONY OF

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REPRESENTING

The National Association of Area Agencies on Aging

BEFORE THE

U.S. Senate Special Committee on Aging

"Preparing Early, Acting Quickly:
Meeting the Needs of Older Americans During Disasters"

October 5, 2005, 10:30 a.m.
216 Hart Senate Office Building
Washington, D.C.

Chairman Smith, Ranking Member Kohl, and distinguished members of the Committee, my name is Leigh Wade. I am the Executive Director of the Area Agency on Aging of Southwest Florida, Inc. based in Fort Myers, Florida. I am here today representing the National Association of Area Agencies on Aging (n4a), which represents our nation's 650 Area Agencies on Aging (AAAs) and is the champion in Washington, D.C. for the interests of 240 Title VI Native American aging programs.

I want to thank the Committee for inviting me here today to testify on how older Americans can best be served in advance of, during and after a disaster or emergency.

The human suffering caused by Hurricanes Katrina and Rita will linger in the American consciousness for years to come. Older adults were particularly hard hit by these disasters. We won't soon forget the images of frail women in their 80s and 90s airlifted to safety, or diabetic seniors unable to access proper medical care in an overwhelmed shelter. The loss of life is heartbreaking and staggering. It was devastating to witness elderly citizens who could not be reached by first responders; evacuated older adults killed in a bus explosion as Rita was heading toward Texas; and frail seniors abandoned and left to drown in nursing homes.

Our hearts go out to our friends in the Gulf Coast. Having lived through many Florida hurricanes, I have some idea of what they are going through and what lies ahead. Hurricanes in the Gulf Coast, wildfires in Arizona, floods in Tennessee, blizzards in Minnesota — it seems as if most of the nation has faced a natural disaster of some proportion in recent years. In natural and other disasters, older adults face more challenges, have greater needs, and require specialized attention in order to survive.

Surviving Charley, Frances, Ivan and Jeanne: How the Southwestern Florida AAA Responded to a Series of Disasters

In 2004, the AAA of Southwest Florida, which serves a seven county area in Florida consisting of Charlotte, Collier, Desoto, Glades, Hendry, Lee and Sarasota Counties, had the misfortune of bearing the brunt of four separate hurricanes in a little over a month. Hurricanes Charley, Frances, Ivan and Jeanne, which hit in rapid succession on August 13, September 3, September 13 and September 24, were devastating to Southwest Florida. Over 65 percent of the homes in Desoto County alone received major damage. Today, more than a year later, the communities in my area are still struggling to recover.

Fortunately, in our area, we had a disaster plan. Even though initial predictions were that hurricane Charley would not hit our area, we put our disaster plan into action early on. We called local older adults to inform them of the storm's approach and to warn them of the possibility that they might have to evacuate their homes. As a result, when the time came to evacuate more than 24 hours in advance of Charley's arrival, these older adults were prepared.

It is critical that AAAs provide older adults in the community with the early warning they need to evacuate. AAAs must also make the necessary follow-up to ensure that older adults, particularly those who are homebound and dependent on support services, have the assistance they need to evacuate.

During the hurricanes, our agency worked with other local, state and federal agencies to assess the damage and respond to the needs of affected older adults. Working side by side with aging service providers in the most severely affected communities we focused on delivering meals, water and ice to older adults. Our agency staff helped transport older adults to Special Needs

Shelters and worked at Disaster Recovery Centers throughout the hurricane season to assist them in obtaining needed services.

Since the hurricanes, our agency has provided:

- 32,000 shelf-stable meals to older adult consumers;
- food replacement assistance to 475 consumers (including $150 gift cards for food lost after the hurricanes);
- material aid assistance to 3,345 consumers;
- home repair assistance to 343 consumers; and
- first aid assistance to 121 consumers.

In providing these services, we have exhausted our Older Americans Act disaster assistance funding (totaling $4.3 million), as well as an additional $500,000 in emergency relief funds received from other sources. As a result, we had to cease accepting applications for assistance, even though more than a hundred applications are pending and older adults still request assistance daily.

No Ordinary Population: The Special Needs of Older Adults in Disasters

We found through our hurricane experiences, and what other communities across the nation that have had to cope with disasters know as well, that older adults have distinct needs that present challenges to community-wide emergency planning and response. Every stage of an emergency — during evacuation, at emergency shelters or when returning to the community — needs to be handled differently when dealing with frail, older adults.

Activities of daily living (ADL) are one measure of older adults' ability to care for themselves without support. One study found that 27.3 percent of community-resident Medicare recipients had difficulty performing one or more ADL; that number rose to 93.3 percent among Medicare beneficiaries in institutional care settings. In normal times, the need to provide community support to older adults is indicated, in part, by their inability to perform ADLs. That need is exacerbated in times of emergency.

To address the needs of older adults in times of disasters, a number of unique circumstances must be taken into account. These include the particular challenges of transporting older adults; providing appropriate health services and nutrition; meeting the special needs of people with limiting conditions such as hearing loss and dementia; emotional issues, complicated by separation from loved ones and caregivers; and a particular vulnerability to those who prey on older adults. I will briefly address each of these factors.

In anticipation of a disaster, seniors in nursing homes or assisted living facilities cannot necessarily travel long distances to take shelter with family, in hotels or in community centers. Even when a safe and appropriate shelter has been identified, an older person may face extreme difficulty traveling to a safe haven.

Planners need to understand the mobility and health needs of older people: the use of canes, walkers, wheelchairs or other assistive devices must be taken into consideration. Medical equipment such as oxygen tanks may be non-negotiable to someone with a chronic condition or other serious health concerns. And, as we have just seen, this equipment may require special precautions during transport. Ensuring access to medication is obviously a top priority, yet it can be difficult to achieve for both individuals and organizations amid the disruption of a disaster or emergency.

Older people are more likely to have chronic medical conditions that require prescription drugs. If in an emergency situation an older adult cannot access their medications, then they are at risk of experiencing another, more personal, health crisis. And while this population is at heightened nutritional risk, emergency food supplies such as Meals-Ready-to-Eat are not ideal in portion size, caloric value or texture to be useful to a wide range of older individuals.

During a crisis, seniors may not receive the health supports and services they need to survive. Their needs are too complex, serious and individualized to be treated with the "one size fits all" approach that shelters and relief organizations are able to offer. Volunteers and workers unfamiliar with older adults' needs may not recognize or know how to deal with important signals about the senior's state of mind and body. Addressing the needs of those with chronic conditions and dementia become particularly difficult in a disaster situation.

For example, an older adult with a less acute sense of hearing may not understand instructions in a noisy, crowded environment. A person with dementia may become combative when being removed from his or her home. While few people of any age relish evacuation or the community shelter experience, older adults may feel particularly vulnerable, confused and traumatized by the situation.

The very process of leaving one's home can be especially hard on frail older persons; this so-called "transfer trauma" can lead to illness or death. The "multiple loss effect" can also affect older adults' response to crisis. For someone who has already suffered multiple losses (of spouse, income, home or physical capabilities), the added loss from a disaster can make recovery more difficult and impair an older adult's ability to manage the chaos both during and after the immediate crisis.

All of these special needs are intensified when an older adult is separated from his or her caregiver. During a crisis, the family, friends, neighbors or paid staff who have been assisting an older person may not be able to continue in that role, leaving the care recipient in jeopardy. Without the supports of a caregiver, he or she may experience extreme emotional stress, physical health deterioration, a lack of access to proper food or shelter, and other dangerous outcomes.

After the initial disaster, life rarely returns to normal. Family and friends may take on new caregiving roles for an older person displaced by the disaster, often adding tremendous strain to an already difficult situation. Many caregivers are themselves older Americans, caring for aged parents or ailing spouses, and the stress of the disaster may be more than they can handle.

As in the general population, cultural, religious and language barriers arise when providing care to older adults. Additionally, generational differences may occur. The range of responses to offers of assistance may be driven, in part, by one's age and life experiences. AAAs serve adults over age 60; the needs of a 62-year-old married couple may differ greatly from an 88-year-old widow's, as may their comfort with accepting help.

Our experience has also shown that it is more difficult for older adults to reconstruct their lives after a disaster — and in fact, some never do. One of the reasons for this is that older people are slower to register for disaster assistance. Older adults process the crisis at a different pace, may be less willing to ask for help until it is absolutely necessary, and may have difficulty getting to or standing in line at centralized assistance locations. When assistance centers end their operations after what appears to be a reasonable amount of time, it may in fact be far too early

for older adults who have not had the opportunity to fully assess their needs and access services.

As the disaster wanes, new concerns arise for older adults. Fraudulent contractors or scam artists move in, looking to financially exploit survivors. Older people may be susceptible to physical or mental abuse by family or other caregivers, as new living arrangements, the stress of the crisis, or other factors make them more vulnerable. My agency experienced a significant increase in domestic abuse reports among our clients in the months following last year's hurricanes.

Key Challenges

By definition, disasters and other emergencies reduce any agency's capacity to conduct business as usual. The rest of my testimony will address the key role that AAAs can play, if supported, in disaster preparedness. In order to succeed as a "first responder" for older adults, the aging network must have better access to decision-makers, be directly involved in long-range planning, be at the table in order to coordinate services, and have adequate resources and technology and communication tools to adequately respond to older adults' needs.

First, I would like to turn to three major challenges presented in evacuating older adults and providing support services at shelters and temporary housing. As we have seen with the recent hurricanes in the Gulf Coast, special needs must be considered when moving older adults and persons with disabilities from long-term care facilities and assisted living centers.

Organizing safe and accessible transportation is critical and AAAs can play an important role in organizing transportation for older adults during disasters. They have a wealth of experience in

working with community transportation authorities and providers through their assisted transportation programs.

Finding appropriate temporary housing for older adults is another major challenge. In Southwest Florida many long-term care facilities and assisted living centers were closed permanently or for an extended period of time after the hurricanes. A major problem in Louisiana during hurricane Rita was that there was a large number of long-term care facility residents who had to be relocated, but many of the facilities in the northern part of the state were already filled with evacuees from Katrina. AAAs can assist in assessing the needs of older adults for housing assistance, as well as connecting them to other needed services.

Providing continuity of services to older evacuees as they move from shelters to other temporary housing has also been a significant challenge. Our agency had difficulty locating older adults who needed gap-filling services due to regulations that prevented the Federal Emergency Management Agency (FEMA) from disclosing their new location once they had moved from the shelters to temporary housing in the FEMA cities. AAAs need to have access to older adults in order to ensure that they get the services that they need.

Recommendations

To effectively assist older adults during times of crisis, I join with n4a in offering you the following recommendations. The recommendations encompass five areas: 1) long-range planning; 2) coordination; 3) communications and technology; 4) resources; and 5) review and assessment.

Long-range planning is undoubtedly the most important component of emergency preparedness, and the success or failure of such planning will affect every subsequent step in disaster response efforts.

AAAs must be at the table when federal, state and local governments draft emergency plans. We represent a vulnerable population whose special needs are not always appropriately supported in times of crisis. We have a lot to offer in emergency situations, including access to qualified staff, supplies and other resources, and direct ties within our communities. Emergency and relief personnel should be prepared and directed to work in concert with AAA staff and volunteers so that older adults are provided appropriate, flexible and responsive assistance. This cannot happen unless AAAs are directly involved in the long-range disaster planning process.

Long-range planning must involve strategies for different types of disasters, e.g., natural disasters, acts of terrorism, transportation accidents, power shortages and others that may arise. In addition, the full range of AAA services such as information and referral assistance, nutrition programs, in-home services, senior centers, transportation, and volunteers need to be considered in the planning process and included in disaster response plans.

Second only to long-range planning is coordination. The aging network excels at coordinating care for older adults because it allows for effective coordination among federal, state, and local aging entities. **In times of crisis, AAAs need to be directly involved in the coordination of emergency response agencies, relief organizations, governments or any other institution tasked with disaster relief service delivery.** Being involved in long-range planning will formalize our role in the disaster response, but coordination is critical once disaster strikes.

One way that the Southwest Florida aging network stayed in touch during last year's hurricanes was through a daily conference call involving service providers in all of the affected areas. Through this single action, the group learned about recovery efforts in each area, what worked, and what didn't, and what assistance was still needed. The least affected areas were able to offer volunteer assistance, coordinate resources and develop a plan for the next day's activities. The calls also helped to provide needed support to service providers, preventing them from feeling overwhelmed or alone during a difficult time.

Outside the aging network, however, it can be difficult for AAAs to initiate coordination efforts. From talking to my colleagues at other AAAs around the country, I can tell you that while there is variation by region and county, AAAs often encounter road blocks when trying to coordinate our missions with those of relief organizations or federal government agencies. Given the nature of varying organizations' structures and mandates, combined with the urgency and dangerous conditions that follow a disaster, this is not surprising. But better coordination between AAAs and relief organizations working on the ground would dramatically improve outcomes for older victims of disasters. Our staff members and service providers know the community, they know the residents, and they know how to help. When it appears that a disaster may strike, our agencies can share information with federal and state governments about the concentration of older adults, the homebound population, nutrition sites and adult day-care locations in our community.

Without coordination, inefficiency and chaos create problems for the older population. For example, last year in my region, AAA caseworkers were turned away from temporary housing sites where some of our clients resided. Regulations prohibited our caseworkers from reaching the very people who most needed their assistance. We need to remove barriers that prevent the AAAs' full participation in disaster relief efforts. Furthermore, to better coordinate evacuation

plans, AAAs need to develop contingency plans in coordination with local officials for moving older adults with special needs, such as the visually impaired, hard of hearing, or those with limited mobility, and individuals who require emergency supplies or medication.

Communications and technology are critical to effectively responding in times of emergency. **AAAs should have functional plans and the necessary communication technology to adequately respond to emergencies and disasters.** Those plans should include a predetermined "phone tree" and "redundancy" communications plan, so that they know when and how to notify staff, older adults and volunteers of emergency situations. The written communications plans should have current contact information for all key agencies, including fire department, police, ambulance, hospital emergency rooms and local emergency management offices. Because it will be particularly challenging for AAAs to identify where the most vulnerable older adults reside if agency offices and files become inaccessible in a disaster, a back-up system equipped to handle such scenarios is critical.

Since regular phone lines are often unreliable during disasters, every AAA should have multiple forms of communication. Satellite phones, wireless Internet access, Blackberries or other hand-held devices, and two-way communications equipment can be essential to maintaining open communications during disasters. However, communication technology must be compatible with equipment used by other local response agencies.

Obtaining adequate resources in a timely manner has been a barrier to effective emergency planning and coordination, and consequently to responding to the needs of the aging community during disasters. **AAAs need federal, state and local government financial assistance in order to actively participate in long-range emergency planning and to put in**

place the communications infrastructure required to better respond to the needs of older adults during disasters.

The demographic shift resulting from the aging of the baby boomers reinforces the need for communities of all sizes to begin to address a range of community planning issues that will have a direct impact on the aging population. To help facilitate communities' overall preparedness to meet the needs of the growing aging population, n4a has proposed establishing a new title in the Older Americans Act that would support AAAs and Title VI Native American aging programs in helping county and city governments adequately prepare for the changing demographics.

AAAs and Title VI Native American aging programs have a mandated role in the Older Americans Act to create multi-year plans for the development of comprehensive community-based services to meet the needs of older adults. As such, they are uniquely positioned to coordinate with other local agencies to address the specific challenges of meeting the needs of older adults in the areas of transportation, housing, workforce development, public safety and disaster preparedness.

To do this we need increased support at the AAA level and the U.S. Administration on Aging (AoA) needs support at the federal level. n4a and I want to commend AoA Assistant Secretary Josefina Carbonell and her staff for their immediate "on the ground" support in Florida last year and the Gulf Coast this year. However, AoA has limited disaster funds, the distribution of which is complicated by the timing of the federal government's fiscal year. For example, the AoA disaster assistance funds for hurricane Charley, which hit in late August, were quickly exhausted once they were finally made available in January. Additionally, FEMA funds, which came through the state, were also slow and delayed payments to local providers for six months. To the degree that federal funding requirements can be streamlined to allow AoA and FEMA to

more quickly distribute funds to state and local aging agencies, it would enable us to more easily obtain services from local provider organizations and secure critical relief supplies for older adults.

Finally, AAAs need to be involved in the review and assessment process. To capture the true impact of a disaster on a community and to improve plans for the future, the aging network must once again be at the table. In Florida, we are still working with some clients on recovery assistance–related issues over a year later, so a truly final assessment cannot be done. But the lessons we learned from the 2004 hurricanes have already influenced our future emergency preparedness plan, helping us to improve our planning and response for when the next disaster strikes.

Thank you, Mr. Chairman, for holding today's hearing to call attention to the special needs of America's seniors as the nation examines how to enhance federal, state and local disaster preparedness efforts. I would be happy to answer any questions you may have.

The CHAIRMAN. Thank you, Leigh Wade.

Carolyn Wilken.

STATEMENT OF CAROLYN S. WILKEN, PH.D. M.P.H., ASSOCIATE PROFESSOR AND COOPERATIVE EXTENSION SPECIALIST, UNIVERSITY OF FLORIDA, GAINESVILLE, FL

Ms. WILKEN. Good morning, Chairman Smith.

The CHAIRMAN. Good morning.

Ms. WILKEN. Thank you for the opportunity to speak with you. I have provided detailed written testimony as well as this presentation.

News of the hurricane, flood, wild fire, or other natural disaster can cause anyone to worry, but such disasters create special challenges for older adults. While some older adults can react quickly and independently to an emergency, others who are frail, ill, alone, or institutionalized are at serious risks of injury or death when disaster strikes. In fact, we know that in natural disasters, the elderly comprise more than 50 percent of all fatalities. We also know that in times of disaster, older adults respond differently than the general population. Older adults possess a very strong sense of independence and self-reliance accompanied by reluctance to accept help and a strong, if not overwhelming, attachment to their homes.

A nurse who provided emergency care in Mississippi during Hurricane Katrina said it this way. "Seniors are very attached to their homes. Their possessions, or even the place where their possessions remain, often take on such a special significance that it is impossible to coax them into evacuation."

This is more than hanging on to things. This is about hanging on to memories and the accomplishments of their lives. Sometimes it is the substance of what they have to remind them of who they were and who they are. But in spite of their hesitancy to leave their homes, sometimes older adults must evacuate. When that happens, many must rely on professionals to provide transportation to safety, yet older adults may be afraid of the transportation process. They worry that they cannot climb on to the bus, or that it will not stop in time for them to get to the bathroom, or because they do not know where the bus is taking them or how they will get back home.

Older Floridians and service providers have had too many opportunities to learn about disasters. If experience is the best teacher, then Florida has been an attentive student.

Let me describe two successful programs, and there are many others.

Notice how their successful transportation and evacuation relied on ongoing communication at all levels. In the Florida Keys, a basic understanding of the needs of older adults—particularly their needs for independence and personal responsibility—pre-planning, and personal communication were central to the successful evacuation of older adults. In the Keys, older adults were invited to put their names on a registry—and several people have discussed registries today—so that they could be contacted in the event of an evacuation. When they registered, their physical and transportation needs, among other things, were assessed. This information allowed emergency planners to prearrange transportation, and ap-

propriate modes of transportation; buses for the less frail, for example, and a fleet of ambulances from South Florida to transport those with complex medical needs, such as continuous flow oxygen, IVs, and critical medications.

As the hurricane formed, older Americans on the registry were contacted by phone to assess their evacuation plans and transportation needs. A minimum of three follow-up phone calls were made to assure that each person was given the opportunity to evacuate. Individuals were told how they would be transported—by a bus or ambulance—where they could be taken, and how they would return to their homes.

In Seminole County, law enforcement officers traveled door to door to reach people on the sheriff's registry of persons in need of special assistance. At the same time, senior volunteers from RSVP make phone calls to reassure older adults and to answer specific questions concerning transportation and the evacuation process. In both situations, understanding and respecting the lives and the concerns of older adults, preplanning for appropriate and sufficient transportation, and personal communication were central to the successful evacuation of older adults. Effective disaster response requires consistent communication at the local, state, and most importantly at the individual personal level.

Personal education at a time that is appropriate, and in a method that is appropriate, is the most powerful tool for preparation for disaster. Cooperative extension service, the outreach arm of the land grant universities, such as University of Florida, and the Department of Elder Affairs in Florida, communicate with older adults through written publications such as the EDIS facts sheets, preparing for disaster after the hurricanes have gone, and the Florida Elder Affairs Publication Disaster Preparedness Guide. Written materials provide elders with the information they need to make informed, independent decisions concerning disasters.

Personal communications with older adults requires training. The fact sheet, Stop, Look and Listen, teaches communication for one-to-one settings, while another fact sheet, Designing Educational Programs for Older Adults, focuses on communicating with groups in settings such as disaster recovery centers. I have provided you with copies of these materials.

It is time to develop a national disaster plan that reflects and responds to the specific needs and concerns of older Americans. My colleagues in Cooperative Extension in the Florida Department of Elder Affairs would like to respectfully recommend that a coastal states coalition of professionals and disaster-experienced adults conduct a best practices conference to prepare the nation to help older Americans prepare to act quickly in the face of disaster.

The final product of this conference would be an array of written materials and an interactive, multi-language web site that would be assessed by disaster planners and older Americans themselves. The long-term outcome of this conference would hopefully be to reduce the number of deaths and injuries suffered by older Americans during disaster.

Thank you for the opportunity to testify at this hearing. I would be more than happy to answer your questions today or to follow up

with additional information at the completion of today's proceedings.

[The prepared statement of Ms. Wilken follows:]

PREPARED STATEMENT OF

Carolyn S. Wilken, Ph.D., M.P.H.

Associate Professor and Cooperative Extension Specialist

University of Florida

on

Preparing Early, Acting Quickly:

Meeting the Needs of Older Americans During a Disaster

Before the

SENATE SPECIAL COMMITTEE ON AGING

Washington, D.C.

October 5, 2005

I. Introduction

Good morning Chairman Smith, Ranking Member Kohl, and members of the Special Committee on Aging. I want to thank you for the opportunity to testify before this esteemed committee. My name is Carolyn Wilken and I am an associate professor and Cooperative Extension specialist in gerontology at the University of Florida. It is in my role as a specialist with the Florida Cooperative Extension Service that I speak to you today. The Cooperative Extension Service (CES) is a partnership between land grant universities such as the University of Florida (http://ifas.ufl.edu), the United States Department of Agriculture-Cooperative State Research Extension and Education Service (CSREES) (http://www.csrees.usda.gov/), and county governments. CES federal, state and county partnerships exists in all states and U.S. territories. The mission of Cooperative Extension is to provide scientific knowledge and expertise to the public through non-resident educational programs. The Florida Extension Service is positioned within the Institute of Food and Agricultural Sciences, or IFAS at the University of Florida (http://ifas.ufl.edu) and serves each of the state's 67 counties by providing information and conducting educational programs on issues that affect the daily lives of Floridians, including hurricane preparedness and recovery.

II. Disasters Disproportionately Impact Older Americans

News that a hurricane, flood, wildfire or other natural disaster, as well as concerns about a terrorist attack can cause anyone to worry, but such disasters create special challenges for older adults. While 'younger' older adults and those who have strong family support system can evaluate an emergency situation and react quickly and independently; others who are older, frail, ill, confused, alone, or institutionalized are at

serious risk of injury or death when disaster strikes. In fact, we know that in previous national disasters such as floods, hurricanes, tornadoes and earthquakes, the elderly comprise more than fifty-percent of all fatalities.

Many of these fatalities can be directly linked to various chronic and acute medical concerns or the direct impact of the disaster itself. These deaths, while tragic have an underlying and understandable cause: "in the midst of the chaos she forgot to take her medicine, her blood pressure shot up and she suffered a fatal stroke", "they were killed when they came in contact with a downed power line", or "she died because she didn't have a ride to the evacuation center and couldn't walk that far in the flood waters."

Yet we also know that far too many older Americans die for reasons that are not clearly evident or easily understood. Although the research into older adults and disasters is limited, anecdotal reports suggest that in times of disaster older adults, particularly the very old, tend to respond differently to disasters than the general population. In lieu of the fact that we are anticipating the aging of the baby boomer generation, the needs to address these issues are only going to grow.

III. Life-Views of Older Adults

Since published empirical studies of older adults and disasters are limited, we can begin to understand their responses to disasters by exploring how they respond to other types of crises such as serious illness. This can provide us with a basic understanding from which to begin building age-sensitive communication and evacuation strategies.

This generation of older adults recently referred to as the *Greatest Generation*, possess a strong sense of independence and self-reliance accompanied by a reluctance to accept help. Many attach a stigma to government assistance, relating it to welfare. They

have experienced multiple losses in their lives;–the deaths of spouses, friends, and sometimes children. As a result, the possibility of losing one's home and the memories attached to it may be more than they want to bear. Many older adults have lived in the same place for many years and feel a strong attachment to their homes, particularly in times of stress. During life-ending illnesses, they turn to hospice to help them die at home, surrounded by their memories, and the people and things they love.

Older adults also express what some would consider fatalistic views of life. In times of serious illness older adults talk openly about death and may use the same language when faced with a disaster. These feelings are expressed in statements such as "I've lived a good life, and I'm ready to die", "I'd rather die here than go someplace where I don't know anybody", "This is my home, this is where I raised my kids. My wife died here and all my memories are in this house. I'd prefer to stay", and "My pets are all the family I have left, if they don't go, I don't go."

For other older adults, refusal to evacuate may be based on fear of the unknown rather than attachment to home. At home, they can manage their physical health and functional disabilities such as incontinence. For many, the prospect of living in close quarters with strangers, and using a public restroom which may be located several yards from the older adult's designated sleeping area is more terrifying than the prospect of dying at home.

A nurse from Gainesville, Florida who traveled to Mississippi to provide emergency care described why older adults refused to evacuate.

> " Seniors are very attached to their homes, and especially their pets, perhaps more than younger folks… Their [older adults] possessions, or even the place where their possessions remain often take on such a special significance that it is

> impossible to coax seniors into evacuation. It is, after all, their connection to the past. They are often unwilling to part with their things for that reason. This is more than hanging on to 'things'. This is about hanging on to memories, and the accomplishments of their lives. Sometimes it is the substance of what they have to remind them of who they were, and are." Gino Newman, 2005

Fear related to evacuation also involves fear of the transportation provided for evacuation. Older adults may be worried that they cannot physically 'climb' onto the bus or that the bus will not stop in time for them to get to the bathroom when necessary. They may be afraid that the transportation does not have the medical support equipment they need. They may be hesitant to enter the evacuation transportation system because they don't know where the bus is taking them–"what if I'm on the wrong bus" and they worry about how they will get back home once the disaster is over. Some people may simply refuse to board the bus when they learn that pets are not allowed or they learn that they cannot bring their valued possessions with them.

There are many factors related to older adults that influence their response during a disaster. It is imperative that professionals who are responsible for planning and providing for at risk older adults demonstrate their respect for the unique life-views of older adults by incorporating their understanding of those views into their programming.

IV. Strategies That Respect the Life-Views of Older Adults: Communication Strategies Influence Successful Evacuations

Older Floridians and the service providers who plan for and implement disaster strategies have had too many opportunities to learn about disasters. If experience is the best teacher, then Florida has been an attentive student. The programs I will now describe are only representative of the many excellent ways that the people in agencies and organizations across Florida demonstrate respect for older Floridians.

Written Communication Two key Florida agencies, the Cooperative Extension Service and the Department of Elder Affairs communicate with older adults about disaster preparedness and disaster recovery through written publications and personal contact. The publications I describe here are included in the materials you were provided prior to this testimony.

The Cooperative Extension fact sheets titled *Preparing for a Disaster: Strategies for Older Adults* and *After the Hurricanes Have Gone*...and the Department of Elder Affairs comprehensive publication *2005 Disaster Preparedness Guide for Elders* provide elders with the information they need to make informed, independent decisions concerning disasters, and demonstrate respect for independence and self-reliance. The CES fact sheets are available on-line through the EDIS system (Extension Data Information Source) (http://edis.ifas.ufl.edu) or in hard copy at the county Extension office. County CES programs also offer localized information on their websites. The Sarasota county Extension web site offers an excellent example (http://sarasota.extension.ufl.edu/hurricane-info2.htm).

The Department of Elder Affairs hurricane disaster guide is available on-line through the DOEA website (http://elderaffairs.state.fl.us), is distributed in hard copy through an extensive mailing list and is delivered to senior gathering places across the state.

Personal Communication Face-to-face programs, and even personal phone calls establish relationships between service providers and older adults and build trust which is vital when disaster strikes. Each year the Alachua County Extension office offers a program titled *Countdown to Hurricane Season* to older adults at meal sites and

other local gathering places. Personal relationships between home care providers, case workers and eldercare also provide older adults with trusted professionals they can turn to in a disaster.

The Florida Keys was recently evacuated, and personal communication was central to the successful evacuation of older adults. Utilizing a strategy devised by DOEA (see the DOEA Disaster Response Flow Chart, included in your packet) and utilized across the state, at-risk older adults were contacted by phone to assess their evacuation plans and needs. A minimum of three follow-up phone calls were made when necessary to assure that each person was given the opportunity to evacuate. Individuals were told where they would be taken and how they would be returned to their homes. Appropriate transportation for evacuation was arranged for each evacuee that included busses for those who could physically endure the ride to the mainland, and ambulances that were brought in from south Florida to transport those with complex medical needs.

Seminole county utilizes a similar process. Law enforcement officers travel door-to-door to reach people on the sheriff's list of persons in need of special assistance. At the same time, senior volunteers answer phone calls to answer specific questions concerning the evacuation process. Unlike a mass media broadcast 'to evacuate,' it is through personal communication that these professionals and volunteers are able to respond to questions and fears about the evacuation process and to alleviate concerns about leaving one's home.

Collaboration Leads to Effective Disaster Response

Effective disaster response requires the collaborative efforts of numerous groups who stay in constant communication during every phase of a disaster. In Seminole county

for example, the Sheriff's Department/TRIAD and the Seminole Community Volunteer Program/RSVP work collaboratively with American Red Cross, Salvation Army, Sheriff's Department, Emergency Management, Cooperative Extension Service and Health Department. In Hernando county the collaboration includes emergency management, Red Cross, the Health Department and Cooperative Extension. Similar collaborations occur at the state level where broad policy development and state-wide planning occurs.

Communication Training

Volunteers, first responders, the military, transportation providers, and others who work with older adults benefit from special communication training. Two Extension fact sheets provide information for communicating with individuals and with groups. *Stop, Look, and Listen* is a simplistic strategy for communicating effectively with older adults in one-to-one settings. *Designing Educational Programs for Older Adults* offers detailed instructions for communicating with groups of older adults; and would be extremely useful for those who work with groups of older adults in a Disaster Recovery Center.

Transportation providers who often have initial contact with evacuees, as well as other providers will find their greatest challenges associated with communicating with older adults who are confused due to Alzheimer's or related dementia producing diseases. When someone who is confused enters the transportation system they may become lost to their caregivers and families. More specialized communication training can be offered to prepare all providers to deal with such issues.

Successful communication depends as well on speaking the native language of evacuees. This is particularly true with working with older adults who may not have

learned English or may return to their native language under times of severe stress. While it is well known that evacuation centers offer translators and native speakers, those who have first contact with older evacuees (i.e. first responders, transportation providers) need the support of a translator in the field.

V. Ethical Issues Related to Communication and Evacuation

Professionals and volunteers who are communicating with older adults during times of crisis can easily become single-minded as they work diligently to protect the older adults for whom they feel responsible. Stress and time pressures may influence the communicator's tone of voice or the amount of pressure they apply when trying to coax an older adult into evacuation. An ethical dilemma arises when older adults choose to make an informed decision not to evacuate when the position of the emergency workers is that everyone must evacuate.

Further discussion among ethicists and specialists in emergency management, psychology, and gerontology is needed immediately to examine the ethical issues imbedded in mandatory evacuations, particularly as related to older, frail adults. Such discussions can lead to informed policy development that can be implemented at the time of a disaster, protecting those in charge from the overwhelming responsibility of making an ethical decision under duress.

VI. A Florida Strategy to Develop a National System of Best Practices for Serving Older Adults When Disaster Strikes

In order to best serve and protect older Americans in the event of a natural disaster or act of terrorism it is imperative to develop a national plan for disaster preparation and response that reflects and responds to elder specific characteristics and

concerns. The first step in the development of this plan would be to hold an inter-agency, multi-state best practices conference to identify, refine, and disseminate information and strategies for working with older adults when disaster strikes. Participants in planning and attending this conference would be drawn from the coastal states whose recent experiences with hurricanes have provided them with fresh knowledge of what worked, and what is still needed to help older Americans prepare and act quickly in the face of disaster.

This conference would generate:

1) Educational programs for older adults, their caregivers, and their families about how to prepare for and respond to a disaster,
2) Training materials and prepared seminars about working with older adults for those who have direct contact with older adults at each phase of a disaster,
3) A set of documents that are consistent across state lines and use consistent terminology,
4) A communication strategy specifically designed to reach older adults to assist them in the preparation and recovery stages, and when necessary, the evacuation stage of a disaster, and
5) Guidelines for safely and securely transporting older adults when an evacuation order is issued.

It is clear that the most effective strategies for preparing and caring for older adults at all levels are the result of the collaborative efforts of key stakeholders. Therefore, it is recommended that this conference be planned and implemented by a team

of professionals from at least these entities: the Aging Network, Cooperative Extension System, Medicare/Medicaid, Emergency Management, and appropriate health related providers (i.e. the health care and pharmacy industry), long-term care providers and agencies that arrange and provide transportation. The conference planners would develop an advisory board of consultants as needed, including a number of older adults who have personal experiences with disasters. At the conclusion of this conference, conference planners and others would develop a strategy to integrate the best practices and other findings of the conference into a service manual to disseminate through an on-going, interactive website focused on disaster issues. This website would be accessed by those who provide for older Americans and older Americans themselves. Related print materials, in several languages would be prepared for distribution throughout the system.

Conclusion

Thank you for the opportunity to testify at this hearing. I would be more than happy to answer your questions today or to follow up with additional information at the completion of today's proceedings.

The CHAIRMAN. Thank you both very much. Before we go to Susan, I wanted to ask you a question.

Were you living in Florida when Hurricane Andrew hit?

Ms. WILKEN. I was not.

Ms. WADE. I was.

The CHAIRMAN. The poor response to Andrew, did that precipitate all the planning and preparation that has gone on since, as you have seen it?

Ms. WADE. We have certainly seen an increase in the requirements for the construction industry, and we feel that there were a lot of lessons that were learned we were able to apply to the hurricane season of 2004. But even with Hurricane Andrew, being able to respond to four separate hurricanes in one season, I do not think Hurricane Andrew adequately prepared the state for that, but certainly there were a lot of lessons we were able to apply, but we have learned a lot more since then.

The CHAIRMAN. Is there any evidence of the constructions standards being enhanced? Did they work in the subsequent storms?

Ms. WADE. We have seen the houses that were able to withstand the wind. It's really interesting. If you go through the different communities that were affected, some of the houses withstood the winds. The same construction company built another house right next-door to it which could have been destroyed. But we really do believe that those standards did help the construction industry.

But when we look at some of the mobile home units, I do not know that they are currently at the level that they need to be, or people that live there need to understand that maybe they can only sustain winds of whatever that maximum is, and then take that into consideration and worry about your own safety when those winds exceed that maximum amount.

The CHAIRMAN. Are there consumer disclosures to buyers of such homes?

Ms. WADE. Yes. They do receive disclosures that tell them what the sustained winds are.

The CHAIRMAN. Carolyn, you mentioned how hard it is to sometimes coax a senior emotionally away from the world they live in and the possessions that remind them of an earlier day. When you provide all the information—this is where we will take you, this is what will be available to you, and this is when we will return you—does the participation in evacuation go substantially up?

Ms. WILKEN. It does help. There is a lot of fear of the unknown; where am I going to be, how will my family find me? So giving people information helps them make decisions. When people are stressed in the time of disaster, often times it is hard to hear what will happen, particularly for elderly people. It is hard to hear and to comprehend what is going to happen and how this is going to happen. So if you get that information very quickly, it makes it more frightening to go than to stay. On the other hand, if you can get that information to people in advance, and through the personal communications—for example, the RSVP phone calls that come in Seminole County—then people have a chance to process what is going to happen, and that helps them be more willing to go. It does not replace the possibility of losing my family pictures,

which is important to everyone. But for older adults, those family pictures were often of people who are now gone, deceased.

The CHAIRMAN. In the event that all the information, all the planning, and all the encouraging does not work and they decide to ride it out, what is done then as a follow up to find out if they are okay afterwards?

Ms. WILKEN. I think I would have to defer on that question probably to my colleague here. But before I do that, there is something that I put in my regular testimony, the longer version, which is the whole ethical decision-making process of mandatory evacuation, which is something that affects older adults that I think we need to look at as well.

I would like to defer to you, Leigh.

The CHAIRMAN. Leigh, what is done after the storm?

Ms. WADE. Well, what I can address as far as that is concerned, taking into consideration that the Department of Health does arrange for the transportation of many of the adults that have registered through the notice that comes out in the electric bill, our agencies were able to register clients based on our day-to-day interaction with them and to help them understand the necessity of getting registered and being prepared to leave to go to the shelters.

I can remember this lady who lived in a rural county out in Hendry County, who shared with us that she was not leaving her house and literally threatened our staff with a shotgun if we came back. So we left her to ride out the storm. But as soon as the storm was able, knowing that these clients did stay behind, our staff was able to get right back out there and make sure they were able to survive the storm, and then be able to start addressing any needs that they may have, based on the structure that they were staying in.

I just want to address your point about the shelters. What we found was that even after we were able to encourage those people to go to a shelter the first time, they were exposed—you take into consideration, this is an older adult who has no children around, no grandchildren. They have access to them, but they are not living with them. You put them in a shelter where they are stationed for days on in, weeks on in, and they are exposed to these children running around, screaming, yelling, not wanting to go to bed when they need to, and our older adults were very frustrated by that. So that is something that at a local level we really need to take a closer look at to see how we can address that from the local standpoint.

The CHAIRMAN. That is very good. I appreciate so much from both of you.

Now, Susan Waltman may have another take on how to deal with human disasters.

STATEMENT OF SUSAN C. WALTMAN, SENIOR VICE PRESIDENT AND GENERAL COUNSEL, GREATER NEW YORK HOSPITAL ASSOCIATION, NEW YORK, NY

Ms. WALTMAN. Thank you very much for the opportunity to appear before you today. I am Susan Waltman. I am senior vice president and general counsel of the Greater New York Hospital Association. We represent 250 hospitals and long-term care facilities in the New York City region. We believe that the issues that you are examining today are very important. While many of us spend a lot of time on emergency preparedness, Hurricane Katrina in its aftermath demonstrated quite vividly and in real time how there are very disparate abilities and needs of various populations to participate in and gain the benefit of even the best of emergency plans, and evacuations in particular.

We have, obviously, approached preparedness from the standpoint of hospitals, as those facilities that we represent and those we think would be most called upon to prepare for disasters. But we also recognize that what we do—and we are hopeful that that is the case—can apply to many other regions of the country as well as to how we can better care for special needs populations as well.

I would like to just review what our framework has been. It is one that we believe is billed upon an already very strong regional framework for preparedness that exists in the New York City region. It is one that we think focuses very heavily on ongoing preparedness, where we really pay attention to and we learn from every event alert in an emergency. It is a very collaborative approach, one where we are preparing everyday with what we call our "partners in preparedness," and all other kinds of providers, as well as local, state and federal governmental agencies.

I will go through very quickly what we view as our guiding principles in that regard.

We view ourselves as being in a very high-risk region. That is true for other areas of the country as well, for different reasons. We have experienced, as you well know, two separate attacks on the World Trade Center. We went through four different anthrax attacks, and we are very aware, very cognizant, everyday that we are on the list of other high-risk targets as well.

We also recognize that we can experience natural disasters as well. We experience hurricanes and plan for them as well, and we know that we, as somewhat the gateway to the rest of the world, can experience infectious diseases as being the front line, for example, and we prepare for pandemic influenza, which we are spending a lot of time on right now.

So we live everyday and we try to do it with a sound mental health approach as well, as though we could experience an emergency at any time. We do that through what we refer to as a very strong three-way partnership among providers. In our case, it might be human service agencies for another circumstance. But there is a three-way partnership among providers, the health and public health agencies, and the emergency management agencies. We cannot prepare in isolation or we would end up really not knowing what the other party can do for us or what we can do for them.

I think the two ways that gets demonstrated in the New York City region is that we, for many years, have actually had a seat at the New York City Office of Emergency Management's Emergency Operation Center. We, Greater New York Hospital Association, sit there as though we are a public agency, and we are grouped with the other health and medical agencies, such as the city and state health departments, the EPA, et cetera, so that we can interact with them, give them assistance, and they can give our own members and other healthcare providers assistance as well.

We also have put together since September 11, what is referred to as an Emergency Preparedness Coordinating Council. There are many task forces that bring together these three partners that different groups have put together. Ours is obviously from the provider prospective, but we have forced, so to speak, the issue of bringing everybody to the table. We have literally met, or had a work group, or had a conference call, every single week I would say since 9/11, all with the aim of improving and enhancing preparedness among these three parties. I do suggest that it could differ for human services. For example, the replacement in terms of providers would be human service agencies with the relevant local agencies and emergency management agencies.

We subscribe, as you have heard today, to an all-hazards approach. We to, after 9/11, looked very hard at anthrax and smallpox, but then we took a very quick deep breath, and we said let's have an all hazards approach, so that we can respond to any type of emergency, and then fit in the hurricane plan, the pandemic influenza pan, et. cetera. As part of that, we subscribe very heavily to incident command systems, so that we can better prepare internally, talk to other providers, as well as other agencies, so we are talking the same language as we respond, and everybody has a better sense of their role.

There is very heavy emphasis, as you have heard, on communications. We look at that from two perspectives. We need to know very clearly with whom, how, and for what? We need to communicate before a disaster so that we have all the information we need. The partners, our patients, our clients would be the translation before that disaster occurs, so we do not need to—as the Deputy Commission of OEM says—change carts in the midst of a disaster. We also, obviously, have built in redundant communications as well; how does that get demonstrated? We have an extensive emergency contact directory about all of our members, how to reach the chair of the disaster committee, the administrator on call, the Emergency Operation Center, and every single one of our members from basic phone lines to ham operators. It goes all the way down.

We have very extensive ways to communicate with members through e-mail alerts. We have 800 mega hertz radios that connect the hospitals and the nursing homes with us and the Office of Emergency Management. We have a web site that is opened to the public—it is not something that is just for members only—that gives extensive information, focusing particular on services and information for the community at large, for the public, in terms of their own preparedness.

What we have also developed, and we needed—and I just want to say, you did not ask me about lessons learned, but almost every-

thing that you are hearing in terms of what we have put in place is because we learned lessons. We paid attention to what we needed and what we recognized that we needed during the course of 9/11 and the months afterwards. It was a good way to identify common elements that we needed, data elements, information about an emergency, so we can manage an emergency better—data elements—as well as an efficacious way of collecting that information.

So we worked with our state health department, and we have created the Health Emergency Response Data System, which is housed on the state's health provider network in a secure Internet site, that allows us to communicate information about our needs, as well as what we can offer during a disaster. It has many different templates that can be used in terms of beds, staffing, availability, and what is being experienced during a particular event. We also build in—because we needed it on 9/11—a patient location system. We practice and we use it weekly. We have drills, and it is able to be used for many types of providers, and I think it has become a very valuable tool for managing emergencies.

We really feel very strongly that we have to understand each other's roles and responsibilities again. That is all a part of this three-way partnership. In order to do that, we plan and we drill together as we develop a plan on threat-alert guidelines, on hurricanes, on pandemic influenza. We have all of the parties at the table, so we make sure that it works. We might spend two meetings on the first step because we need to understand better who takes charge, who is on the site, who will communicate with whom, and the rest does flow from that, but we undertake very collaborative planning. Training and education is very important as well.

Interestingly, on the issue of providers, first responders' families, we just undertook a survey of what training our members still needs. It is very much on household preparedness, so that our own healthcare workers will feel comfortable showing up for work during an emergency.

I have gone through our guiding principles for preparedness in general. We have subscribed to them as a region and as a state, and have looked at how we can better care for our special needs populations. I think the city and the state have done that very well to date, but we recognize we need to do much more. Already we have participated in and have arranged for a number of meetings to look hard at evacuation plans. The state, city and we are looking at putting together templates for evacuation plans for nursing homes and a variety of other types of providers, as well as the type of information that every kind of agency should be collecting about its own patients and their clients, so they can all reach them, as you have heard, in advance and during a disaster, and understand their special needs and be able to share that information so people can be adequately cared for and evacuate. We do, obviously, subscribe to individual preparedness. I think that enables the individual, whether they are an older American or someone else, to avail themselves of the plans that do exist, but we do take charge. We do believe that the agencies have responsibility for making sure that their clients are well taken care of.

We think a lot of what we have done can be expanded to other regions on caring and planning for special needs populations. We offer, obviously, to make anything that we have done, any of these lessons we have learned, sometimes the hard way, available to others.

[The prepared statement of Ms. Waltman follows:]

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TESTIMONY OF

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SENIOR VICE PRESIDENT AND GENERAL COUNSEL

GREATER NEW YORK HOSPITAL ASSOCIATION

BEFORE THE

SPECIAL COMMITTEE ON AGING

UNITED STATES SENATE

HEARING ON

PREPARING EARLY, ACTING QUICKLY:

MEETING THE NEEDS OF OLDER AMERICANS DURING A DISASTER

OCTOBER 5, 2005

Testimony of
Susan C. Waltman
Senior Vice President and General Counsel
Greater New York Hospital Association
Before the
Special Committee on Aging
United States Senate
Hearing on
Preparing Early, Acting Quickly:
Meeting the Needs of Older Americans During a Disaster
October 5, 2005

Mr. Chairman and Members of the Committee:

Good morning, and thank you for the opportunity to appear before you today. I am Susan C. Waltman, Senior Vice President and General Counsel of the Greater New York Hospital Association, which represents more than 250 hospitals and continuing care facilities in the New York metropolitan area, as well as throughout New York State, New Jersey, Connecticut, and Rhode Island. All of GNYHA's members are either not-for-profit, charitable organizations or publicly sponsored institutions. Together, they provide services that range from state-of-the art, tertiary care to the most basic primary care, given their roles as safety net providers for many of the communities they serve.

GNYHA members also serve an additional role, one that has become much more important and much more demanding in light of the events of September 11, 2001, and the emergencies that have occurred since then: they are the front line of the public health defense and disaster response systems for one of the highest risk areas in the United States. Unquestionably, GNYHA members performed admirably on September 11 as well as during the subsequent anthrax attacks and the Blackout of 2003, a reflection of their years of preparedness planning. But those events, together with the growing number of terrorist alerts, natural disasters such as Hurricanes Katrina and Rita, and the threat of a possible pandemic influenza have demonstrated how vulnerable we are as a society and how much more we need to do to be fully prepared.

Meeting the Needs of Older Americans During Disasters—The issues raised by today's hearing are of critical importance to all of us. While many sectors and regions of our country have devoted significant resources to emergency preparedness, the effects of Hurricane Katrina have demonstrated quite vividly the disparate abilities of different populations to participate in an emergency response plan, particularly evacuations. The Committee is, of course, focused on issues facing older Americans during disasters. The same issues arise however for all populations whose circumstances create barriers for them to gain the benefits of even the best of emergency plans: the poor, the medically fragile, and other special needs populations. We applaud you therefore for focusing on these issues, and I assure you that the relevant providers, agencies, and authorities in the New York area take these matters very seriously and have already begun to review their own plans in light of what the aftermath of Hurricane Katrina revealed about emergency planning in general.

Applying a Strong Regional Framework to Protect Older Americans—Since September 11, GNYHA and its members have devoted significant efforts to enhancing what was already a strong regional framework for responding to disasters of all kinds. While GNYHA's principal focus has been on preparing its hospital members as the entities most likely to be called upon during an emergency, its activities have nevertheless built a framework that can be used in other regions of the country in general, as well as to address the needs of special populations, including older Americans, in particular. GNYHA's framework is premised on the idea that preparedness is an on-going process, one that requires us to learn from every event, alert, and emergency, and one that requires us to work closely every day with our partners in preparedness: other providers of every kind as well as local, state, and Federal agencies. Our guiding principles are the following, the application of which I discuss in more detail later in my testimony:

- **High-Risk Area**—The New York City region is a high-risk area for emergencies in general and terrorist attacks in particular. Therefore, providers must anticipate the possibility that an event could occur at any time.

- **Strong Three-Way Partnership**—Preparedness in the health care sector requires a strong, continuous three-way partnership among providers, health/public health agencies, and emergency management agencies.

- **All-Hazards Approach**—Provider preparedness should be undertaken using an all-hazards approach.

- **Incident Command Systems**—Providers should implement an incident command system in order to have a common framework for communicating internally and externally during disasters.

- **Enhancing Communications**—Providers must develop effective mechanisms for communicating. This involves knowing *in advance* of a disaster with whom, how, and for what purposes to communicate during disasters. It also means developing effective and redundant means of communicating during disasters.

- **Understanding Each Other's Systems**—We must ensure that we understand each other's systems, roles, and responsibilities.

- **Planning and Drilling Together Regularly**—In order to further the foregoing goals, it is essential that we plan and drill together regularly.

- **Training and Education**—Knowledge is the key to ensuring the rapid identification, treatment, and containment of all types of terrorist agents and naturally-occurring events.

We believe that the relationships that have been built based on the foregoing principles are mutually beneficial and invaluable to our ability to protect our country, its communities, and particularly our most vulnerable members of society.

Overview of Testimony—To assist you in understanding the approach that we take, I will review the New York City region's preparedness from a health care provider perspective before September 11, how that level of preparedness was demonstrated on September 11, and how preparedness has been enhanced significantly since then. I will then provide information on how the New York region is building upon those efforts to improve its ability to care for special needs populations during future emergencies.

I. Emergency Preparedness Activities Before September 11, 2001

GNYHA and its members have long been committed to ensuring that the health care system is prepared to respond to a broad range of emergencies, disasters, and attacks that might occur in the New York City region. For years, area hospitals have worked on and improved upon their disaster plans and programs, engaged in regular drills, and constantly reviewed their readiness for many events. Indeed, it is the mission of hospitals to respond to the needs of their communities, and, in a "community" such as New York, we have recognized that any number of disasters and emergencies can occur. GNYHA has in turn supported its members' activities by providing training programs, educational materials, and workgroups for improving preparedness.

Hospitals as an Integral Part of the Region's Response System—GNYHA and its members have also worked closely with area emergency management and public health officials over the years and are considered an integral part of the region's emergency/disaster response system. *In recognition of this role, GNYHA has had a desk at the New York City Office of Emergency Management's (OEM's) Emergency Operations Center (EOC) for many years,* which GNYHA staffs during major area events, actual emergencies, or anticipated possible emergencies, e.g., impending hurricanes, snow storms or heat emergencies. Grouped with local, state, and Federal health and environmental agencies at the EOC, GNYHA is able to address members' needs quickly as well as to facilitate the region's health care response to disasters.

The health care sector's preparations for the Y2K transition also helped foster regional collaboration that was helpful to the health care system's response on September 11. During the year 1999, GNYHA brought together its members and area agencies literally every other week for the purpose of developing communication mechanisms, contingency plans, and a framework for inter-hospital/inter-agency coordination. That process proved invaluable on September 11.

II. The Health Care System's Response to the World Trade Center Disaster

The Hospitals' Response—On September 11, GNYHA's members demonstrated that they were prepared for the particular disaster that we all faced that day. Area hospitals instantly activated their disaster plans, cancelled all elective procedures, freed up thousands of beds in anticipation of large numbers of casualties, reconfigured areas internally to make room for additional patients, and established triage centers on their streets. At the same time, many hospitals found themselves without functioning communication systems, while some also found themselves without electricity and were forced to rely upon emergency generators. Some also experienced drops in water pressure and steam and were forced to seek alternative means to sterilize equipment.

As the day wore on, hospitals were faced with another, perhaps more devastating phenomenon—thousands of family members were walking from hospital to hospital looking for their loved ones. Hospitals therefore established family centers to care for and counsel those individuals and ultimately requested that a patient locator system be established. And, throughout the ordeal, hospitals also acted as safe havens for individuals fleeing from the World Trade Center and even sent employees into neighboring buildings to make sure the elderly were safe. In short, the area's hospitals rose to all of the challenges they faced as a result of the events of September 11.

GNYHA's Response and Coordination on Behalf of Its Members—GNYHA, on behalf of its members, also played a key role on September 11. On the morning of the disaster, GNYHA was called by OEM within minutes of the initial plane crash and was requested to report to New York City's EOC. GNYHA was also in immediate contact with the New York State Department of Health, which directed hospitals to activate their disaster plans and expect mass casualties, a directive that GNYHA immediately communicated to its members by both e-mail and facsimile. Within moments of OEM's call to GNYHA, however, New York City's EOC, which was located at 7 World Trade Center, was evacuated.

Given this situation and the scope of the disaster, GNYHA established a command center at its offices to assist members and to act as a liaison to emergency managers, public health officials, and the public. *Within hours, OEM established a replacement EOC at the New York City Police Academy, and GNYHA was able to continue its role of facilitating its members' response efforts from there as well.* For weeks thereafter, GNYHA staffed both its desk at OEM and its command center at GNYHA's offices around the clock as the area undertook its recovery from the attacks.

Anticipating possible additional attacks, GNYHA also began to provide members with briefings on identifying and responding to biological and chemical events and to expand GNYHA's e-mail lists. Thus, by the time the first case of anthrax was reported in Florida, GNYHA was able to immediately transmit to members health alerts prepared by the New York City Department of Health and Mental Hygiene that contained key information needed to diagnose and treat anthrax.

The Cost of Responding to the World Trade Center Disaster—The cost of responding to the World Trade Center disaster was significant for hospitals. GNYHA collected cost information from area hospitals and calculated that their total initial costs of responding reached $140 million, a figure that included lost vehicles, such as ambulances; increased overtime, supplies, and staffing; damage to facilities; and stand-by costs associated with creating surge capacity. Hospitals also suffered additional lost revenues in excess of $100 million in the long term as a result of the events of September 11. Thus, the total cost of responding to the events of September 11 was in excess of $240 million for New York City area hospitals alone. We are very appreciative that the Federal government, with the strong support of Senators Clinton and Schumer, subsequently provided hospitals in all responding areas with $175 million to reimburse them for a significant portion of their costs; however, it is important to underscore the high costs associated with responding to such events from a provider perspective.

The Biggest Lesson Learned: The Need for Every Hospital to Be Prepared—I point out one fact about the events of September 11 that has materially affected how GNYHA and its members

have been preparing for future emergencies. Individuals caught in the disaster ran, they jumped on boats, and they jumped on trains and subways to escape the horror. *As a result, over 100 hospitals in the region saw more than 7,300 patients in their emergency departments for World Trade Center disaster injuries.* Although there was no evidence of a release of biological, chemical, or radiological agents in connection with the attacks, many hospitals chose to decontaminate or wash down patients to protect both patients as well as health care workers. But if there had been a contemporaneous release of some agent, every one of those over 100 hospitals would have received potentially exposed or contaminated patients.

What is the lesson to be learned from this? *Every single hospital must have some degree of capability to respond to disasters of all types.* We cannot, as a system, depend on an orderly distribution of patients to one or more regional disaster centers. It is essential that every hospital have the ability to identify and respond, at least initially, to a variety of events, which in turn means that significant resources must be devoted to ensuring widespread readiness.

III. Post-September 11 Preparedness—Focus on Intensive Regional Collaboration

Establishment of Emergency Preparedness Coordinating Council—In recognition of the need for broad-based preparedness, GNYHA and its members have focused intensively on regional collaboration and planning since September 11. To this end, GNYHA created its Emergency Preparedness Coordinating Council in November 2001. The Council brings together representatives of GNYHA members, other provider groups, and local, state, and Federal public health, emergency management, and law enforcement agencies for the purposes of promoting collaboration and communication across the region and providing a more integrated response to any future attacks or events. Through this collaborative planning process, the Council is also facilitating readiness through the sharing of expertise, experiences, templates, and other information.

Guiding Principles of Preparedness—As the Council has moved forward, it has subscribed to a number of key principles that were outlined briefly earlier in my testimony and that are summarized in more detail below:

- **Operating Within a High-Risk Area**—In recognition of the high-risk area in which we are located, GNYHA and its members appreciate that an event could occur at any time and at any place and that we must enhance our preparedness with all due speed and deliberation. As a result, since the Council was established in November 2001, *it has met almost weekly through either full Council meetings, workgroup meetings, or membership briefings on topics identified through the Council.* The Council has also become the framework for communicating rapidly and effectively regarding emergencies, alerts, and protocols.

- **Development of Strong Three-Way Partnership Among Providers, Public Health Agencies, and Emergency Managers**—We have undertaken extraordinary efforts to work collaboratively with a variety of types of providers as well as with the public health and emergency management/public security agencies who will need our services and whose services we will need. Our preparedness and any future responses will be superior for that effort.

From a provider standpoint, we have made efforts to include providers of all types including nursing homes, home care agencies, community health centers, primary care centers, and physician organizations.

From a local government standpoint, we work closely with New York City's Office of Emergency Management, Department of Health and Mental Hygiene (NYCDOHMH), Fire Department, and Police Department. Because we prepare as a region, we have established similar working relationships with the public health and emergency management agencies in the counties surrounding New York City.

On the state level, we have excellent relationships with the New York State Department of Health (NYSDOH), Office of Public Security, and Emergency Management Office, and have incorporated New Jersey's Department of Health and Senior Services and emergency management agencies in our process as well.

On the Federal level, we work closely with both the Department of Health and Human Services and the Department of Homeland Security, through its Federal Emergency Management Agency (FEMA), both of which support and enhance our activities on a regular basis. Indeed, our communications with and support from both agencies are models for public-private partnerships.

- **Developing an All-Hazards Framework and Implementing Incident Command Systems**—GNYHA and its members have placed a strong emphasis on developing and implementing an all-hazards response framework on the theory that one can never anticipate precisely how or when an event might occur and indeed an event might present with multiple features. We therefore believe that planning under an all-hazards approach will make us better able to respond to multiple variations of possible attacks and natural events.

  As a result, GNYHA and its members have devoted extensive efforts toward implementing strong incident command systems, which can be activated in response to a variety of emergencies. Using the incident command approach also permits hospitals to employ a common response framework with similar roles and responsibilities across organizations. Most hospital incident command systems are modeled after the Hospital Emergency Incident Command System or HEICS, and thus, GNYHA has offered numerous training sessions on implementing HEICS. Special sessions have been offered for individuals working on the evening, night, and weekend shifts in order to ensure the availability of staff familiar with incident command principles during all hours of operation. Many of these training modules are available in GNYHA's Emergency Preparedness Resource Center located on GNYHA's Web site at **www.gnyha.org/eprc** so that members can download and use them in their own institutions.

- **Enhancing and Ensuring Effective Communications**—We have placed an extraordinary emphasis on communications because the ability to communicate with one's partners during an emergency is key to an effective and rapid response. We have tackled this issue from two perspectives. First, we have focused on the issue of ensuring that we know with whom, how, and for what purposes to communicate during a disaster. Second, we have focused on

ensuring that we have rapid, effective, and redundant means to communicate during a disaster. The following outlines some of the specific systems and mechanisms put in place to address this critical component of preparedness:

- **GNYHA Emergency Contact Directory**—To improve communications during an emergency, GNYHA has developed a directory of key contact information regarding local, state, and Federal agencies. GNYHA has also created a member directory that contains extensive contact information about members' emergency operations centers, chairs of disaster committees, and other key contacts in the event of emergencies. The directory also contains basic information about each members' capabilities—for example, trauma center designation, decontamination capabilities, and the number of negative pressure isolation rooms. Members are encouraged to update their information regularly, and revised directories are made available quarterly or as needed. The directory proved to be invaluable during the August 2003 Blackout when communication systems were disrupted throughout the region.

- **Health Emergency Response Data System**—NYSDOH, working collaboratively with the Council, has developed an emergency data collection system called the Health Emergency Response Data System or HERDS. The system, which is an internet-based system located on a secure area of NYSDOH's Health Provider Network, is designed to be activated during an emergency to collect information that may be needed to assess and respond to the emergency and to enhance and protect surge capacity. Although the system is located on NYSDOH's Health Provider Network, local public health and emergency management agencies also have access to the system so that they can better respond to any emergencies affecting their region. The categories of data that can be collected include the following:

  - ✓ Bed, staffing, and supply needs and availability;
  - ✓ Event-related data, including the number of patients seen and waiting to be seen, admissions, unidentified patients, and mortalities; and
  - ✓ Information required to establish a patient locator system, if needed.

  NYSDOH also uses the system to collect weekly bed availability data from hospitals, to survey them on such information as facility capabilities, vaccine supplies, and other health initiatives, and to communicate regarding preparations for events such as possible weather emergencies. We have also held a number of drills designed to test both the system itself and the ability of hospitals to use it successfully. Work-arounds in anticipation of possible disruptions in the system have also been established. NYSDOH is currently expanding HERDS for use by other types of providers.

- **Ensuring Rapid Communications**—GNYHA provides extensive information to its members through immediate distribution via e-mail of health and security-related alerts, advisories, and directives. To ensure broad distribution of the alerts, GNYHA sends the materials to many different types of individuals in each member institution

such as chairs of disaster committees, infection control directors, directors of emergency departments, and directors of security.

- **Assessing Communications Risks and Minimizing Disruptions**—GNYHA has prepared a matrix of communication options that describes each option's functionality and limitations. In addition, GNYHA has prepared a checklist of considerations regarding possible disruptions to communication systems in order to assist members plan for and thus avoid or work around possible disruptions to their systems. Finally, the Council has discussed how to undertake effective risk assessments to identify vulnerabilities and solutions for avoiding disruptions.

- **Building in Redundancies**—Although a vulnerability assessment might minimize disruptions in communication systems, GNYHA and its members have sought to build in as many redundancies in communication systems as possible. This is evidenced by the multiple ways that members can be reached as set forth in GNYHA's emergency contact directory mentioned above. In addition, GNYHA members have established and rely on the following systems:
  - ✓ **800 Megahertz Radios**—GNYHA worked with New York City OEM to establish a health care channel on the City's 800 Megahertz radio system. This channel permits New York City health care facilities to communicate among each other and with OEM during emergencies. The City conducts roll calls on this system on a daily basis. This system was used extensively during the 2003 Blackout to communicate member needs for generators, fuel, and other supplies.

  - ✓ **Two-way Emergency Response Radios**—GNYHA has also developed a two-way radio emergency response network to enable GNYHA to communicate with its members both inside and outside of New York City.

- **GNYHA Web Site**—GNYHA provides extensive information on the issue of preparedness through its Emergency Preparedness Resource Center located on its Web site at **www.gnyha.org/eprc**. This information is updated regularly and is made available on the public area of GNYHA's Web site so that the public and providers can have access to the information day and night. In order to address the concerns of the community, the Web site includes a section with materials on preparing for and responding to disasters from a community perspective.

- **Syndromic Surveillance**—GNYHA has supported the efforts of NYCDOHMH as it has built its impressive syndromic surveillance system, which is designed to identify clusters of suspicious symptoms, such as gastrointestinal or respiratory problems, that might signal a bioterrorism event or other serious public health problem. Currently, NYCDOHMH collects daily emergency department logs from area hospitals, emergency medical services call data, certain employee absenteeism rates, and local pharmacy purchases, all toward the goal of identifying and containing possible infectious disease outbreaks or other events as quickly as possible. Should a cluster be identified, NYCDOHMH would investigate and notify area emergency departments and infection control directors accordingly.

- **Understanding Each Other's Roles, Resources, and Responsibilities: Planning and Drilling Together Regularly**—Understanding each other's roles, resources, and responsibilities is essential to a well-coordinated response to an emergency, and thus, GNYHA and its members have worked hard to understand precisely what each hospital's and agency's capabilities, planned responses, and resources might be under a variety of scenarios. This is accomplished in great part through our collaborative planning process and the undertaking of many drills and exercises, all designed to assess the strengths and weaknesses of the response system and then to address any identified gaps. Some of the more notable examples of these efforts are the following:

    - **Development of Threat Alert Guidelines**—To assist members work within and to respond to changes in the Federal color-coded threat alert levels, GNYHA worked with its Council, NYSDOH, and NYCDOHMH to develop Threat Alert Guidelines for health care providers. The Guidelines provide a checklist of measures providers should take by alert level. Each level is divided into a number of categories of measures, which include such issues as overall emergency planning, communications, security, staffing, and supplies. While designed to respond to terrorist threat levels, the Guidelines can be used to prepare for any type of emergency. Thus, the Guidelines are distributed each time a planned event or possible anticipated emergency arises.

    - **2003 Blackout Response**—The 2003 Blackout tested us all and demonstrated the gaps that we still needed to address. But it also highlighted what worked well: our emphasis on redundant communications paid off; our collection of emergency contact information regarding members helped us reach every member; our 800 Megahertz radio system helped address emergency generator and fuel requirements; the HERDS system collected information about available beds in anticipation of the possible evacuation of a facility; and most importantly, our strong three-way partnership with the health and emergency management agencies proved invaluable. In order to enhance preparedness based on experiences during the Blackout, GNYHA prepared checklists outlining considerations for preparing for future disruptions in power and communications and held a debriefing session attended by members as well as local, state, and Federal agencies.

    - **Preparing for Bioterrorism**—Since its inception, the Council has focused its discussions on a number of bioterrorism agents, spending a significant amount of time initially on identifying, treating, and containing smallpox in particular. In August 2002, however, a small hospital in Brooklyn experienced a "smallpox scare," which raised useful questions regarding various elements of responding to such a situation. As a result, NYCDOHMH and NYSDOH, working collaboratively with the Council, developed extensive guidelines for managing a suspect smallpox case. While the guidelines focus on smallpox, many aspects of the guidelines apply equally to managing other infectious diseases as well. The guidelines are available on GNYHA's Web site at **www.gnyha.org/eprc**.

- **SARS Planning and Response**—The work that has been done to prepare for a possible bioterrorism attack proved to be helpful to the health care system's ability to respond quickly to the threat of Severe Acute Respiratory Syndrome or SARS in 2003. The Centers for Disease Control and Prevention (CDC) immediately transmitted health alerts to state and local health departments, which in turn immediately distributed the alerts to providers. In order to ensure broad distribution of the alerts within its members, GNYHA distributed them to its many e-mail lists. GNYHA also held briefings on SARS, which were given by NYSDOH and NYCDOHMH; held meetings of its Council to discuss the development of SARS guidelines and surge capacity plans; and created a SARS page on its Web site.
- **Planning for a Pandemic Influenza**—The New York region, like the rest of the world, is preparing for the possibility of a potential pandemic influenza, whether from Avian flu or some other source. Again, using its Council as the convening body, GNYHA has provided programs attended by the CDC, NYSDOH, and NYCDOHMH, all aimed at collaborative planning for such an event. We anticipate that the process will continue for some time.

- **Undertaking Drills and Exercises**—Although we meet and work together regularly, we find that drills and exercises are an excellent way to test our systems and to identify gaps. We thus have placed a heavy emphasis on conducting table-top exercises, communication drills, and other exercises. We have picked up the pace of these drills and exercises as we unroll more components of our systems and have more to test.

- **Training and Education**—The Council has placed heavy emphasis on training and education. Thus, GNYHA has offered over 75 briefings and training sessions to its members and key agencies since September 11. The topics have included programs on various biological, chemical, and radiological events; preparing for and responding to power outages and other disruptions; undertaking evacuations; implementing incident command systems; communication systems; and facility security. Recognizing that training is a continual process, we often revisit issues already presented. Upcoming programs include:

  - A briefing on *blast injuries and mass casualty events* that will be given by the U.S. Public Health Service on October 17;

  - A workgroup meeting on *functionality and improvements to the Health Emergency Response Data System* in light of the issues raised by Hurricane Katrina that will be held on October 18; and

  - A meeting on *Learning from Hurricane Katrina,* which will include representatives of GNYHA members, emergency management agencies, and the Joint Commission on Healthcare Organizations who visited the Gulf Region following Hurricane Katrina and that will be held on October 31.

IV. Addressing Special Needs Populations

Application to Emergency Planning for Special Needs Populations—We believe that the strong framework that is in place in the New York region can be applied in almost any area of the country for preparedness purposes in general as well as for addressing emergency planning and response on behalf of special needs populations in particular. Wherever the framework is applied, however, some party or entity must be the champion for the process. It does not matter who drives the process, whether it is someone from the provider or the human services communities, the public health agencies, or the emergency management agencies. But some player in the community or region must step forward and take ownership of the process. And that lead entity cannot lose sight of the fact that preparedness is continual, and it must be collaborative. That sounds simple, but it so easy for the importance of preparedness planning to get lost in the course of the demands of any one day. And it is so easy to fall into the more typical "silo" or "stove pipe" approach to planning. Without a continual, collaborative approach to preparedness however, it is also far too easy to repeat what occurred in the aftermath of Hurricane Katrina, without in any sense making judgments as to the causes.

New York City Planning for Special Needs Populations—The New York region has long been sensitive to the barriers that face special needs populations when it comes to emergency preparedness and response. As a result, New York City and New York State have focused heavily on addressing those barriers through emergency plans that take into account those with special needs as well as through materials aimed at helping them prepare for emergencies individually, if possible. Indeed, last week, Joseph Bruno, Commissioner of the New York City Office of Emergency Management (OEM), testified before the New York City Council's Committee on Public Safety and outlined New York City's plans for responding to natural disasters, including its evacuation and sheltering plans. For this purpose, New York City has identified 700 public schools, with a capacity to house over 800,000 individuals, that are not in storm surge zones. In order to ensure no one shelter is overwhelmed, the public will be directed to reception centers where workers will then arrange for transportation to an appropriate shelter. Information about the process is available on New York City's Web site and in brochures that have been developed for this purpose and would additionally be available through media announcements as the need arises.

With respect to special need populations in particular, Commissioner Bruno outlined in his testimony how the City's plan contemplates making sure that their needs are met during emergencies. Commissioner Bruno testified that more than 50 agencies have responsibility for identifying individuals among their clientele and patients who have special needs, including the New York City Department for the Aging, the New York City Human Resources Administration, and many private agencies. In addition, local utilities, such as Con Edison and KeySpan, maintain lists of customers who are dependent on electricity for their care, e.g., those who are ventilator dependent, and will share this information with the City, as appropriate. During an emergency, the respective agencies have responsibility for contacting their clients and patients and for making arrangements for their care and evacuation if needed. If the individual cannot be contacted or there is a problem with his or her ability to evacuate, the appropriate City agency will make contact with the individual and the person will be evacuated. The City's 311 call system and Web site will also play a role in identifying and assisting at-risk individuals. The

City recognizes that some individuals will not want to leave their homes and thus advises them to have on hand what they will need for up to 72 hours after a storm.

To help prepare special needs populations and older Americans in particular for emergencies, New York City has published a brochure entitled *Ready New York*. The brochure provides information on developing a disaster plan, being prepared to evacuate, and what might be needed to shelter in place. And of course, the brochure provides information on resources that might be available to assist seniors and individuals with disabilities in this regard. New York City also recognizes that it is a city of many languages, and thus makes its readiness guide for household preparedness available in nine languages.

New York State Planning for Special Needs Populations—On a statewide level, the New York State Department of Health has also undertaken efforts to ensure preparedness for special needs populations by bringing together representatives of key agencies and associations representing hospitals, nursing homes, and other services to prepare for emergencies in a collaborative manner. In addition, New York State also recently requested all home care and related agencies to undertake certain activities as part of their emergency preparedness plans, including:

- Identification of a 24/7 emergency contact telephone number and e-mail address for the agency's emergency contact person and alternate;

- Development of a call down list of agency staff and a procedure that addresses how the information will be kept current;

- Development of a contact list of community partners, including the local health department, local emergency management agencies, emergency medical services, and law enforcement, and a policy that addresses how this information will be kept current;

- Collaboration with the local emergency manager, local health department, and other community partners in planning efforts;

- Development of policies that require the provider to maintain a current New York State Health Provider Network (HPN) account with a designated HPN coordinator responsible for securing staff HPN accounts and completing the HPN Communications Directory;

- Maintenance of a current patient roster that is capable of facilitating the rapid identification and location of patients at risk and that should contain, at a minimum:

    - Patient name, address, and telephone number
    - Patient classification level (high, moderate, or low priority)
    - Identification of patients dependent on electricity to sustain life
    - Emergency contact telephone numbers of family/caregivers
    - Other specific information that may be critical to first responders;

- Development of procedures to respond to requests for information by the local health department, emergency management agency, and other emergency responders in emergency situations; and

- Development of policies addressing the annual review and update of the emergency plan and the orientation of staff to the plan.

Emphasis on Collaborative Planning and Response—I emphasize that New York City's and New York State's overall approach to preparedness and response permits all interested agencies and parties, whether public or private, to prepare and respond in a collaborative way, thus better ensuring the successful implementation of their plans. For example, New York City's emergency operations center (EOC) brings together up to 150 different agencies and organizations as needed during emergencies. GNYHA in particular sits with the relevant health and medical agencies and thus can provide and/or obtain assistance on behalf of its members as needed. It can just as easily walk over to the utility section and request assistance from ConEdison if needed to follow up on a call for help on behalf of one of its members or another health care provider. Or it could walk over to the human services area to seek assistance from the American Red Cross or one of the other agencies that staff the EOC.

I also emphasize two other points. First, it is not the building known as the "EOC" that makes the difference, but rather the collaborative planning that takes place. As noted, New York City lost its "EOC" within minutes of the World Trade Center attack. But it was able to bring everyone together in another location within a matter of hours so that the relevant agencies could begin working together as they do so very well every day. Second, health care providers, particularly GNYHA members, know that they can call GNYHA at the EOC to obtain help for them and their patients. Both elements are important to New York's ability to provide care on behalf of special need populations.

Learning from Hurricane Katrina—Although New York City's and New York State's plans already contemplate caring for and protecting special needs populations during emergencies, New York City and New York State are nevertheless embarking on extensive efforts to enhance preparedness for these populations as a result of what occurred during the aftermath of Hurricane Katrina. First, New York City and New York State officials, together with provider groups, have already begun meeting to ensure that health care facilities have effective and realistic evacuation plans. They are also reviewing their existing plans to ensure that special needs populations are effectively considered and cared for as part of them. For this purpose, it is clear that many more agencies and organizations will be involved in planning efforts moving forward as well as in certain EOC activations in the future. We at GNYHA are similarly examining what occurred during the aftermath of Hurricane Katrina to enhance our collaboration, communications, and partnerships with many different types of providers and agencies. As noted, GNYHA has planned two meetings to begin addressing these issues during the month of October alone.

V. The Price of Preparedness

Quite clearly, extensive efforts are in place to be prepared for a vast array of events, both planned and unplanned, in the New York region. The collaborative efforts that have taken place through GNYHA's Emergency Preparedness Coordinating Council are intended to enhance preparedness in the most efficient, efficacious, and expeditious way.

The Cost of Preparedness—However, the price of preparedness remains high. While today's hearing is meant to focus on meeting the needs of older Americans during emergencies, GNYHA believes it is important for the Committee and others to understand the cost of preparedness for that part of the health care system on which aging Americans might be most dependent during an emergency, specifically, the hospitals.

In late 2002, GNYHA undertook a survey of its members' actual and anticipated expenditures associated with their preparedness activities. Although GNYHA has not updated the information collected through the 2002 survey, the findings are nevertheless useful to inform the Committee on the cost of preparedness. The survey requested information about hospitals' incremental expenditures over and above what they would have spent on preparedness if the World Trade Center attack had not occurred, and excluding any costs incurred in the immediate response to the September 11 attacks.

Fifty-four hospitals responded representing 51% of the institutions and 61% of the total operating expenses of the potential sample. The survey indicated that teaching hospitals had invested more heavily in preparedness than non-teaching institutions, a finding that is not surprising given that teaching hospitals are more likely to serve as regional trauma centers and burn centers, possess advanced disease surveillance and analytical laboratory capabilities, and tend to have a broader scope of services than community hospitals in general. In addition, hospitals in New York City not surprisingly spent more on average than did hospitals outside of the City, presumably because New York City hospitals place a higher priority on preparedness and have imposed a more aggressive timetable for implementation due to the higher risk of an attack in New York City.

Average Expenditures For Preparedness Per NYC Hospital—With respect to individual hospital expenditures for preparedness, hospitals in New York City:

- Spent on average nearly $2.5 million per hospital during the period from 9/11/01 to 12/31/02;
- Planned to spend on average an additional $2.9 million per hospital during 2003; and
- Identified additional needed but unbudgeted projects with projected costs totaling on average $12 million per hospital.

Although the costs identified through GNYHA's survey are significant, they do not capture the actual cost to our members in terms of the hours upon hours of administrative, clinical, and other personnel time that have been devoted to and will continue to be devoted to training, the development of protocols, and the reviews that will be undertaken each time a new alert or emergency arises. In short, the price of preparedness is great and on-going, and there is no

indication that providers in the New York City region will be able to stand down in terms of their level of preparedness.

Funding for Preparedness—New York State hospitals have received only relatively small amounts of funding toward their preparedness activities. While GNYHA and its members are appreciative of the bioterrorism funding that has been made available and continues to be made available through the Health Resources and Services Administration (HRSA), the amounts that filter down to individual hospitals do not begin to address the expenditures that are being made by the New York City region's hospitals.

The Poor Financial Condition of New York State Hospitals—The need to increase and maintain preparedness and in turn to increase expenditures for this purpose could not come at a worse time. *Hospitals in New York State suffer from the worst financial conditions of hospitals anywhere in the country and have experienced years of bottom-line losses.* This situation is rooted in the following factors:

- New York's previously regulated all-payer rate-setting system, which squeezed any surpluses out of hospitals;
- Declining revenues resulting from private payer negotiations and their practices of delaying and denying payments;
- The mission of caring for the State's three million uninsured residents; and
- The imposition of unprecedented Medicare cuts, beginning with the Federal Balanced Budget Act of 1997, continuing with reductions in payments to teaching hospitals, and most recently, the arbitrary dilution of the New York City area wage index, which alone has reduced Medicare payments to area hospitals by over $100 million annually.

Clearly, the financial condition facing New York's hospitals impedes their ability to undertake the activities that are essential to both fulfilling their basic mission of providing health care and their new role as the front line of the public health defense and emergency response systems for their communities.

Securing the Necessary Resources to Ensure Public Health and Health System Preparedness—Based on our experience, creating and maintaining comprehensive emergency preparedness plans is costly and time consuming, but it is also critical for the communities that our health care providers serve. Hospitals in New York have made this tremendous commitment to emergency planning, despite the dire lack of resources available. It is vital for this Committee to consider the costs of emergency preparedness when making any recommendations or creating any preparedness requirements for providers in at-risk areas, such as the New York region, or anywhere else in the nation. For America's hospitals to be sufficiently prepared for any disasters, whether terrorist or weather related, Congress should also consider making funding available based on the threats and emergencies that a region's health care providers face.

I thank you for the opportunity to appear before you today and am of course available to answer any questions you may have.

The CHAIRMAN. Susan, obviously, after 9/11 and Katrina, we in government and in the private sector have to begin imagining the unimaginable. Did you see a substantial increase in your preparedness after 9/11 or was it in place after the first bombing of the World Trade Center?

Ms. WALTMAN. I think we have historically had a very strong regional planning approach in New York City because of the initial World Trade Center attack, as well as the large events that we host in our small town of 8 million people. But there is no question that we have spent an awful lot of time since 9/11. I think we realized that we are very much a target, and that we need to do even more collaborative planning.

I think, as I said, that everything that you have heard we have put together, we have done so with hindsight and of the experiences that we have seen. We also have tried very hard not to experience a failure of imagination, as the 9/11 Commission says, so we have thought very hard about things we have not yet experienced and that might occur, and I think that has informed us tremendously.

I just want to say one last thing. Mayor Bloomberg has made the point in terms of special needs populations, that no one will be left behind. Certainly, that is going to be a very hard task to accomplish, but I think if we go out everyday as we prepare, I think we are better at making sure that we think of all the special needs populations, and older Americans in particular.

The CHAIRMAN. Can the abandonment of elderly and disabled people cannot happen in your area?

Ms. WALTMAN. I think it can happen. I think we are, with all deliberate speed and efforts, trying to make sure that it does not happen. I think that will mean an expansion of our collaborative planning. I know that the Office of Emergency Management plans to include more agencies potentially in an OEM activation so that we cannot have, or we are less likely to have, what occurred. Again, that gets back to learning lessons and paying attention to everything.

The CHAIRMAN. I remember being in New York a few days after 9/11, and we spent some time on a huge hospital ship that had come in to take care of the injured, but there were no injured. There were, frankly, few survivors. They were, obviously, injured, but not what had been planned for.

I guess my question, then, becomes, your system is very much an urban system. Yet, you say you have a model that you think is adaptable to other areas. How is it adaptable to more rural states?

Ms. WALTMAN. I think that the essence of the plan is collaborative planning, is making sure that the private and public agencies or authorities that are responsible for individuals come together. I think that it is so easy to engage in silo approaches, stovepipe approaches, whether you have an urban area or a rural area. I do say in the written testimony, it does not matter who takes charge in a particular community, rural or urban; you have to have a champion. Maybe it is going to be the private sector that comes forward and forces, as I said, people to come to the table. But you can engage in collaborative, everyday planning no matter where you are. I do think there are some very basic principles in terms

of communications and all hazards that can apply no matter where you are.

The CHAIRMAN. Well, you are all to be congratulated on the work that you do, the programs that you run, and the care that you provide. We really appreciate your presence here today, what you have done to highlight the importance of both private and public sector collaboration. We have to do better. Experience is a hard task master, and the lessons learned are lessons we want to highlight.

I want to express, on behalf of the senior population of which I am quickly becoming a member, we appreciate your focus on the special needs of the elderly. Ours is an aging nation, so their needs are, frankly, all of our needs. With that, our heartfelt thanks. This hearing is adjourned.

[Whereupon, at 12:11 p.m., the committee was adjourned.]

APPENDIX

PREPARED STATEMENT OF SENATOR HERB KOHL

We thank our Chairman, Gordon Smith, for holding this hearing on emergency preparedness planning for seniors, and for his leadership on this and countless other important issues facing older Americans.

Emergency preparedness planning is a challenge under any circumstance. Preparing for the unique needs of the elderly requires even greater diligence and resolve. As we have seen in the aftermath of Hurricanes Katrina and Rita, disasters have an exaggerated effect on seniors, in particular those who depend on others for assistance in their daily lives. The ongoing provision of evacuation transportation, food, medication and shelter all become life and death matters.

This does not even speak to the tragedies we recently witnessed in the abandonment of the disabled and elderly in nursing homes, hospitals and other care facilities- the institutions which we would assume would be most vigilant in emergency preparedness and caring for our most vulnerable. In this regard, I have asked the Inspector General of the Department of Health and Human Services to conduct a thorough investigation into federally mandated evacuation plans for nursing homes and hospitals to determine the adequacy and shortcomings of those plans in place.

As we have learned from past disasters and attacks, a multidisciplinary approach on the federal, state and local levels is needed to properly guarantee that the needs of our seniors are addressed. Today, the Committee will hear from a panel of experts who will tell us just how to do this. We look forward to hearing from and working with them to ensure that in the face of future disasters, our seniors remain healthy, safe and secure.

Thank you Mr. Chairman.

FCS9233

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After the Hurricanes Have Gone: Stress and Decision Making When Living Alone[1]

Carolyn Wilken[2]

The hurricane season has left us all fearful and anxious. The stress levels of many Floridians are up, and people talk about being anxious and afraid. Even though the skies are clear and the threat of another hurricane is remote, we still worry. Because our lives have been turned upside down by the storms we may continue to feel anxious.

This is a particularly difficult time for older adults who live alone. While older adults have family and friends, there are times when making decisions is really hard particularly when you feel like you must do it alone. You may be feeling especially stressed if you are dealing with rebuilding or repairing your home and trying to sort things out with the insurance company.

Many of us play the "what if" game with ourselves:

- What if I make the wrong decision?
- What if someone is taking advantage of me?
- What if I don't have enough money?
- What if . . .

And so we worry. And we feel stressed and anxious. We are anxious because we feel like we must make decisions quickly. It may feel like things are happening that are out of our control. And often we must make decisions regarding things we don't really know about such as roofing materials or insurance clauses. Sometimes we simply wring our hands and wonder what can we do?

This fact sheet offers suggestions on how to control stress by offering a plan to reduce worrying. We can't do anything about the weather, but we can do something to control our worrying. Below are some simple strategies to reduce stress and anxiety. Of course these strategies won't make all the fear go away, but by following these suggestions you can regain control over your life—no matter what your age.

Do one thing at a time

Do you sometimes have problems finishing things you've started? Is it difficult to concentrate? Do you find yourself constantly drawn to the television to get the latest news. If you find yourself

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glued to the TV, you aren't alone. In fact, doing this has become so common that it has a name: the CNN Effect. If continuous news of the storms and rebuilding efforts cause you to worry, watch the news once and then turn it off. Instead, watch something light and entertaining.

Are you so wrapped up in what's happening and the decisions that you must make that you lose track of your usual work and daily tasks? Suddenly you are faced with a mountain of unfinished tasks, and the next thing you know, you are stressed about the things you haven't done.

Specialists suggest that doing one thing at a time, and completing that project before beginning another is a good way to help gain control over stress. Choose one task that needs to be done right away, and do it. Then take on the next task. Checking these things off a list is a great stress reducer.

Keep a routine

One of the most effective ways to reduce stress is to keep your normal routine. It is sometimes hard to do this when you have other things—such as hurricanes—on your mind. Having a routine is a way to maintain control in your life. But stress and anxiety become manageable when you work to control the things you can. Try these tips:

1. Maintain your regular sleep schedule

   If you are staying up later than normal to watch the latest news, you may not be getting enough sleep. And, for many people, "watching the war" right before going to bed is like eating spicy food late at night—you just don't sleep very well!

2. Eat regularly and well

   During times of stress some people say that they just can't eat while others use eating in an effort to reduce their feelings of stress. Focus on the healthy foods you enjoy, but reconsider any plans to make drastic changes in your eating habits when you are feeling so stressed. In time, we will again feel normal and then we can make such changes.

3. Exercise is a stress-buster

   Fresh air and exercise are well known stress busters. Take a walk alone, or better yet with friends. Walking will clear your head and improve your health. People who exercise feel more confident and stronger. And, they sleep better too.

4. Keep your usual schedule

   Stick with your regular schedule. If you usually buy groceries on Monday, volunteer on Wednesday, clean on Friday, and attend religious services on Saturday or Sunday, keep it up. Keeping your usual schedule helps you maintain some control in your life and prevents you from becoming obsessed with the storms and their aftermath. People who miss their regular activities because they are worried can easily become isolated, lonely, and in the end, even more stressed and anxious.

Maintain contact with friends and family

After each storm, Floridians jammed the phone lines as they reached out to family and friends. We reached out to be sure that everyone was okay, and we were reaching out to find someone who could tell us that everything was going to be okay. Even after the storms, it is not unusual to still feel somewhat worried about your own safety, and about your friends and loved ones.

1. Keep in touch.

   Sharing joys as well as concerns is a great stress reducer. Sometimes talking to people about your fears and concerns really helps. Talking also helps us as we try to make decisions about rebuilding and repairing our homes and lives. Be wary of the "gloomers and doomers" whose negative talk may increase instead of decrease your stress and anxiety. Learn to change the subject (ex., "Have I told you about my grandchildren"?), or walk away if you find a conversation is increasing your stress level.

2. Know your neighbors

Many people have close ties and friendships with their neighbors and know each other well enough to be aware of any special needs someone might have. Close neighbors also know who is older, and who is alone. Unfortunately, in some cases our neighbors are strangers. Now is a good time to get to know your neighbors. It's a time to learn who you can turn to during a time of need, and to let others know that you are available to help as well.

Talk to yourself

1. Listen first, then talk to yourself

Gather the information about the decisions that you need to make. Get information and bids for any repair work in writing. Talk to family and friends, read the papers and the internet, and comparison shop. Then, ask someone you trust, a family member or friend to help you sort out your options and make your decision. Once you make your decision tell yourself that you made the decision with the best information you had, and then tell yourself to move forward to the next decision.

2. Moving on is the hardest part

Once you've thought this all through and made your decisions it's time to let go. Ask yourself: "Is there anything more I can do"? If you've done all you can, then relax a little and get on with life.

Conclusion

If you have done everything you can to calm yourself and are still feeling stressed and anxious then you may want to ask a professional for help in finding other ways to reduce your stress. Call your physician, speak with your clergy person, or contact the mental health department for guidance.

This paper offered some suggestions for reducing the stress in our lives. We can focus on doing one thing at a time. We can keep our regular schedules and routines. We must keep in touch with our family and friends. And we can listen to and talk to ourselves about our fears. And finally, we can get help when our stress, anxiety, and worry become more than we can handle. Being alone may be especially hard these days, but taking control wherever we can is a great stress reducer.

FCS9215

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Preparing for a Disaster: Strategies for Older Adults[1]

Carolyn S. Wilken[2]

Natural disasters such as tornadoes, floods, and hurricanes create special challenges for older adults, their caregivers, and their families. Older adults need to have the same basic disaster supply kit as everyone else. Basic supply lists are available from a number of sources, but the list available at the *American Red Cross* web site serves as the model (http://www.redcross.org/disaster/safety/fds-all.pdf). The elderly may have special needs that go beyond the basic supplies list. The following tips were recommended by the U.S. Departments of Homeland Security and the Federal Emergency Management Agency for people with disabilities and can apply to many older adults.

The suggestions in this factsheet are for older adults who may have age or health related disabilities yet are able to independently prepare for a disaster. If you are making preparations for someone else see *Tips for Caregivers of the Elderly and People with Disabilities* (http://edis.ifas.ufl.edu/FY751).

Make Your Lists

- Emergency Information List
- Medical Information List
- List of doctors, relatives, or friends who should be notified if you are hurt (include phone numbers and addresses)
- Disability Related Supply List
- List of the style and serial number of medical devices
- Emergency Document List

See the publication titled *Disaster Planning Tips for Senior Adults* http://edis.ifas.ufl.edu/FY620 for additional suggestions of items to add to your supply list.

Put Your Needs in Writing

Create a detailed description of your specific needs including:

- Daily routine
- Special instructions about medications (i.e., must be crushed, cut tablets in half, place crushed tablet in applesauce, what to do if you've missed a dose, etc.)
- Actions that cause extra pain, nervousness, or distress (i.e., lying flat on your back without a pillow under your knees, loud noises, etc.)

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Your Service Animal

Make plans for your service animal to remain with you. Prepare written instructions for how to handle and care for your service animal.

- Set aside a 2 week supply of food for your service animal
- Include related documents with emergency information

Let Family and Friends Know What You Need

- Create a support network to help you in an emergency.
- Tell your support network where you keep your emergency supplies.
- Give one member of your support network a key to your house or apartment.
- Contact your city or county government's emergency information management office. Many local offices keep lists of people with disabilities so they can be located quickly in case of an emergency.
- Let your utility company know of your needs, especially if you depend on electricity to operate medical equipment. They can let you know if the electricity will be disconnected for routine service and may also make your home a priority to get you reconnected as soon as possible.
- Wear medical alert tags or bracelets to help identify your disability.
- If you are dependent on dialysis or other life sustaining treatment, know the location and availability of more than one facility where you can receive treatment.
- Find out the location of the special needs evacuation centers nearest you. Know how to get there from your home.
- Show others how to operate your medical equipment such as your oxygen or your wheelchair.
- Know the size and weight of your wheelchair and whether or not it is collapsible, in case it has to be transported.

Keep Extra Supplies on Hand

- Prescription medicines, list of medications including dosage, list of any allergies
- Extra eyeglasses and hearing-aid batteries
- Extra wheelchair batteries, oxygen, etc . . .
- Medical insurance and Medicare cards

Act at the First Sign of Trouble

Prepare well in advance for potential disasters or emergencies. Are they tracking a hurricane way out in the ocean? Are there warnings of tornados or flooding? If so, then its time to put your personal disaster plan into action. As you know, it may take extra time for you to move to a safe location or to get your things together so do not hesitate.

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FCS9198

Disaster Planning Tips for Senior Adults[1]

Carolyn S. Wilken[2]

Disaster Planning Topics	Special Tips for Senior Adults
Water – 1 gallon/person/day. Store at least 3 days worth.	• Dehydration is a serious health problem for older adults. Store more than the recommended amount. • Gallon jugs of water are heavy. Use containers that are small enough to easily handle. • Be certain that the caps are easily removable in spite of arthritis. • Store extra water if you have pets. • Water in swimming pools and spas can be used for sanitation and person hygiene.
Food –store 3-day supply of non-perishable food.	• Consider special dietary needs. • Have a manual can opener that you can use.
First Aid Kit –one for home and one for the car	• Add anything different that you might need.
Non-prescription drugs – include pain relief, stomach medicine, and poison response drugs.	• Keep several day's worth of all vitamins and supplements that that you use daily. Withdrawal of some supplements can be a serious problem.
Contacts -to notify in an emergency	• All doctors names, phone numbers, addresses and what they treat you for (i.e. cardiologist) • In-town relatives or close friends (all phone numbers) • Out-of town relatives or close friends (all phone numbers)
Important papers – insurance, birth/death certificates, bank account and credit card information	• And, Medicare and/or Medicaid cards • Living will and medical power of attorney • Veteran's papers

1. This document is FCS9198, one of a series of the Department of Family, Youth and Community Sciences, Florida Cooperative Extension Service, IFAS, University of Florida, Gainesville FL 32611. First published: May 2003. Reviewed by Elizabeth Bolton, Ph.D., Department of Family, Youth and Community Sciences. Please visit the EDIS Web site at **http://edis.ifas.ufl.edu**

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Disaster Planning Topics	Special Tips for Senior Adults
Time passers –board games, puzzles, books, paper and pens for letters and notes, envelopes and stamps, playing cards	• Paperback books weigh less than hardcover
Medical Needs –first aid kit, extra glasses, names of doctors, information about prescription medications	• Also, extra hearing aid batteries • Wheel chair batteries • List of serial numbers and styles of medical devises (i.e. pacemakers). • Information on all prescription drugs-dosage, directions, interactions, refill dates. • Minimum 2 week supply of all essential medications

People with special needs	• Alzheimer's Victims
	  o Register with local police/fire departments
	  o ID bracelet or necklace
	  o Instructions for reaching family member, friends, physician
	  o Information about special or peculiar behaviors
	• Diabetics
	  o Special dietary foods
	  o Testing supplies
	  o Emergency insulin supplies that do not require refrigeration
	• Bed-Bound Persons
	  o Emergency transportation plan
	  o Supplies of daily care items –bed pads, adult diapers, linens
	  o Dietary needs
	• Oxygen Dependent
	  o Oxygen supplies (including alternate power source –such as battery).
	  o Extra water for oxygen condensers

Emotional Support/ Stress Reduction- Special pictures, spiritual support, comfort food, addresses and phone numbers of friends	• Keep a journal about your experience. • Form informal 'support group' to share concerns and information. • Write letters to your grandchildren or other family and friends.
Evacuation or move to shelter	• Consider backpacks to put supplies in if you must evacuate or move to a shelter • Prearrange transportation with neighbors

References:

Psychosocial Issues for Older Adults in Disasters
DHHS Publication No. ESDRB SMA 99-3323
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Disaster Preparedness for Seniors by Seniors
Available from your local chapter of the American Red Cross, or online at
http://www.redcross.org/services/disaster/beprepared/seniors.html

FCS9216

UNIVERSITY OF FLORIDA
IFAS EXTENSION

Disaster Planning Tips for Caregivers of the Elderly and People with Disabilities[1]

Carolyn Wilken[2]

News that a hurricane or tornado is on its way can cause anyone to worry. But if you are responsible for providing care for someone who is disabled, chances are you face additional concerns. You and the person you care for may not be able to "jump and run" when the tornado sirens are sounded or the hurricane warning is issued. Planning ahead will give you a little peace of mind.

For caregivers, as for everyone else, it is important to have basic supplies available. The supply list available at the *American Red Cross* web site (http://www.redcross.org/disaster/safety/fds-all.pdf) serves as the model for many basic supply lists. Other sources provide information about special supplies for people with disabilities, for example *Disaster Planning Tips for Senior Adults* lists supplies that might be needed by people with disabilities and can be accessed online at http://edis.ifas.ufl.edu/FY620.

The purpose of this publication is to recommend specific strategies for you as the caregiver so you will be prepared for any natural disaster that may come your way.

Have a Plan

Although planning for a disaster can be frightening, having a plan in place can help you and the person you care for feel more secure.

Create a Disaster Team

Caregivers often feel they are "on their own" during normal times, and this feeling may intensify during times of disaster when people are hurrying to take care of their own family and property. People will be more than glad to help, but they will need to know exactly what you need and when you need it.

- Make plans for help with family, friends, and neighbors.
- Include someone on your team who is able to lift and carry heavy objects such as wheelchairs or other medical equipment.
- Give at least one other person a key to your home. Each team member should have the contact information for the others.

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2. Carolyn S. Wilken, Ph.D., M.P.H., Associate Professor, Family, Youth and Community Sciences, Copperative Extension Service, Institute of Food and Agricultural Sciences, University of Florida, Gainesville, FL.

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- Name a substitute caregiver in case you are unavailable or unable to provide care.

Make Evacuation Plans

Evacuation can be complicated for caregivers. Develop an evacuation strategy with your "disaster team." Consider the following:

- Where are the nearest special needs emergency shelters? Remember you may not be able to reach the closest shelter, so know where the next closest one is located. Practice driving to both using different routes prior to storm warnings.
- What supplies must you take with you? In addition to the supplies you would normally need for an evacuation, think of those things you use as a caregiver every day. Make a check list of special caregiving items such as incontinence items, cleaning and sanitizing supplies, pill splitter or crusher, and thermometer. Secure a box or case to carry them in.
- How many people are needed to help make the move? These people should be part of your disaster team. Know how to reach them.
- Whom should you inform that you are evacuating? Let your neighbors and family members know, and if you live in any kind of "complex" let the administrators know that you have left.
- Keep your vehicle's gas tank over 3/4 full at all times.

Put It In Writing

Remember, in a disaster you may become separated from the person you provide care for. In case this happens, provide a written, detailed description of what the care receiver will need (e.g., extra clothing and personal hygiene and/or incontinence products as well as medications). Provide very specific information about the person's care, including tips for helping the care receiver remain calm or for helping them to calm themselves in times of stress or excitement.

Give copies of the list to the members of your caregiving team and place a copy where it can be easily found. Many people put this kind of information on **a boldly written note securely taped to the front of the refrigerator**. Emergency personnel know to look there and chances are good that the refrigerator will stay in place.

In addition, create an hour by hour description of a typical 24 hour day, include:

- How the care receiver spends his or her time.
- What is needed at each point in time.
- How to provide for those needs.
- Where the supplies are to meet those needs.

If there are caregiving tasks that occur every other day, or on a weekly basis, create a weekly calendar to describe those care needs.

Describe in detail how to help the care receiver handle stress and trauma:

- Does talking or singing help? Is there a special story or song?
- What possessions bring comfort (blanket, stuffed animal, etc.)? Where can they be found?
- When is medication needed to help calm the carereceiver?
- Who is the care receiver most comfortable with if you are unavailable? How can they be contacted?

Waiting for the Storm

Tornados

When a tornado is approaching there is little time to prepare, and little time to worry. Put your plan into action immediately.

Hurricanes

When a hurricane is approaching there is time to get ready, and plenty of time to worry. When caring for someone with a disability who depends on a strict

routine to help remain calm, it is important to maintain as much of your daily routine as possible:

- Keep normal sleeping and meal schedules.
- Minimize talk about the status of the hurricane.
- If you are unable to go out as normal, create activities at home to pass the time.
- Limit watching the news and weather forecasts to a specific time of day rather than keeping the television or radio turned on all day long.

Further Assistance

If you have questions about how to create your own disaster plan contact the local Red Cross office or the people who handle emergency management in your community. They can help you find local services and provide you with the details you need to complete your plan.

Helpful Web sites

For more detailed information about caring for someone with a disability during a disaster see the following Web sites.

Wilken, Carolyn. Preparing for a Disaster: Strategies for Older Adults. *EDIS.* Florida Cooperative Extension Service, University of Florida. http://edis.ifas.ufl.edu/FY750

Wilken, Carolyn. Disaster Planning Tips for Senior Adults. *EDIS.* Florida Cooperative Extension Service, University of Florida. http://edis.ifas.ufl.edu/FY620

Disaster Planning and Response for Persons with Disabilities (State of Florida). http://apd.myflorida.com/hurricane/disaster_preparation.htm

ReadyAmerica.gov . "Get a Kit: Items for Special Needs." http://www.ready.gov/special_needs_items.html

Disaster Preparedness for People with Disabilities (Federal Emergency Management Agency) http://www.fema.gov/library/disprepf.shtm

American Red Cross. http://www.redcross.org

UNIVERSITY OF FLORIDA
IFAS EXTENSION

FCS9199

Facing Terrorism Alone[1]

Carolyn S. Wilken[2]

The threats of terrorism have left us all fearful and anxious. American's stress level is up and people talk about being anxious and afraid. We worry about the possibility of another terrorist attack. We feel stressed because we don't know what to expect from day to day.

This is a particularly difficult time for older adults who live alone. While older adults have family and friends to turn to, there are times when it is just scary to live alone. It can be especially frightening when you are an older adult.

Many of us play the "what if" game with ourselves.

- *What if* there was another terrorist attack?
- *What if* there was Anthrax in the mail again?
- *What if* I couldn't get in touch with my family?
- *What if* I had to run out of a building? I'm pretty slow at my age.
- *What if...*
- *What if...*

And so we worry. And we feel stressed and anxious. We are anxious because terrorism is completely out of our control. Sometimes we simply wring our hands and wonder what can we do? The truth is we can't do anything about terrorism, but we can do something to control our worrying. Below are some simple strategies to reduce stress and anxiety. Of course these strategies won't make all the fear go away, but by following these suggestions you can regain control over your life –no matter what your age.

1. Do one thing at a time.

   Do you sometimes have problems finishing things you've started. Is it difficult to concentrate? Do you find yourself constantly drawn to the television to get the latest news? You aren't alone if you find yourself glued to the TV. In fact, doing this has become so common that it has a name: This is called the CNN Effect.

   Are you so wrapped up in what's happening that you lose track of your usual work and daily tasks. Suddenly you are faced with a mountain of unfinished tasks, and the next thing you know, you are stressed about the things you haven't done.

   Specialists suggest that doing one thing at a time, and completing that project before beginning another is a good way to help gain control over stress. Choose one task that needs to be done right away, and do it! Then take on the next one. Checking these things off a list is a great stress reducer.

1. This document is FCS9199, one of a series of the Department of Family, Youth and Community Sciences, Florida Cooperative Extension Service, IFAS, University of Florida, Gainesville FL 32611. First published: May 2003. Reviewed by Elizabeth Bolton, Ph.D., Department of Family, Youth and Community Sciences, Gainesville, Florida, 32611. Please visit the EDIS Web site at **http://edis.ifas.ufl.edu**

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2. Keep a routine
   One of the most effective ways to reduce stress is to keep your normal routine. It is sometimes hard to do that when you have other things –such as terrorism- on your mind. Having a routine is a way to maintain control in your life. With the constant threat of terrorism it feels like there isn't much that you can control right now. But stress and anxiety become manageable when you work to control the things you can. Try these tips.

   - **Maintain your regular sleep schedule**
     If you are staying up later than normal to watch the latest news, you may not be getting enough sleep. And, for many people, "watching the war" right before going to bed is like eating spicy food late at night –you just don't sleep very well!

   - **Eat regularly and well**
     During times of stress some people say that they just can't eat… while others use eating in an effort to reduce their feelings of stress. Focus on the healthy foods you enjoy, but reconsider any plans to make drastic changes in your eating habits when you are feeling so stressed. In time, we will again feel normal and then we can make such changes.

   - **Exercise is a stress-buster**
     Fresh air and exercise are well known stress busters. Take a walk alone, or better yet with friends. Walking will clear your head and improve your health. People who exercise feel more confident and stronger. And, they sleep better too.

   - **Keep your usual schedule**
     Stick with your regular schedule. If you usually buy groceries on Monday, volunteer of Wednesday, clean on Friday and attend religious services on Saturday or Sunday, keep it up. Keeping your usual schedule helps you maintain some control in your life and prevents you from becoming obsessed with terrorism. People who miss their regular activities because they are afraid to leave home can easily become isolated, lonely, and in the end, even more stressed and anxious.

3. Maintain contact with friends and family
   On September 11, 2001 Americans jammed the phone lines as they reached out to family and friends. We reached out to be sure that everyone was 'ok', and we were reaching out to find someone who could to tell us that everything was going to be okay. Most Americans are still somewhat worried about their own safety, and about their friends and loved ones.

   - **Keep in touch**
     Sharing joys as well as concerns is a great stress reducer. Sometimes talking to people about your fears and concerns really helps. Talking also helps us as we try to better understand what is happening in the world. But a word of warning is important. Be wary of the "gloomers and doomers" whose negative talk may increase instead of decrease your stress and anxiety. Learn to change the subject, ("Have I told you about my grandchildren"?) or walk away if you find a conversation is increasing your stress level.

   - **Know your neighbors**
     Many people have close ties and friendships with their neighbors and know each other well enough to be aware of any special needs someone might have. Close neighbors also know who is older, and who is alone. Unfortunately, our neighbors are strangers. Now is a good time to get to know your neighbors. It's a time to learn who you could turn to in time of need, and to let others know that you are available to help as well.

4. Talk to yourself
   - **Listen first, then talk to yourself**
     Gather the information about what you should do to be prepared for a terrorist attack. Talk to family and friends, read the papers and the Internet, and watch the news. Then, ask yourself what you need to do to feel as safe as you can. Make a plan. If you need help in carrying out your plan ask for it. Family and friends may be able to help you. You can also contact your area for advice: Contact your local Red Cross, emergency management office, or local law enforcement agency.

   - **Moving on…the hardest part**
     Once you've thought this all through and set up your safety plan it's time to let go. Ask yourself: "Is there anything more I can do?" If you've done all you can, then relax a little and get on with life.

Conclusion

If you have done everything you can to protect yourself and are still feeling stressed and anxious then you may want to ask a professional for help in finding other ways to reduce your stress. Call your physician, speak with your clergy person, or contact the mental health department for guidance.

This paper offered some suggestions for reducing the stress in our lives. We can focus on doing one thing at a time. We can keep our regular schedules and routines. We must keep in touch with our family and friends. And we can listen to and talk to ourselves about our fears. And finally, we can get help when are stress, anxiety and worry become more than we can handle. Being alone may be especially hard these days, but taking control wherever we can is a great stress reducer.

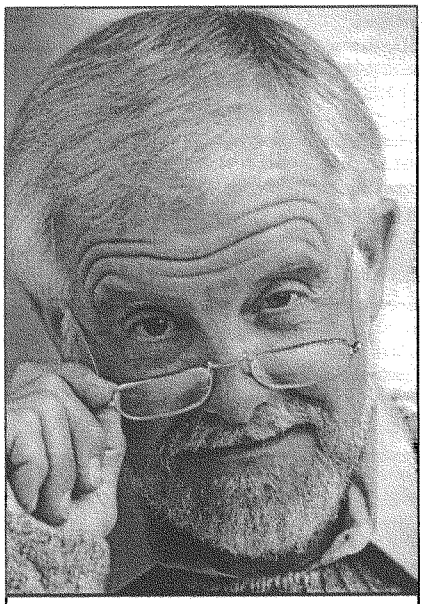
FCS2216 FY631

UNIVERSITY OF FLORIDA

IFAS EXTENSION

Designing Educational Programs for Older Adults[1]

Carolyn Wilken[2]



1. This document is FCS2216 FY631, one of a series of publications from the distance education in-service "Aging in the 21st Century," coordinated by Carolyn Wilken, PhD, MPH, Department of Family, Youth and Community Sciences, UF/IFAS. First published: September 2003. Reviewed by Candice King, formerly coordinator of Research Programs, Institute on Aging. University of Florida, Gainesville, 32611.

2. Carolyn Wilken, PhD, MPH, Associate Professor, University of Florida, IFAS, Department of Family, Youth and Community Sciences, and University of Florida Institute on Aging, Gainesville, 32611.

Aging in the 21st Century

According to the U.S. Census Bureau, by the year 2050 the nation's elderly population will more than double to 80 million, and the more frail, over-85 population will quadruple to 18 million.

Currently, Florida ranks first in the United States in the percent of the population who is full-time and seasonal residents over the age of 65. Older Floridians, their families and communities face a myriad of issues related to aging.

Aging in the 21st Century is an eight-topic program that addresses issues such as:

- health and medical care
- family relationships
- economic concerns
- caregiving
- home modifications
- retirement
- nutrition and diet

Institute on Aging core faculty from the Colleges of Medicine, Nursing, Health Professions, and Liberal Arts and Sciences joined Extension faculty from IFAS as educators for this series.

Professional audiences

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WHAT YOU WILL LEARN

- MARKETING: how to use the media, information centers and community partners to effectively reach older adults
- LOCATION & TIMING: key points to consider when choosing the best location and time for your program
- PRESENTATION: how to use visual and verbal communication to successfully share information with older adults

MARKETING TO OLDER ADULTS

One of the most important steps in designing a successful program is choosing how to most effectively reach your target audience.

Among the options to consider when targeting older adults are:

(1) traditional media,
(2) information centers, and
(3) community partners.

Traditional Media

Although very effective in reaching the older population, **television** is quite expensive and unless your program has a large budget, you should consider radio.

Radio is very effective in reaching older adults and considerably less expensive. Many local radio stations sponsor community announcements at no cost. The Federal Trade Commission (FTC) requires every television and radio station to contribute airtime for public service announcements (PSAs). Contact the station manager for information about their policies and procedures regarding PSAs.

Newspapers are also a good way to get your message out. Most local newspapers have weekly community calendars or weekly sections especially designed for the retirement community.

Contact your local newspaper to find out what opportunities are available to market your program. Be sure to keep the newspaper informed about future programs.

Information Centers

Your best ally in targeting older adults is your own community. Use your community centers, organizations and faith-based communities as information centers. Older adults are often very involved within the community, so make use of the **bulletin boards** and **newsletters** offered by these organizations to reach your target audience.

Also remember to BE YOUR OWN INFORMATION CENTER. **Word of mouth** is still one of the most effective ways to get people interested in a program.

Community Partners

Community partners are great resources for recruiting older adults to your programs. Consider working with:

- County Cooperative Extension faculty
- Senior Centers' directors
- Area Agency on Aging professionals
- Health care professionals

LOCATION & TIMING

When choosing the location for your program consider:

- **Transportation:** Where does your audience live? How will they travel to your program?
- **Accessibility:** How many handicap parking spots will you need? Are there enough rest room facilities to accommodate the size of your audience?
- **Room arrangement:** Are the seats comfortable enough for the time your audience will be sitting?

Think about what your audience will be doing during your program and arrange the room accordingly.

When choosing the time of your program remember to:

- **Avoid early mornings**
- **Coordinate with other programs:** Does the time of your program conflict with other similar programs? Could you 'double' program attendance by coordinating with a similar one?
- **Avoid asking participants to get out at night:** Does your program end around dinner-time? Is it too dark for driving at the time your program ends?

Think about your audience's routine and schedule your program accordingly.

Presenting to Older Adults

Now that you have decided how to best reach your audience and have chosen a location and time, you can focus on the presentation of your program.

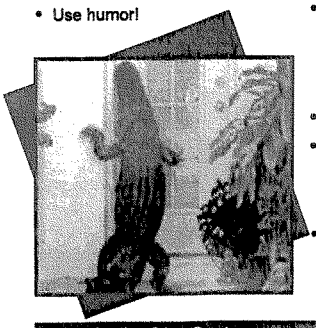
There are two main elements in designing a presentation: verbal and visual. Each element needs to complement the other in order for the presentation to be successful.

Verbal

To get the important points of your presentation across, it is essential that your audience listens to and understands the message you are trying to convey.

Below is a list of important points to consider when talking to an older audience:

- Speak clearly, slowly and directly to your audience.
- Rephrase important points.
- Consider vocabulary and avoid technical terms.
- Repeat questions and comments for the audience.
- Control background noise.
- Use a microphone if needed and check it out with hearing aid users.
- Use humor!



Visual

Always use visuals to supplement verbal communications. The visual aspect of a presentation involves both projection (PowerPoint or PDF presentations, overhead, etc.) and print publications (handouts, brochures, flyers, etc.)

It is important that you consider each aspect individually as well as part of one unified presentation. Projections and print although often very similar, demand different preparation.

Print Publications

Below are some factors to consider when designing supplemental print materials for your program:

- Use **dark on light** for print since it is easier to read. Use light on dark on small sections if you want to give a dramatic look to your publication. It is important however, to always maximize the contrast between paper and ink.

ABC ABC ABC

- Use a **standard format** for your publication. The combination of different fonts, colors and elements often distracts from your main message.
- Maximize **white space**.
- Use **columns**. They allow for more white space and they help guide your reader through the publication.
- Limit the use of ALL CAPS. Lower and upper case words are much easier to read.
- Use **short lines** - 3 to 4 inches.
- Avoid **slick paper**. It is hard to turn the pages.
- Avoid **shiny paper**. The reflections make it hard to read.

What Font To Use?

No matter what you do, avoid using elaborate fonts such as *Monotype Corsiva* or any other script style font. They are hard to read and will distract your audience.

PROJECTING

Sans-Seriff fonts (those without feet) are usually best when projecting. The serifs (feet) can be distracting on the screen. Also consider **bold faced** type when projecting.

Examples of projection fonts:

- Arial
- Century Gothic
- Tahoma
- Verdana

PRINT

Serif fonts are usually best to use for printing. The little 'feet' guide the reader's eyes along the paper.

Examples of print fonts:

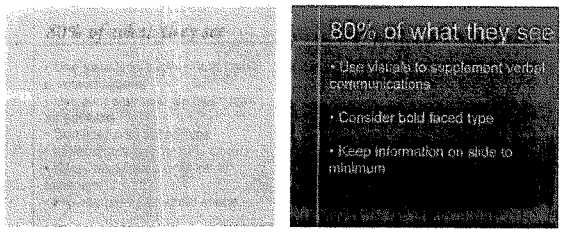
- Bookman Old Style
- Book Antigua
- Times New Roman
- Courier New
- Georgia

Projections

Below are some factors to consider when you design a program that will be projected or shown on a screen.

- Use **light on dark** for projections. It reduces the glare of stark background. Remember: always maximize contrast!
- Use as much **light** as possible in your room.
- Use **graphs and charts** that are clean and as large as possible. Label them clearly.
- Keep **information** on a slide to a minimum.

CHOOSE FOR YOURSELF



Additional Resources

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Morris, M., & Ballard, S. (2003). *Instructional techniques and environmental considerations in family life education programming for midlife and older adults.* Family Relations, 52(2), 167-173.

Wilken C. (1992). *Designing extension publications and presentations to be seen and heard by all.* Journal of Extension, 30(Summer), 15-17.

Wilken, C. (Summer, 2003). *The family life education needs of mid-life and older adults. A review. In Research News You Can Use.* Retrieved July 15, 2003 from: http://fycs.ifas.ufl.edu/research07.htm#anchor4

PUBLICATIONS IN THIS SERIES:

- ***The Future of Aging in Florida***
  Jeffrey Dwyer, PhD
- ***Safe Return***
  Meredeth Rowe, RN, PhD
- ***Financial Issues***
  Jo Turner, PhD, CFP
- ***Elder Nutrition***
  Linda Bobroff, PhD, RD, LD/N
- ***Fall Prevention***
  Kristen Smith, MPH
- ***Family Relationships in an Aging Society***
  Terry Mills, PhD
- ***Adapting the Home***
  Pat Dasler, MA, OTR/L
- ***Developing Educational Programs for Older Adults***
  Carolyn Wilken, PhD, MPH

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Stop, Look, and Listen: Tips for Talking to Older Adults [1]

Carolyn S. Wilken[2]

Three simple words can help you talk to the older adults in your life: *stop, look,* and *listen.* These words are important when you are in everyday conversation. But they are even more important when you are trying to solve a problem or get essential information. It only takes a little time to stop, look, and listen. When you do, you will quickly find that you will feel less stressed. And, your older friend or family member will feel less frustrated and more understood.

Stop

Stop what you are doing and focus on your conversation. Of course, we talk to each other while we are doing other things. Talking while we do the dishes or drive the car is normal. Those are good times to talk about the weather, whom we visited with last weekend, or how cute our grandchildren are. But it's different when we want to talk about something important. When we want to ask about a problem or be sure someone understands when their doctor appointment is, we must stop, look, and listen. When we don't stop what we are doing, our older friend or family member may not hear or understand us. We may also miss important nonverbal messages that they are sending. For example, while coming out of the doctor's office you may quickly ask what the doctor said, but you may also be thinking about what you need at the grocery store. Take the time to stop and ask about the doctor's comments before moving on. Focus on the appointment and ask for details while the information is fresh on your older family member's mind.

Look

Look at the older person when you are talking to them. Looking directly at a person lets them know that we are paying attention and that we care about what they have to say. Because most older adults have some hearing loss, they hear better when they can look at the person who is talking. Without realizing it, most of us increase our hearing by reading lips. It is easier to read lips when the listener can clearly see the speaker's face. So face the person you are talking to, avoid eating or drinking while you are talking, and be sure to speak in a strong, clear voice.

Listen

Listen with more than your ears. Listen for more than the words. Listen for unspoken messages. What

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2. Carolyn S. Wilken, associate professor, Department of Family, Youth and Community Sciences, Cooperative Extension Service, Institute of Food and Agricultural Sciences, University of Florida, Gainesville, FL 32611. Reviewed by Mary Harrison, professor, University of Florida, and Lynn Domenech, M.Ed., owner, Comfort Keepers.

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is your older relative or friend telling you with his or her body language? Listen for the person's tone of voice—is he or she angry, sad, scared, or excited? Listen for the message you see in the older adult's face or posture. Listen with your ears, your eyes, your mind, and your heart.

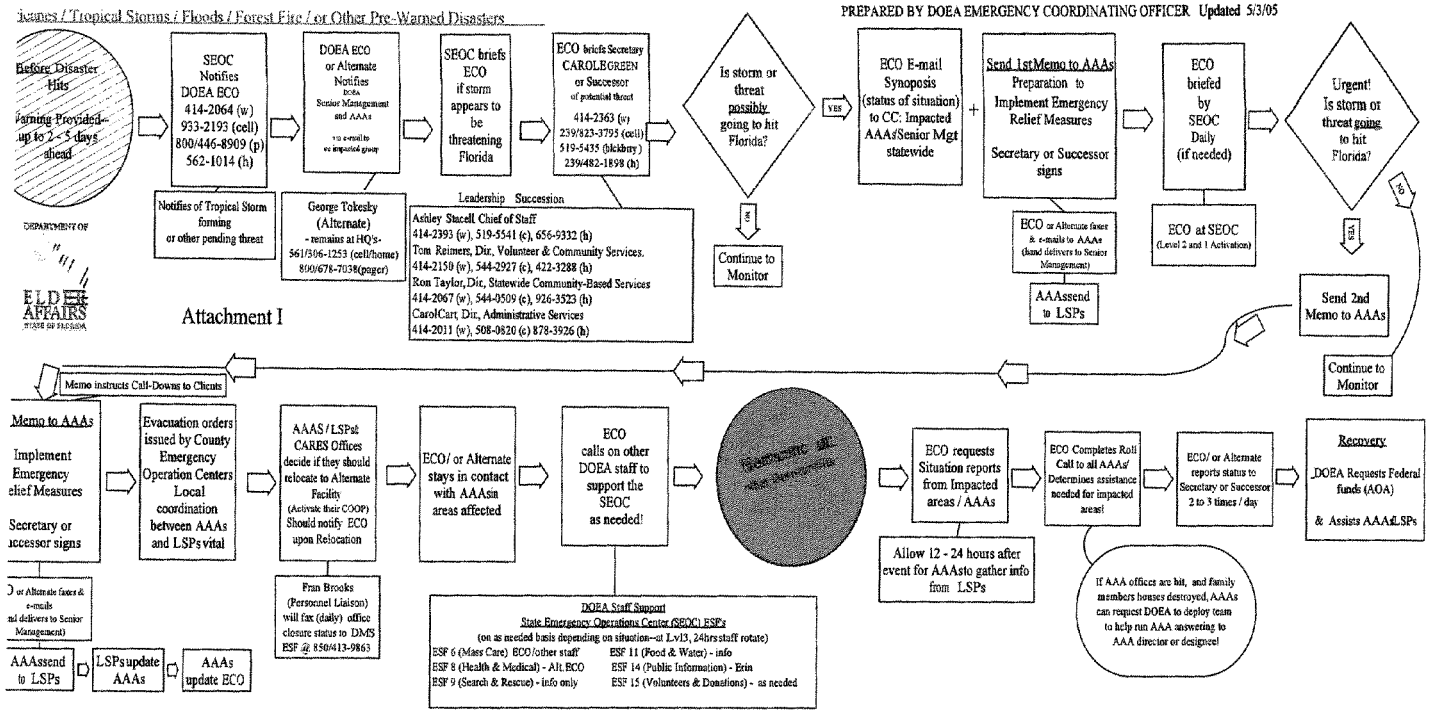
Toward Better Communication

Three simple words can prevent many misunderstandings. When we stop, look, and listen we are showing our older relative or friend that we not only care, but also want to understand and to help. These three simple words are just the start of better communication. The following tips will also help you communicate with older adults in your life:

- Involve older adults in decision making
- Communicate openly and honestly
- Focus on abilities not disabilities
- Listen for feelings of guilt, grief, and sadness
- Involve affected family members in important conversations

Ikanes / Tropical Storms / Floods / Forest Fire / or Other Pre-Warned Disasters

PREPARED BY DOEA EMERGENCY COORDINATING OFFICER Updated 5/3/05



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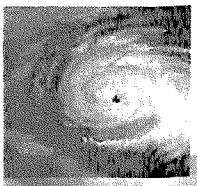

2005 Elder Update

DEPARTMENT OF ELDER AFFAIRS
STATE OF FLORIDA
CAROLE GREEN • SECRETARY

DISASTER PREPAREDNESS GUIDE FOR ELDERS

Florida Department of Elder Affairs · Volume 14 · Number 7 · April 2005 · Special Issue

On November 30, 2004, Lt. Governor Toni Jennings and Emergency Management Director Craig Fugate announced the end of the most active hurricane season in 118 years. Not since 1886 has any one state had to withstand four hurricanes in one year. During the landmark months of August, September, October and November 2004, all 67 counties in Florida received a federal disaster declaration for at least one of the five major storms to affect the state: Tropical Storm Bonnie and Hurricanes Charley, Frances, Ivan and Jeanne.

After a year in which Florida faced no hurricanes, the 2004 hurricane season began on August 12, 2004, when Tropical Storm Bonnie made landfall. The next day Hurricane Charley crashed ashore in Lee and Charlotte Counties with its 150 mph winds.

Charley – a category four hurricane – became the first hurricane to strike Florida since Hurricane Irene in October 1999, and it was

Continued on page 21

A Message *from the* Governor

by Governor Jeb Bush

As we prepare for the 2005 hurricane season, it is impossible not to reflect on last year's historic events. The 2004 hurricane season assured our place in history, not only in terms of destruction caused by Charley, Frances, Ivan and Jeanne but in terms of a united response and recovery effort as well. If the occurrence of four major hurricanes making landfall in one state was unprecedented, so too was the speed and efficiency with which Floridians were able to respond. As we look ahead to the 2005 hurricane season we must learn from the past and continue to prepare for the worst. I urge each Floridian to create an emergency plan that includes a disaster supply kit, evacuation plans and a list of pre-identified meeting places. If there is a mandatory evacuation in your area, plan to leave early to avoid delays on the highway. We must use our experiences from the 2004 hurricane season as a guide to help us better prepare for the future.

A Message *from the* Secretary

By Carole Green

On behalf of the Florida Department of Elder Affairs, I am proud to present the 2005 Disaster Guide. It is our hope that you will find this special issue of the Elder Update a helpful tool in preparing yourself for the upcoming hurricane season, as well as for other possible disasters.

Thanks to the brave and selfless acts of our friends and neighbors, today we are a stronger state. Charley, Frances, Ivan and Jeanne have taught us a great deal about our capabilities and ourselves. With the knowledge acquired and the partnerships forged during the 2004 hurricane season, we are better prepared than ever before to tackle the challenges brought on by hurricanes and other disasters.

After the storms of 2004, the state experienced an unprecedented response and Florida's seniors played a major role in this recovery effort. Throughout Florida, elders joined people of all ages to help our communities bounce back. As I travel the state, I continue to hear incredible stories of kindness and I know many more stories remain untold. It is stories like these that make me proud to be the Secretary of Elder Affairs.

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Elder Update
DISASTER PREPAREDNESS 2005

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DISASTER PREPAREDNESS 2005
ENGLISH

Hurricane E-mail Alert System

The American Red Cross has designed the Hurricane E-Mail Alert System to keep you informed throughout the 2005 hurricane season on the location of hurricanes in the Atlantic and Gulf of Mexico. To be added to the Hurricane and Severe Weather E-mail, please visit the following web site:

http://www.tallytown.com/redcross/hwns.html

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Disaster Preparedness 2005

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Atlantic Basin Seasonal Hurricane Forecast for 2005

By William M. Gray and Colleagues / Colorado State University

Tropical Cyclone Seasonal Forecast for 2005

(As of April 1, 2005)

Predictions:
(Average in Parentheses)

Named Storms (9.6)	13
Named Storm Days (49.1)	65
Hurricanes (5.9)	7
Hurricane Days (24.5)	35
Intense Hurricanes – Category 3, 4, 5 (2.3)	3
Intense Hurricane Days (5)	7
Net Tropical Cyclone Activity (100.0%)	135%

PROBABILITIES OF AT LEAST ONE MAJOR (CATEGORY 3-4-5) HURRICANE LANDFALL ON EACH OF THE FOLLOWING COASTAL AREAS:

Entire U.S. coastline 73%
(average for last century is 52%)

U.S. East Coast Including Peninsula Florida 53%
(average for last century is 31%)

Gulf Coast from the Florida Panhandle westward to Brownsville 41%
(average for last century is 30%)

Expected above-average major hurricane landfall risk in the Caribbean.

http://typhoon.atmos.colostate.edu/forecasts

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The Saffir-Simpson Hurricane Scale

Category 1
Winds 74-95 mph
Minimal damage: Unanchored mobile homes, vegetation and signs.
Storm surge: 4-5 feet

Category 2
Winds 96-110 mph
Moderate damage: All mobile homes, roofs, small crafts, flooding.
Storm surge: 6-8 feet

Category 3
Winds 111-130 mph
Extensive damage: Small buildings, low-lying roads cut off.
Storm surge: 9-12 feet

Category 4
Winds 131-155 mph
Extreme damage: Roofs destroyed, trees down, roads cut off, mobile homes destroyed. Beach homes flooded.
Storm surge: 13-18 feet

Category 5
Winds greater than 155 mph
Catastrophic damage: Most buildings destroyed. Vegetation destroyed. Major roads cut off. Homes flooded.
Storm surge: > 18 feet

www.floridadisaster.org

Elder Update
April 2005 Special Issue

DISASTER PREPAREDNESS

Preparing for a Hurricane

Hurricane Watch or Warning? What to do!

Here are some basic steps to take to prepare for the storm:

• Learn about your community's emergency plans, warning signals, evacuation routes and locations of emergency shelters.

• Identify potential home hazards and know how to secure or protect them before the hurricane strikes. Be prepared to turn off electrical power when there is standing water, fallen power lines or before you evacuate. Turn off gas and water supplies before you evacuate. Secure structurally unstable building materials.

• Buy a fire extinguisher and make sure your family knows where to find it and how to use it.

• Locate and secure your important papers, such as insurance policies, wills, licenses, stocks, etc.

• Post emergency phone numbers near every phone.

• Inform local authorities about any special needs, i.e., elderly or bedridden people, or anyone with a disability.

Emergency Supplies Needed

You should stock your home with supplies that may be needed during the emergency period.

Preparing to Evacuate

Expect the need to evacuate, and prepare for it. The National Weather Service will issue a hurricane watch when there is a threat to coastal areas of hurricane conditions within 24-36 hours.

When a hurricane watch is issued, you should:

• Fill your automobile's gas tank.

• If no vehicle is available, make arrangements with friends or family for transportation.

• Fill your clean water containers.

• Review your emergency plans and supplies, checking to see if any items are missing.

• Tune in to the radio or television for weather updates.

• Listen for disaster sirens and warning signals.

• Prepare an emergency kit for your car with food, flares, booster cables, maps, tools, a first aid kit, fire extinguisher, sleeping bags, etc.

• Secure any items outside which may damage property in a storm, such as bicycles, grills, propane tanks, etc.

• Cover windows and doors with plywood or boards, or place large strips of masking tape or adhesive tape on the windows to reduce the risk of breakage and flying glass.

• Put livestock and family pets in a safe area. Due to food and sanitation requirements, emergency shelters cannot accept animals.

• If possible, park vehicles under cover.

• Fill sinks and bathtubs with water as an extra supply for washing.

• Adjust the thermostat on refrigerators and freezers to the coolest possible temperature.

If Ordered to Evacuate

Because of the destructive power of a hurricane, you should never ignore an evacuation order. Authorities will be most likely to direct you to leave if you are in a low-lying area, or within the greatest potential path of the storm. If a hurricane warning is issued for your area, or you are directed by authorities to evacuate the area:

• Take only essential items with you.

• Leave pets indoors in a safe, covered area with ample food and water.

• If you have time, turn off the gas, electricity and water.

• Disconnect appliances to reduce the likelihood of electrical shock when power is restored.

• Make sure your automobile's emergency kit is ready.

• Follow the designated evacuation routes – others may be blocked – and expect heavy traffic.

If Ordered NOT to Evacuate

The great majority of injuries during a hurricane are cuts caused by flying glass or other debris. Other injuries include puncture wounds resulting from exposed nails, metal or glass and bone fractures.

To get through the storm in the safest possible manner:

• Monitor the radio or television for weather conditions, if possible.

• Stay indoors until the authorities declare the storm is over.

• Do not go outside, even if the weather appears to have calmed – the calm "eye" of the storm can pass quickly, leaving you outside when strong winds resume.

• Stay away from all windows and exterior doors, seeking shelter in a bathroom or basement. Bathtubs can provide some shelter if you cover yourself with plywood or other materials.

• Prepare to evacuate to a shelter or to a neighbor's home if your home is damaged, or if you are instructed to do so by emergency personnel.

www.cdc.gov

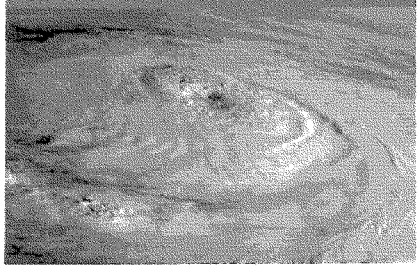
Hurricane Facts

• A hurricane is a type of tropical cyclone, the generic term for a low pressure system that generally forms in the tropics. A typical cyclone is accompanied by thunderstorms, and in the Northern Hemisphere, a counterclockwise circulation of winds near the Earth's surface.

• All Atlantic and Gulf of Mexico coastal areas are subject to hurricanes or tropical storms. Parts of the Southwest United States and the Pacific Coast experience heavy rains and floods each year from hurricanes spawned off Mexico. The Atlantic hurricane season lasts from June to November, with the peak season from mid-August to late October.

• Hurricanes can cause catastrophic damage to coastlines and several hundred miles inland. Winds can exceed 155 miles per hour. Hurricanes and tropical storms can also spawn tornadoes and microbursts, create storm surges along the coast and cause extensive damage from heavy rainfall

Hurricane Tips to Know



Evacuating the Area of a Hurricane

If a hurricane is issued for your area — or if authorities tell you to evacuate — take only items that are essential to you. If you have time, turn off the gas, electricity and water going into your home. Disconnect appliances to reduce the likelihood of electrical shock when the power is restored. Make sure that your automobile's emergency kit is ready — if you don't have an automobile emergency kit, purchase one. Be sure to take a supply of your prescription drugs with you. Follow designated evacuation routes — others may be blocked — and expect heavy traffic.

Boil Water Advisory

Create a supply of water that is safe for cooking, drinking and tooth brushing by bringing water to a rolling boil for one minute. You should begin timing it when the water starts to bubble. Cool the water, then place in clean containers for use or refrigerate.

Hot — not boiled — soapy water can be used for dishwashing and kitchen or bathroom surface cleaning. As a precaution, add one tablespoon of bleach per gallon of water. Laundry and showering water does not need to be treated, unless specifically listed.

Prescription Medications

As you evacuate, remember to take your prescription medications with you. Many businesses, including pharmacies, may be closed during or after a hurricane. A week's supply of medications should be kept on hand at all times in case of an emergency.

Carbon Monoxide

During a power outage, running power generators or other devices can lead to deadly carbon monoxide poisoning. Carbon monoxide is an odorless, colorless, tasteless gas that kills more than 500 Americans each year. Never use generators, grills, camp stoves or other gasoline-, charcoal- or propane-burning devices inside your home, basement, garage or carport or outside, near an open window.

Staying Safe in Your Home During a Hurricane

If emergency personnel recommend that you evacuate your home because of an oncoming hurricane, you should follow local emergency management instructions. If you are unable to evacuate, there are things you can do to protect yourself in your home.

Seek shelter in a basement or in an interior room with no windows. Monitor all radio or television weather reports, preferably on an NOAA weather radio. Stay indoors until authorities declare the storm is over. Do not go outside — even if the weather appears to have calmed — before you get clearance from local emergency management, as strong winds can resume quickly.

Electrical Safety

During hurricanes, power outages and flooding often cause electrical hazards. Never touch a downed power line, or anything in contact with a downed power line. Contact the utility company before performing work near a downed power line. If a power line falls on your vehicle while you are in it, remain in your car unless the vehicle catches fire or authorities tell you it is safe to do so.

Shut off electricity and natural gas in your home — if time permits before a hurricane — and do not turn the power back on until a qualified professional has inspected all equipment. Do not touch a person who appears to have been electrocuted without checking to see whether or not the person is still in contact with the electrical source.

Building Safety

Buildings may no longer be safe following a hurricane or flood. There are a number of dangers that you need to be aware of as you return to — and begin cleaning up — your home or other building. In general, return to buildings during the daytime so that you don't have to use lights and be aware of possible structural, electrical or gas-leak hazards.

Fire Hazards

Use battery-powered lanterns and flashlights, if possible, instead of candles. If you must use candles, make sure that you put them in safe holders, away from curtains, paper, wood or any other flammable items.

Mold Prevention

Rain or floodwaters that get into buildings can create conditions that enable mold to grow; however, you can take steps to prevent mold growth. The most important step is to ensure that water is no longer entering the house by making all necessary repairs. Following that, clean and dry all wet items within 48 to 72 hours, keep wet areas well ventilated, discard materials that retain water and can't be repaired, and if you see or smell mold, clean it with a solution of one cup of household liquid bleach per one gallon of water.

Clean Up

To prevent illness, disinfect and dry buildings and items in them. This will prevent growth of some bacteria, viruses, mold and mildew that can cause illness.

Clean all walls, floors and counter surfaces with soap and water. Disinfect them with a solution of one cup of household bleach per one gallon of water. Wash all clothes and linen in hot water. Air-dry and spray with disinfectant all un-washable items (for example, mattresses or furniture). Steam clean carpets. Throw away all items touched by water that cannot be disinfected.

Animals and Mosquitoes

Wild or stray animals may be disoriented and dangerous following a hurricane, flood or other disaster, so be cautious. It is imperative to beware of snakes and other wild animals that may have been brought into the area by floodwaters.

If you are bitten, try to identify the snake so that, if it is poisonous, you can be given the correct anti-venom. Do not cut the wound or attempt to suck the venom out. Secure all food sources and remove any animal carcasses from your property to avoid attracting other animals, such as rats. Wear insect repellent when outdoors as flooding can lead to more mosquitoes, which may carry disease.

Source: **www.cdc.gov**

Hurricane Assistance for Seniors

Assistance for senior citizens and those with special needs — in the form of counseling and help filling out paperwork — was made available for Florida residents affected by any one of the four hurricanes that impacted the state during the 2004 hurricane season.

Friends, neighbors, relatives and community groups can help seniors obtain that assistance from the Federal Emergency Management Agency (FEMA) and the Florida State Emergency Response Team (SERT).

"Stress caused by last year's storms is especially hard for many seniors," said Federal Coordinating Officer Bill Carwile. "And we hope family, friends and neighbors will take the initiative to ensure that senior citizens and those with special needs are not left out of the disaster recovery process."

Some seniors may hesitate to complete an application form for a Small Business Administration (SBA) low-interest loan, but must do so to keep the door open for other types of assistance. If a loan is not appropriate, the applicant can be referred to the Other Needs Assistance (ONA) grant program — but only after being declined by SBA. They cannot apply directly to the ONA program. Therefore, those who do not complete an SBA loan application may be disqualifying themselves for other types of assistance. The applicant is not obligated to take an SBA loan if approved, but if the loan is offered and refused, there is no referral to grant programs.

Older adults may also hesitate to apply for assistance because they are concerned they may be forced to move from their home into a nursing home or travel trailer. Therefore, they choose to stay in familiar surroundings even though their home is damaged. They will not be required to leave their home against their will. Another occasional misconception is that they must repay assistance awarded in the form of a grant, but FEMA and state grants do not require repayment.

Following a disaster, seniors are often separated from their usual community and support groups, which further compounds communication and transportation challenges. Family, friends and neighbors are encouraged to take a personal interest in the welfare of those with special needs and to offer help and transportation as needed. They can reassure the victim that he or she won't be forced to move and that an assistance grant does not have to be repaid. If crisis counseling appears to be necessary, older adults can call Project Hope, the Florida Department of Children and Families crisis counseling program, at 1-866-518-1825. Project Hope is available 24 hours a day, seven days a week.

The first step in registering for disaster assistance is to call the FEMA toll-free registration number 1-800-621-FEMA (1-800-621-3362), or (TTY) 1-800-462-7585 for those with hearing or speech impairment. The applicant will receive a registration number, which tracks them through the recovery process. That process is individually handled if they are identified as having special needs according to set criteria.

The next step for an applicant with special needs is to complete and sign an "Authorization to Release Confidential Information." FEMA Disaster Recovery Centers, staffed by experts, can help them complete the release form, which satisfies privacy laws so that eligibility for various kinds of disaster assistance may be determined. Community relations workers and housing inspectors also have the forms, and actively seek out people who need help completing them.

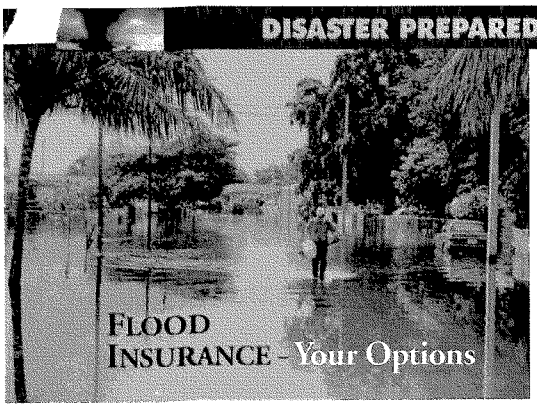
Information provided during these first two steps automatically triggers the third and final stage of individual assistance to seniors with special needs. "FEMA and the State of Florida work closely with each identified individual to smooth the process of getting the help needed," said State Coordinating Officer Craig Fugate. "That help can take the form of loans, grants or help in contacting voluntary agencies such as the Salvation Army, American Red Cross and a multitude of other volunteer and faith-based groups."

Source: **FEMA Recovery News**

Terms to Know

- **Tropical Depression** — An organized system of clouds and thunderstorms with a defined surface circulation and maximum sustained winds of 38 mph (33 knots) or less.
- **Tropical Storm** — An organized system of strong thunderstorms with a defined surface circulation and maximum sustained winds of 39-73 mph (34-63 knots).
- **Hurricane** — An intense tropical weather system of strong thunderstorms with a well-defined surface circulation and maximum sustained winds of 74 mph (64 knots) or higher.
- **Storm Surge** — A dome of water pushed onshore by hurricane and tropical storm winds. Storm surges can reach 25 feet high and be 50-1000 miles wide.
- **Storm Tide** — A combination of storm surge and the normal tide (i.e., a 15-foot storm surge combined with a two-foot normal high tide over the mean sea level created a 17-foot storm tide).
- **Hurricane/Tropical Storm Watch** — Hurricane/tropical storm conditions are possible in the specified area, usually within 36 hours. Tune in to NOAA Weather Radio, commercial radio or television for information.
- **Hurricane/Tropical Storm Warning** — Hurricane/tropical storm conditions are expected in the specified area, usually within 24 hours.
- **Short Term Watches and Warnings** — These warnings provide detailed information about specific hurricane threats, such as flash floods and tornadoes.

Source: **www.fema.gov**



FLOOD INSURANCE - Your Options

The National Flood Insurance Program makes federally backed flood insurance available to residents and business owners. Ninety-five percent of all Florida communities participate in the National Flood Insurance Program. Even if you do not live near water, your home still has a chance of being flooded. In fact, 25 to 30 percent of flood insurance claims are paid in low risk areas.

Flood losses aren't covered by your homeowners' insurance policy. Floodwaters have the power to damage not only your home and sense of security, but also your financial future.

OPTION 1:

Hope that you'll receive federal disaster relief if a flood hits.

Many people wrongly believe that the U.S. government will take care of all their financial needs if they suffer damage due to flooding. The truth is that federal disaster assistance is only available if the President formally declares a disaster. Even if you do get disaster assistance, it is often a loan you have to repay, with interest, in addition to your mortgage loan that you still owe on the damaged property. Most importantly, you must consider the fact that if your home is flooded and disaster assistance isn't offered, you'll have to shoulder the massive damage costs alone.

OPTION 2:

Buy flood insurance and stay protected no matter what.

When disaster strikes, flood insurance policyholder claims are paid even if a disaster is not federally declared.

Flood insurance means you'll be reimbursed for all your covered losses. And unlike federal aid, it never has to be repaid.

As a homeowner, you can insure your home up to $250,000 and its contents up to $100,000. If you're a renter, you can cover your belongings up to $100,000. As a non-residential property owner, you can insure your building and its contents up to $500,000. In general, a policy does not take effect until 30 days after you purchase flood insurance.

With changes made in the last year to the Preferred Risk Policy (PRP) coverage, people in low to moderate risk areas can get lower premiums on the full range of flood insurance coverage available for residential and business structures and contents.

For more information about this program, call 1-888-CALL FLOOD, TDD 1-800-427-5593, or visit www.floodsmart.gov.

Re-entering Your Flooded Home

When returning to a home that's been flooded after natural disasters such as hurricanes, tornadoes and floods, be aware that your house may be contaminated with mold or sewage, which can cause health risks for your family.

When You First Re-enter Your Home

- If you have standing water in your home and can turn off the main power from a dry location, do so, even if it delays cleaning. If you must enter standing water to access the main power switch, call an electrician to turn it off. **Never turn power on or off yourself or use an electric tool or appliance while standing in water.**
- Have an electrician check the house's electrical system before turning the power on again.
- If flood or storm water has entered your home, dry it out as soon as possible. It may be contaminated with mold and sewage.

Follow these steps:

- If you have electricity — and an electrician has determined that it's safe to turn it on — use a "wet-dry" shop vacuum or an electric-powered water transfer pump, to remove standing water. Be sure to wear rubber boots.
- If you do not have electricity, or it is not safe to turn it on, you can use a portable generator to power equipment to remove standing water. **Never operate a gasoline engine inside a home. Such improper use can create dangerously high levels of carbon monoxide, which can cause carbon monoxide poisoning.**
- If weather permits, open windows and doors of the house to aid in the drying-out process.
- Use fans and dehumidifiers to remove excess moisture. Fans should be placed to blow the air outwards rather than inwards, so not to spread the mold.
- Have your home heating, ventilating and air-conditioning (HVAC) system checked and cleaned by a maintenance or service professional.
- Prevent water outdoors from re-entering your home.
- Ensure that crawl spaces in basements have proper drainage to limit water.

Source: **www.cdc.gov**

Elder Update
April 2005 Special Issue

Disaster Supply Kit

Disasters can happen anytime and anywhere. And when disaster strikes, you may not have much time to respond. A highway spill of a hazardous material could mean evacuation. An earthquake, flood, tornado, or any other disaster could cut water, electricity and telephones for days.

After a disaster, local officials and relief workers will be on the scene, but they cannot reach everyone immediately. You could get help in hours, or it may take days. Will your family be prepared to cope with the emergency until help arrives?

Your family will cope best by preparing for a disaster before it strikes. One way to prepare is by assembling a disaster supply kit. Once disaster hits, you won't have time to shop or search for supplies. But if you've gathered supplies in advance, your family can endure an evacuation or home confinement.

Use a waterproof emergency suitcase and/or a large plastic storage box for a disaster supply kit. Include in the kit:

Water

- At least one-gallon daily per person for three to seven days. Store water in sealed, unbreakable containers. Identify the storage date and replace every six months.

Food – at least enough for 3-7 days

- Non-perishable packaged or canned food and juices
- Foods for infants or the elderly
- Snack foods
- Non-electric can opener
- Cooking tools and fuel
- Paper plates, plastic utensils, plastic garbage bags
- Blankets, pillows, sleeping bags
- Clothing – seasonal, rain gear sturdy shoes
- First aid kit, medicines, prescription drugs
- Special items for babies and the elderly

Toiletries – hygiene items

- Toothpaste and brush
- Dentures and glasses
- Deodorant and soap
- Shaving equipment
- Disposable incontinence supplies and other personal hygiene supplies if you will be providing care to a frail family member or friend
- Shampoo
- Wash cloth and hand towel
- Moisture wipes
- Toilet paper

Other Supply Kit items

- Flashlight and batteries
- Bug repellent and sunscreen
- Water purification tablets in a plastic bag
- Radio, battery operated and NOAA weather radio
- Credit cards
- Cash – banks and ATMs may not be open or available for extended periods.
- Keys – plus an extra set
- Toys, books, magazines and games
- Important documents in a waterproof container
- Insurance, medical records, bank account numbers, Social Security card, etc.
- Videotaped documentation of all valuables
- Written instructions for how to turn off electricity, gas and water if authorities advise you to do so. (Remember, you'll need a professional to turn natural gas service back on.)
- List of family physicians
- List of phone numbers of family, friends, pharmacy, caregiver and business contacts
- List of important family information such as the style and serial number of medical devices including pacemakers
- Tools – keep a set with you during a storm
- Vehicle fuel tanks filled

Keep the following in your car

- Battery powered radio and extra batteries
- Flashlight and extra batteries
- Blanket
- Booster cables
- Fire extinguisher (5 lb., A-B-C type)
- First aid kit and manual
- Bottled water and non-perishable high-energy foods, such as granola bars, raisins and peanut butter
- Maps
- Shovel
- Tire repair kit and pump
- Flares

Source: **www.floridadisaster.org**

Emergency Preparedness Checklist

When a disaster strikes, you may not have much time to act. Prepare now for a sudden emergency. Learn how to protect yourself and cope with disaster by planning ahead. This checklist will help you get started. Discuss these ideas with your family, then prepare an emergency plan. Post the plan where everyone will see it. For additional information about how to prepare for hazards in your community, contact local emergency management office and American Red Cross Chapter.

Emergency Checklist

1. Call your local emergency management office or American Red Cross Chapter.

- Find out which disasters could occur in your area.
- Ask how to prepare for each disaster.
- Ask how you would be warned of an emergency.
- Learn your community's evacuation routes.
- Ask about special assistance for elderly or disabled persons.
- Ask your workplace about emergency plans.
- Learn about emergency plans for your child's school or day care center.

2. Create an emergency plan.

- Meet with household members to discuss the dangers of fire, severe weather and other emergencies. Explain how to respond to each.
- Find the safe spots in your home for each type of disaster.
- Discuss what to do about power outages and personal injuries.
- Draw a floor plan of your home. Mark two escape routes from each room.
- Show family members how to turn off the water, gas and electricity at main switches when necessary.
- Post emergency telephone numbers near telephones.
- Teach children how and when to call 911, police and fire.
- Instruct household members to turn on the radio for emergency information.
- Pick one out-of-state and one local friend or relative for family members to call if separated during a disaster. (It is often easier to call out-of-state than within the affected area).
- Teach every family member your out-of-state contact's phone numbers.
- Pick two emergency meeting places.
  - A place near your home in case of a fire
  - A place outside your neighborhood in case you cannot return home after a disaster.
- Take a basic first aid and CPR class.
- Keep family records in a waterproof and fireproof container.

3. Prepare a Disaster Supplies Kit

- Assemble supplies you might need in an evacuation. Store them in an easy-to-carry container such as a backpack or duffle bag.

Source: **www.fema.gov**

Tornadoes Measured by the Fujita Scale

The Fujita scale (F-scale) uses actual damage to determine a tornado's wind speed.

F0 – Gale Tornado
40-72 mph
Some damage to chimneys. Tree branches broken off. Shallow rooted trees uprooted.

F1 – Moderate Tornado
73-112 mph
Peels surface off roofs. Mobile homes overturned. Moving autos pushed off roads.

F2 – Significant Tornado
113-157 mph
Considerable damage. Roofs torn off frame houses. Large trees snapped or uprooted. Light-object missiles generated.

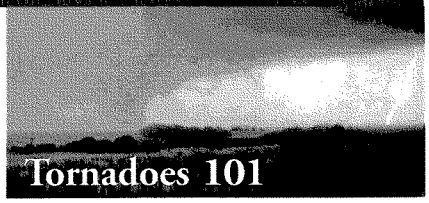
F3 – Severe Tornado
158-206 mph
Severe damage. Roofs and some walls torn off well constructed homes. Trains overturned. Most trees in forests uprooted. Heavy cars lifted off ground and thrown.

F4 – Devastating Tornado
207-260 mph
Well constructed houses leveled. Structures with weak foundations blown off some distance. Cars thrown and large missiles generated.

F5 – Incredible Tornado
261-318 mph
Strong frame houses lifted off foundations and disintegrated. Automobile-sized missiles fly through the air in excess of 100 mph. Trees debarked.

www.floridadisaster.org

Florida's Danger Season
March – April & May



Tornadoes 101

A tornado is defined as a violently rotating column of air extending from a thunderstorm to the ground. In an average year, 800 tornadoes are reported nationwide, resulting in 80 deaths and over 1,500 injuries. Tornadoes can occur anywhere, and at any time of the year.

In the Southern states, peak tornado occurrence begins in March and lasts through May. Tornadoes are also closely associated with hurricanes and often occur during hurricane season, June 1st through November 30th. The Southern states are also susceptible to waterspouts — weak tornadoes that form over warm water. Waterspouts sometimes move inland, becoming tornadoes, causing damage and injuries.

Know what to listen for

- A *tornado watch* is issued when tornadoes are possible in your area. Remain alert for approaching storms.
- A *tornado warning* is issued when a tornado has been sighted or indicated by weather radar. Move to your pre-designated place of safety

Stay informed of weather conditions by tuning in to local radio and television stations, or by listening to NOAA Weather Radio for the latest tornado watches and warnings. Remember, tornadoes occasionally develop in areas in which a severe thunderstorm watch or warning is in effect, so listen for that information as well. Remain alert!

Environmental Clues

- Dark, often greenish sky.
- Wall cloud.
- Large hail.
- Loud roar, similar to a freight train.
- Some tornadoes appear as a visible funnel extending only partially to the ground.
- Some tornadoes are clearly visible while other are obscured by rain or nearby low-hanging clouds.

Tornado Safety

Before the Storm

- Develop a plan for you and your family for home, work, school and when outdoors.
- Participate in frequent drills.
- Know the county in which you live, and keep a highway map nearby to follow storm movement from weather bulletins.
- Listen to radio and television for information.
- If planning a trip outdoors, listen to the latest forecasts and take necessary action if threatening weather is possible.
- Know who is most at risk: people in automobiles; the elderly, very young and the physically or mentally impaired; people in manufactured (mobile) homes; or people who may not understand the warning due to a language barrier.

If a warning is issued or if threatening weather approaches

- In a home or building, move to a pre-designated shelter, such as a basement.
- If an underground shelter is not available, move to an interior room or hallway on the lowest floor and get under a sturdy piece of furniture.
- Stay away from windows.
- Get out of automobiles.
- Do not try to outrun a tornado in your car; instead, leave it immediately.
- If caught outside or in a vehicle, lie flat in a nearby ditch or depression.
- Manufactured (mobile) homes, even if tied down, offer little protection from tornadoes and should be abandoned.

Each year, many people are killed or seriously injured by tornadoes despite advance warning. Some may not hear the warning, while others may have received the warning, but did not believe a tornado would actually impact them. After you have received the warning or observed threatening skies, you must make the decision to seek shelter before the storm arrives. It could be the most important decision you will ever make.

Source:
www.tallytown.com/redcross/ds

The 4 Deadliest Springtime Tornado Outbreaks

4) *Miami* - April 5, 1925
5 people dead

3) *Northeast Florida* -
March 30, 1939
4 turpentine plant workers killed

2) *Northwest Florida* -
March 31, 1962
17 people dead near Milton

1) *Central Florida* -
February 22-23, 1998
Seven Tornadoes
42 people killed in Volusia, Orange, Osceola and Seminole Counties.

www.floridadisaster.org

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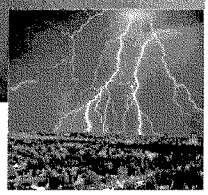
THUNDERSTORMS *and* LIGHTNING



TERMS TO KNOW

- **Thunderstorm Watch** — conditions are favorable for severe weather.
- **Thunderstorm Warning** — severe weather is occurring or has been detected by radar.

How To Stay Safe During Severe Weather

Thunderstorms are Florida's most common experience of severe weather. They arrive suddenly, with little warning except the darkening sky as the thundercloud approaches. If you see tall, puffy cumulus clouds growing and daylight rapidly dimming, observe these safety measures:

If you're near a house or other building —

- Make sure that all children are accounted for.
- Secure outdoor furniture.
- Go indoors. If the storm is severe, with frequent and close lightning bursts, head for a basement or a room in the middle of a house or other building.
- Keep away from objects that might conduct electricity (such as radiators, pipes and metal door frames).
- Stay away from windows.
- Do not take a bath or shower during a storm. Water helps to conduct electricity, and walls don't always protect from the high energy of a lightning bolt.
- Do not get close to electrical appliances such as plug-in radios and TVs. Use battery-operated radios.
- Restrict all calls to cell phones.

In an open field or on a golf course —

- If you feel your hair start to stand on end or your skin tingle, or if you hear crackling sounds, lightning may be about to strike you. Drop down quickly; bend forward, feet together, hands on knees. Do not lie flat, you want to make yourself as small as possible and have minimal contact with the ground.

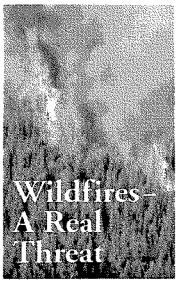
In the city —

- Do not stand on the roof of a tall building during a thunderstorm.

If you're swimming —

- Get out of the pool, lake or ocean at the first sign of lightning or thunder. Find indoor shelter or get into a car. Stay out of the water for at least 30 minutes without thunder.
- Stay away from metal fences or flagpoles.

Source: **www.floridadisaster.org**



Wildfires – A Real Threat

Homeowners that live near Florida's forests, rural areas or remote sites enjoy the beauty of the environment but face the very real danger of a wildfire. Wildfires often begin unnoticed, spreading quickly, igniting brush, trees and homes. Every year, wildfires burn thousands of acres of grasslands and forests in Florida.

When Wildfire Threatens —

If you are warned that a wildfire is threatening your area, listen to your battery-operated radio for reports and evacuation information. *Follow the instructions of local officials.*

- Back your car into the garage, or park it in an open space facing the direction of escape. Shut doors and roll up windows.
- Leave the key in the ignition.
- Close garage windows and doors, but leave them unlocked.
- Disconnect automatic garage door openers.
- Confine pets to one room.
- Make plans to care for your pets in case you must evacuate.
- Arrange temporary housing at a friend or relative's home outside the threatened area.

If Advised to Evacuate —

- Wear protective clothing — sturdy shoes, cotton or woolen clothing, long pants, a long-sleeved shirt, gloves and a handkerchief to protect your face.
- Take your disaster supplies kit.
- Lock your home.
- Tell someone when you left and where you are going.
- Choose a route away from fire hazards. Watch for changes in the speed and direction of fire and smoke.

Time Permitting, Take Steps to Protect Your Home —

- Close windows, vents, doors, Venetian blinds and heavy drapes. Remove lightweight curtains.
- Shut off gas at the meter. Turn off pilot lights.
- Open fireplace damper. Close fireplace screens.
- Move flammable furniture into the center of the home away from windows and sliding-glass doors.
- Turn on a light in each room to increase the visibility of your home in heavy smoke.
- Seal attic and ground vents with pre-cut plywood or commercial seals.
- Turn off propane tanks.
- Place combustible patio furniture inside.
- Connect the garden hose to outside taps.
- Set up the portable gasoline-powered pump.
- Place lawn sprinklers on the roof and near above-ground fuel tanks. Wet the roof.
- Wet or remove shrubs within 15 feet of the home.
- Gather fire tools.

Source: **www.tallytown.com/redcross/ds**

Cold Weather: A Forgotten Threat

During the harsh winter of 1989-1990, 26 Floridians died of hypothermia. Because of normally mild temperatures, Florida homes often lack adequate heating and insulation and the Florida outdoor lifestyle leads to danger for those not prepared. In addition to the actual temperature, when the wind blows, a wind chill — the temperature that it feels like — is experienced on exposed skin. When freezing temperatures or low wind chills are expected, the National Weather Service will issue warnings or advisories.

What Actions Should You Take to Be Prepared?

- Stay indoors and use safe heating sources.
- Be aware of the fire danger from space heaters and candles; keep such devices away from all flammable materials such as curtains and furniture. Install recommended smoke and carbon monoxide detectors.
- Do not use charcoal or other fuel-burning devices, such as grills that produce carbon monoxide indoors. Install at least one carbon monoxide detector per floor in your home.
- Outdoors, stay dry and in wind protected areas.
- Wear multiple layers of loose-fitting, warm clothing.
- Drink plenty of non-alcoholic fluids and eat high-caloric foods.

Do You Know the 5 P's Of Cold Weather Preparedness?

- Protect People
- Protect Plants
- Protect Pets
- Protect Exposed Pipes
- Practice Fire Safety

Cold Weather Terms

A **FREEZE** occurs when surface air temperature is below freezing (32°F) over a widespread area, for a significant period of time. A freeze is a term used for the condition when these low air temperatures injure vegetation, even if frost is deposited.

FROST is a cover of ice crystals produced by moisture in the air directly on a surface at or below freezing.

FREEZE WARNING is issued by the National Weather Service to make agricultural interests and the public aware of anticipated freeze conditions over a large area.

HARD FREEZE WARNING is issued by the National Weather Service to make agricultural interests and the public aware of anticipated freeze conditions that are of four hour duration or greater, below 28°F, and over a large area.

Heat Stress and Older Adults

Because older adults are more likely to have chronic medical conditions that upset normal body responses to heat, and are more likely to take prescription medicines that impair the body's ability to regulate its temperature, older adults are not able to adjust to sudden changes in temperature as well as young people.

Heat stroke is the most serious heat-related illness anyone can face. It occurs when the body becomes unable to control its temperature, and is punctuated with the following symptoms:

- Individual loses the ability to sweat and therefore is unable to cool down.
- Body temperature rises to 106 degrees Fahrenheit or higher within 10 to 15 minutes.

Warning signs for heat stroke may include the following:

- An extremely high body temperature (above 103°F).
- Red, hot and dry skin (no sweating).
- Rapid, strong pulse.
- Throbbing headache.
- Dizziness.
- Nausea.

Heat Exhaustion

Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids.

Warning signs of heat exhaustion may include the following:

- Heavy sweating
- Paleness
- Muscle cramps
- Tiredness
- Weakness
- Dizziness
- Headache
- Nausea or vomiting
- Fainting
- Moist, cool skin
- Fast, weak pulse
- Fast, shallow breaths

To prevent heat stroke and heat exhaustion, you should —

- Drink cool, nonalcoholic, non-caffeinated beverages. If your doctor generally limits the amount of fluid you drink or has you on water pills, ask him how much you should drink when the weather is hot. Also, avoid extremely cold liquids because they can cause cramps.
- Rest.
- Take a cool shower, bath or sponge bath.
- If possible, seek an air-conditioned environment. If your home is not air conditioned, consider visiting an air-conditioned shopping mall or public library to cool off.
- Wear lightweight clothing.
- If possible, remain indoors in the heat of the day.
- Do not engage in strenuous activities.

If you have older, at-risk relatives or neighbors, you can help them protect themselves from heat stroke and heat exhaustion by —

- Visiting them at least twice a day and looking for signs of heat exhaustion or heat stroke.
- Take them to air-conditioned locations if they have transportation problems.
- Make sure older adults have access to an electric fan whenever possible.

If you see any signs of severe heat stress, you may be dealing with a life-threatening emergency. Have someone call for immediate medical assistance while you begin cooling the affected person. Do the following:

- Get the person to a shady area.
- Cool the person rapidly, using whatever methods you can. For example, immerse the person in a tub of cool water, place the person in a cool shower, spray the person with cool water from a garden hose, sponge the person with cool water or if the humidity is low, wrap the person in a cool, wet sheet and fan them vigorously.
- Monitor body temperature and continue cooling efforts until the body temperature drops to 101 degrees Fahrenheit.
- If emergency medical personnel are delayed, call the hospital emergency room for further instructions.
- Do not give the person alcohol to drink.
- Get medical assistance as soon as possible.

Source: **www.cdc.gov**

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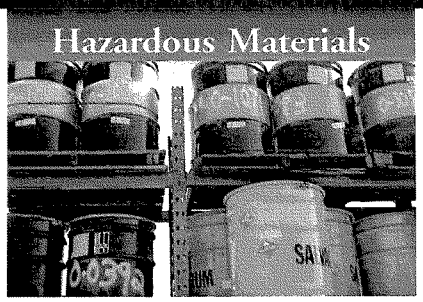
DISASTER PREPAREDNESS

Hazardous Materials



What Are Extremely Hazardous Materials?

There are thousands of chemicals defined by the Occupational Safety and Health Administration as "chemicals which represent a physical or health hazard." Approximately 360 of these substances are classified as "extremely hazardous."

Extremely hazardous substances can be in liquid, gas or solid form. Exposure to these chemicals can cause serious illness or death.

The Emergency Planning and Community Right-To-Know Act allows citizens and communities to focus on facilities that have extremely hazardous substances at or above federally established threshold-planning quantities, for purposes of emergency planning and response. Although many of these chemicals are used every day they may not be widely recognized as extremely hazardous.

What to do during a hazardous materials accident —

State and local governments have established safety guidelines for your protection in the event of a hazardous materials accident. Emergency officials will provide timely, accurate information and instructions.

If you are told to protect your breathing

- Cover your nose and mouth with a large wet bath towel or cloth.

If you are told to stay indoors —

- Remain indoors until further notice.
- Close all doors and windows. Use masking tape or a damp towel to seal the opening, if possible.
- Turn off all types of ventilation, unless otherwise instructed.
- Do not use fireplaces and close the dampers.
- Cover or refrigerate any uncovered food.
- Stay tuned to a local radio or television station for official information.

If you are told to evacuate —

- Lock all doors and windows.
- Turn off appliances — except for the refrigerator — and faucets.
- Leave pets inside your home with plenty of food and water. Do not take pets to reception center or shelter.
- Keep your car vents and windows closed. Do not use the heater or air conditioner.
- Drive carefully!
- Take the following items with you:
  - Clothes for a few days.
  - Medicine or prescriptions you may need.
  - Toiletries (bar of soap, toothbrush, toothpaste, shaving articles, eye care and sanitary items).
  - Money (cash, credit cards) and important documents.
  - Baby needs such as formula, diapers and other emergency items.
  - Portable radio and batteries.
  - Sleeping bag or two blankets and a pillow for each person.
  - Folding cot or lawn chair.
- Listen to a local radio or television station. Emergency officials will tell you what to do.
- Follow all evacuation directions. Remain calm.

If you have family in a nursing home or hospital —

- Check with these facilities in advance to determine their evacuation procedures.
- Local radio and television stations will announce where patients are being moved.

If your children or grandchildren are in school —

If your children are in school during an accident, please do not try to pick them up. They will be transported to pickup areas outside any affected area, if necessary.

Local radio and television stations will announce when and where parents can pick up their children. School personnel will supervise and care for the children until parents pick them up.

If you have livestock —

- Place the animals in an enclosed shelter, if possible.
- Leave plenty of water and food for several days.
- Use stored feed if possible.
- Tune to a local radio or television station for further instructions.

If you grow food products —

- Do not eat or sell products.
- Protective actions — such as washing, discarding, etc. — are specific to the crops affected and their maturity at the time of contamination.
- Tune to a local radio or television station for additional instructions. For more information, contact your local agricultural extension agent.

If you become aware of a release of an extremely hazardous substance into the environment, you may report it to the proper authorities such as the local fire or police department in the area, the National Response Center (1-800-424-8802) or the Florida State Warning Point (1-800-320-0519).

Source: **www.floridadisaster.org**

Reporting a Hazardous Materials Incident in Florida:

- ***First call 9-1-1***
- ***Florida State Warning Point, 1-800-320-0519***
- ***National Response Center, 1-800-424-8802***

TERRORISM

How Should Florida Prepare for Terrorism?

Unlike a hurricane or a flood, there will likely be no warning for a terrorist attack. As Floridians, we can make sure that our families know how to account for each other in the event of an act of terrorism. A family plan is critical and should be in place at all times. Your family's plan should include emergency contacts, identification of rally points, disaster supply kit and more. Simple planning can help alleviate the fear of the unknown.

Identify Rally Points

Since your family cannot be together 24 hours a day, you need to consider how you would find each other in a disaster. Rally points (physical locations) should be identified for the most commonly frequented locations (i.e. work, school or neighbors). For example, if a crisis occurs at school – a location where both parents and child designate to meet should be included in your plan.

What to Do Before, During and After a Terrorist Incident

BEFORE

- Be alert and aware of your surroundings.
- Take precautions when traveling. Be aware of conspicuous or unusual behavior.
- Do not accept packages from strangers. Do not leave luggage unattended.
- Learn where emergency exits are located.
- Be ready to enact your Family Disaster Plan.

Family Emergency Phone Numbers

Put these numbers on your refrigerator and in your wallet or purse.

- 9-1-1
- Out-of-town family contact
- Schools
- Work
- Neighbors
- County Emergency Management

DURING

- In the event of a building explosion, follow evacuation plans set forth for your building, exiting as quickly and calmly as possible.
- If items are falling from above, get under a sturdy table or desk.
- In the event of a fire, stay low to the floor and exit as quickly as possible. Cover nose and mouth with a wet cloth. If a door is hot to the touch, do not open it — seek an alternate escape route. Stay below the smoke at all times.

AFTER

- Cover your mouth with a piece of cloth. Tap on a pipe or wall so that rescuers can hear where you are. Use a whistle if available and shout only as a last resort – shouting can result in inhalation of dangerous amounts of dust.
- Untrained persons should not attempt to rescue people in a collapsed building. Wait for emergency personnel to arrive.
- If a chemical agent is involved, authorities will instruct you to either seek shelter and seal the premises or evacuate immediately.

What Your Community Can Do

Interested members of the community can become a part of a community emergency response team. This team is a local or neighborhood group that receives special training to enhance their ability to recognize, respond to and recover from a major emergency or disaster situation.

Florida Citizen Corps

Since last hurricane season, America has witnessed a wellspring of selflessness and heroism. People in every corner of the country have asked, "What can I do?" and "How can I help?" Citizen Corps has been created to answer these questions. Citizen Corps can be contacted by calling 1-800-VOLUNTEER (1-800-865- 8668). You can also visit on the Web at www.floridadisaster.org.

www.floridadisaster.org

Man-made Threats

Man-made threats against the United States have gained much attention in our government and media, and have become much more real since the devastation of September 11, 2001. The nation's awareness and security since that day have been heightened, and our response efforts have been enhanced.

You should know that these large-scale, man-made threats are extremely difficult to carry out.

For additional information on man-made threats such as terrorism, biological, chemical and radiation agents, please visit www.ready.gov, www.dhs.gov and www.floridadisaster.org which includes additional information from the U.S. Centers for Disease Control and Prevention(CDC), the Florida Department of Health, and other agencies.

Source: **www.floridadisaster.org**

Home Hazard Hunt

During and right after a disaster, any household item that can move, fall, break or cause a fire is a home hazard. At least once each year, inspect your home to find and correct potential hazards.

Check for Electrical Hazards

• Replace frayed or cracked extension and appliance cords, loose prongs and plugs.

• Make sure there is only one plug per outlet. Avoid using cube-tabs or overloading outlets. If you must use an extension cord, use a cord that is rated for the electrical load and no longer than is really needed.

• Remove electrical cords that run under rugs or over nails, heaters or pipes.

• Cover exposed outlets and wiring.

• Repair or replace appliances that overheat, short out, smoke or spark.

Check for Chemical Hazards

• Store flammable liquids such as gasoline, acetone, benzene and lacquer thinner in approved safety cans, away from the home. Place containers in a well ventilated area and close the lids tightly. Secure the containers to prevent spills.

• If flammable materials must be stored in the home, use a storage can with an Underwriter's Laboratories (UL) or Factory Mutual (FM) approved label. Move materials away from heat sources, open flames, gas appliances and children.

• Keep combustible liquids such as paint thinner, kerosene, charcoal lighter fluid and turpentine away from heat sources.

• Store oily waste and polishing rags in covered metal cans.

• Instruct family members not to use gasoline, benzene or other flammable fluids for starting fires or cleaning indoors.

Check for Fire Hazards

• Clear out old rags, papers, mattresses, broken furniture and other combustible materials.

• Move clothes, curtains, rags and paper goods away from electrical equipment, gas appliances or flammable materials.

• Remove dried grass cuttings, tree trimmings and weeds from the property.

• Clean and repair chimneys, flue pipes, vent connectors and gas vents.

• Keep heaters and candles away from curtains and furniture. Place portable heaters on level surfaces, away from high traffic areas. Purchase portable heaters equipped with automatic shut-off switches and avoid the use of extension cords.

Check Fire Safety Equipment

• Install at least one smoke alarm on each level of the home, especially near the bedrooms. Test every month and change batteries at least once a year.

• Keep at least one fire extinguisher (ARC type). Maintain and recharge according to manufacturer's instructions. Show all family members where it's kept and how to use it.

Check Items That Can Shift or Fall

• Anchor water heater, large appliances, bookcases, tall or heavy furniture, shelves, mirrors and pictures to wall studs.

• Fit water heater with a flexible gas supply line.

• Place large or heavy objects on lower shelves.

• Install clips, latches or other locking devices on cabinet doors.

• Provide strong support and flexible connections on gas appliances.

• Brace overhead light fixtures.

• Hang heavy items such as pictures and mirrors away from beds and places where people sit.

• Repair any deep cracks in ceilings or foundations.

Check Your Utilities

• Locate the main electric fuse or circuit breaker box, water services shut-off and natural gas main shut-off.

• Contact local utility companies for instructions on how to turn off the utilities. Teach family members when and how to turn off utilities.

• Clear area around shut-off switches for easy access.

• Attached shut-off wrench or specialty tool to a pipe or other location close by the gas and waster shut-off valves.

• Paint shut-off valves with white or fluorescent paint to increase visibility.

Home Safety

Plan how to escape from your home in the event of an emergency. Identify at least two exits from each room. Clear doors, hallways and stairs of obstructions. Conduct emergency drills. Practice day and nighttime escapes and pick a safe meeting place outside the home.

www.tallytown.com/redcross/ds

Your Home – Away From Home

Living in Florida — either year round or part time — can be a great experience. Yet, with that experience comes responsibility. What follows is a list of questions that you may want to ask yourself. If you cannot answer "yes" to each question, you may want to consider learning more.

- Do you prepare your home and property for all hazards — such as hurricanes, tornadoes and flooding — while here in Florida and while you are away?
- Do you know that hurricane season is June 1 through November 30 each year?
- Do you have a disaster plan and kit?
- Have you arranged for a designated neighbor or friend to take care of and check on your Florida home and property while you are away for periods of time?

These are just some of the questions you should be able to answer as a full or part-time resident of Florida. Preparing in advance will help ensure "Your Home – Away from Home" is ready for all types of hazards.

For more information, please visit **www.floridadisaster.org.**

Pets and Disasters Before, During and After

Pets depend on us for their safety and well-being. If you must evacuate your home, it's always best to take your pets with you. For health and space reasons, pets may not be allowed in public emergency shelters. If, as a last resort, you have to leave your pets behind, make sure you have a plan to ensure their care.

BEFORE

Contact your local animal shelter, humane society, and veterinarian or emergency management office for information on caring for pets in an emergency. Find out if there will be any shelters set-up to take pets in an emergency.

Decide on safe locations in your house where you could leave your pet in an emergency.

- Consider easy-to-clean areas such as utility areas or bathrooms and rooms with access to a supply of fresh water.
- Avoid choosing rooms with hazards such as windows, hanging plants or pictures in large frames.
- In case of flooding, the location should have access to high counters that pets can escape to.
- Set up two separate locations if you have dogs and cats.

Buy a pet carrier that allows your pet to stand up and turn around inside. Train your pet to become comfortable with the carrier. Use a variety of training methods such as feeding it in the carrier or placing a favorite toy or blanket inside.

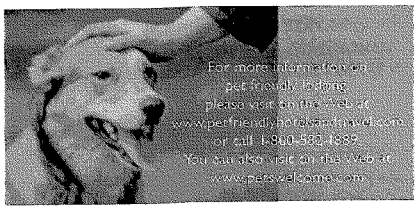
If your pet is on medication or a special diet, find out from your veterinarian what you should do in case you have to leave it alone for several days.

Make sure your pet has a properly fitted collar that includes current license and rabies tags as well as an identification tag that has your name, address, and phone number.

If your dog normally wears a chain link "choker" collar, have a leather or nylon collar available if you have to leave him alone for several days. Keep your pet's shots current and know where its records are. Most kennels require proof of current rabies and distemper vaccinations before accepting a pet. Contact motels and hotels in communities outside of your area and find out if they will accept pets in an emergency.

When assembling emergency supplies for the household, include items for pets.

- Extra food (the food should be dry and relatively unappealing to prevent overeating. Store the food in sturdy containers.)
- Kitty litter



- Large capacity self-feeder and water dispenser
- Extra medications

Trained Guide Dogs

In most states, trained guide dogs for the blind, hearing impaired or handicapped will be allowed to stay in emergency shelters with their owners. Check with local emergency management officials for more information.

DURING

Bring your pets inside immediately. Animals have instincts about severe weather changes and will often isolate themselves if they are afraid. Bringing them inside early can stop them from running away. Never leave a pet outside or tied up during a storm.

If you evacuate and have to leave your pet at home, prepare a safe location for it.

- Leave familiar items such as the pet's normal bedding and favorite toys.
- Leave a two or three day supply of dry food, even if it's not the pets usual food. The food should not be moistened because it can turn rancid or sour. Leave the food in a sturdy container that the pet cannot overturn.
- Leave the water in a sturdy, no-spill container. If possible, open a faucet slightly and let the water drip into a big container. Large dogs may be able to obtain fresh water from a partially filled bathtub.

If you evacuate and plan to take your pets, remember to bring your pet's medical records and medicines with your emergency supplies.

Birds

Birds must eat daily to survive. Talk with your veterinarian or local pet store about special food dispensers that regulate the amount of food a bird is given. Make sure that the bird is caged, and the cage is covered by a thin cloth or sheet to provide security and filtered light.

AFTER

If you have to leave town after a disaster, take your pets with you. Pets are unlikely to survive on their own.

In the first few days after the disaster, leash your pets when they go outside; always maintain close contact. Familiar scents and landmarks may be altered and your pet may become confused and lost. Wild animals and downed power lines may be hazards that have been introduced to the area due to the disaster.

The behavior of your pets may change after an emergency. Normally quiet and friendly pets may become aggressive or defensive. Watch animals closely. Leash dogs and place them in a fenced yard with access to shelter and water.

Source: **www.fema.gov**

Manufactured Homes & Hurricanes – The Facts

Manufactured homes have been the choice of thousands of senior citizens in Florida since the first ones were built right after World War II. In the 60 years since then, they have had their construction and windstorm safety requirements strengthened many times.

In Florida, manufactured home construction was first regulated by the state in 1968. In 1976, Congress mandated a preemptive national construction and safety standard to be regulated by the Housing and Urban Development (HUD). This standard is referred to as the HUD Code.

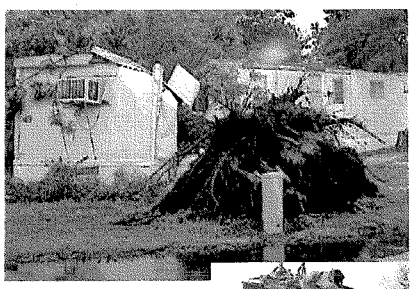
After Hurricane Andrew in 1994, HUD implemented sweeping changes that dramatically increased wind safety. In 1999, Florida made major improvements to the state foundation and anchoring regulations, resulting in the strongest tie down and foundation system in the country.

Home Maintenance and Preparation

Things that should be checked at least annually, preferably by knowledgeable professionals, include:

• The tie down and anchoring system. This should include, especially in older homes (1) possible rusting of anchors and their connections; (2) tightening the tie down straps and (3) possible upgrading of the system by addition of anchors and straps wherever a home's construction will allow.

• Checking for possible wood rot and termite damage, especially the wall-to-floor connections, wall-to-roof connections, perimeter joists and trusses. In the most recent hurricanes, investigators found that in older homes, this was a major reason for failure at points of connection of main members, which allowed the winds to penetrate the home's air-tight envelope and led to failure of the entire structure. Sometimes, simply caulking and painting the home will help seal it.



• If a home has a roof-over, or a one-piece membrane roof cover, check for adequate fasteners.

Home Additions

One of the most common causes of home failures during the hurricanes was from the homes additions, carports, garages, screen rooms and sheds. The DHSMV report noted that when these additions were damaged or destroyed, they often damaged the home itself, which allowed wind and rain to enter the home, leading to the home's damage or destruction. Flying debris from additions also damaged some homes. Homeowners should have the following items checked, preferably by a licensed aluminum contracting company.

- The posts must be securely attached to the ground.
- The posts must be securely attached to the roof.
- The roof must be securely attached to the frame, with no loose panels.
- The addition must be properly, and securely, attached to the home.

Community Living

Many manufactured home owners choose the friendly small town fun-filled atmosphere available in an affordable manufactured home community. When living in a community, homeowners can prepare for disasters by following some simple steps.

• Make sure your emergency contact information is updated with the community office.

• If you are a winter Floridian, ensure that the community office knows when you are in Florida and when you are not.

• The community should know the addresses of your other residences, as well as their phone numbers, to inform you about the condition of your home, and to assist in taking a census of residents.

• When you leave Florida, all items in and around your home should be secured against wind.

For more information on manufactured home living in Florida, or home performance during the 2004 hurricanes, go to www.fmha.org or www.builtstronger.com.

Source: **Florida Manufactured Home Association**

Preventive Measures Prove Beneficial Later When Dealing With Insurance Policies

The Department of Financial Services urges all Floridians to review their insurance policies and conduct an annual check-up by asking yourself the following questions:

• **Can you access all of your insurance policies right now?** It is recommended that you keep your insurance policies, along with other important documents in a waterproof container with one copy kept in another location, preferably a safety deposit box.

• **Do you know what your homeowner's insurance policy covers?** Many policyholders have a tendency to sign the policy every year without adjusting the coverage to the current property value. The majority of Floridians do not have the money set aside to cover their out-of-pocket expenses in the event of a hurricane, including their deductible.

For more information, please call the Florida Department of Financial Services' toll-free helpline at 1-800-342-2762, or visit on the Web at www.fldfs.com.

Source: **Jane Lyon**, *Regional Manager of the Consumer Services, Florida Department of Financial Services.*

Lessons Learned from 2004 Hurricanes

Mary M. Barnes
President and CEO, Alzheimer's Community Care, Inc.

Palm Beach, Martin, and St. Lucie Counties had a false sense of security in their preparedness for the hurricanes that ravaged our areas. We were not prepared to have Frances languish for two days in the ocean and slowly work its way into St. Lucie and Martin counties. Electrical outages, interruption of communication, extensive damage to sewage and water systems and property damage resulted in great hardships to those families coping with Alzheimer's disease and related disorders.

Alzheimer's Community Care identified three very vulnerable populations within its service areas:

- Caregivers and patients who would not evacuate and remained in their homes;
- Those who traveled;
- Those who required medical and support systems such as long term care facilities, hospitals or special needs shelters.

It was identified that there is a real need to have a special needs shelter that is equipped to accommodate the patients with Alzheimer's and other dementia-related diseases and their caregivers. The shelter must be staffed with personnel who are trained in working with persons with dementia.

The following issues were identified:

1. Land phones (not cordless) were more reliable than mobile phones.
2. Assisted living facilities and hospitals requested families to pick up their loved ones, as those facilities did not have adequate provisions or staff to care for the patients during and post hurricanes. Families were not prepared to care for their loved ones at that time.
3. Established curfews limited travel post hurricanes. Inconsistencies in the travel timeframes between cities exposed caregivers to violations and/or arrest.
4. Dementia-specific day care service sites that sustained damage must be relocated as soon as possible in

order to provide continuation of services to patients and caregivers. Current statutes do not allow for the transfer of a license to an alternate location on an emergency basis due to damages of an existing licensed facility. It is our goal to assist both the caregiver and patient to return to some sense of normality after the occurrence of such events as soon as possible so that their quality of life will be maintained.

5. A tracking program should be developed to identify vulnerable populations, which include live-alones, those undiagnosed and exhibiting symptoms of Alzheimer's disease or related disorders, in order to track their status pre- and post emergency situations.
6. Patients and families need to have disaster preparedness training in life-sustaining strategies for during and post emergency situations.

Alzheimers Community Care, Inc. has now equipped itself with a generator at its headquarters so it will have more control of its resources and services that depend on electricity. In addition, we have assessed and improved our methods of communications in order to respond to the needs of patients and caregivers within the communities we serve during this critical period.

To Contact Alzheimer's Community Care, Inc. of Palm Beach and Martin Counties, please call (561) 683-2700, or visit on the Web at www.alzcare.org.

Protect Yourself From Home Repair Fraud

One of the many things learned from last year's hurricane season is that the likelihood of unscrupulous activity increases during and after a crisis. Unfortunately, last year numerous Floridians fell victim to home repair fraud, many of them older adults.

As we approach the 2005 hurricane season, the best way for Florida's older adults to protect themselves is to become informed and educated about what they can to do to avoid becoming victims of home repair fraud. The following are some helpful tips to consider when consulting someone about repairing damage to your home.

- Before choosing a contractor, contact your local building department to determine the following:
  - Licensing requirements;
  - If the contractor has a current and valid license, liability and worker's compensation insurance and is bonded;
  - Required permits and schedule of inspections;
  - If any complaints have been filed against the contractor; and
  - If any other requirements or legal notices pertain to the job.
- Always require a written contract, no matter how small the job. The contract should include, at minimum, the following:
  - Contractor's name;
  - Business name, address, phone number and fax.
  - License number and type;
  - Insurance information;
  - Payment and inspection schedule;
  - Job plans and specifications;
  - Specific types and grades of materials;
  - Itemized total costs;
  - Warranties on materials and workmanship;
  - Start and completion dates; and
  - Contractor's commitment to get all permits.

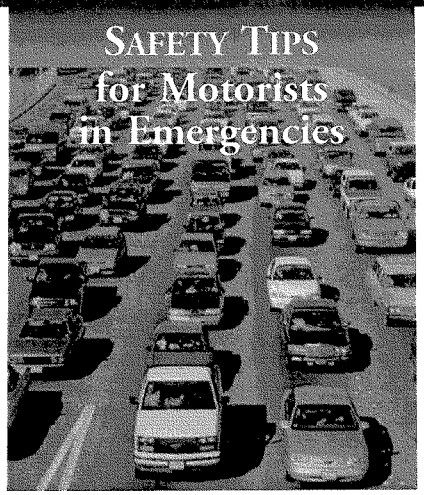
Additional Tips for Hurricanes and Other Disasters

- Ask friends and family for referrals, and ask contractors for customer references
- Never pay cash for a job. Paying by check or money order provides a written record.
- Get written estimates that include a description of the job and itemized costs.
- Never accept an offer to take you to the bank to withdraw money for any reason.
- Never agree to get your own permits.
- An unlicensed "handyman" cannot legally perform any work valued at more than $1,000 for the entire job.

Remember, if you lose money because of a bad contractor, it will be difficult and costly, if not impossible, to recover your money. You may even have to pay for the entire repair again. It is far better to take the time to prevent problems from occurring.

Elder Update
April 2005 Special Issue

Safety Tips for Motorists in Emergencies



After almost every disaster, search and rescue teams find victims who might have survived if they had know whether to stay with or leave their cars. The following safety tips are for drivers in various types of emergencies. In any situation, the most important rule is: Don't panic.

HURRICANE

Evacuate early

Flooding can begin well before a hurricane nears land. Plan to evacuate early, and keep a full tank of gas during the hurricane season. Learn the best evacuation route before a storm forms, and make arrangements with friends or relatives inland to stay with them until the storm has passed. Never attempt to drive during a hurricane or until the all-clear signal is given after the storm. Flash flooding can occur after a hurricane has passed. Avoid driving on coastal and low-lying roads. Storm surge and hurricane-caused flooding is erratic and may occur with little or no warning.

Listen to radio or television for the latest National Weather Service bulletins on severe weather for the area in which you will drive.

FLOOD

Get Out of the Car

Never attempt to drive through water on a road. Water can be deeper than it appears, and can rise very quickly. Most cars will float dangerously for at least a short while. A car can be buoyed by floodwaters and then swept downstream during a flood. Floodwaters also can erode roadways, and a missing section of road—even a missing bridge—will not be visible with water running over the area. Wade through floodwaters only if the water is not flowing rapidly, and only in water no higher than the knees. If a car stalls in floodwater, get out quickly and move to higher ground. The floodwaters may still be rising, and the car could be swept away at any moment.

Did you know...?

When possible, evacuation within your county reduces your chance of being stranded in traffic and shortens your time to return. Before a storm threatens, contact your county's emergency management office for local evacuation information.

TORNADO

Get Out of the Car

A car is the least safe place to be during a tornado. When a warning is issued, do not try to leave the area by car. If you are in a car, leave it and find shelter in a building. If a tornado approaches and there are no safe structures nearby, lie flat in a ditch or other ground depression with your arms over your head.

SUMMER HEAT

Stay Out of a Parked Car

During hot weather, heat build-up in a closed or nearly closed vehicle can occur quickly and intensely. Children and pets can die from heat stroke in a matter of minutes when left in a closed car. It is imperative that you never leave anyone in a parked car during periods of high summer heat.

DEVELOPING EMERGENCY

Stay Informed

In times of developing emergencies such as toxic material spill, nuclear plant accident or terrorist attack, keep a radio or television on and await instructions. If evacuation is recommended, move quickly but calmly, following instructions as to route to be used, evacuation shelter to be sought and other directions.

EMERGENCY SUPPLIES

Keep in the Car

Cars should be equipped with supplies that could be useful in any emergency. Depending on location, climate of the area, personal requirements and other variables, the supplies in the kit might include (but are not limited to) the following:

- Blanket or sleeping bag.
- Booster cables and tools.
- Bottled water.
- Canned fruits and nuts.
- Can opener.
- Flashlight with extra batteries.
- First aid kit.
- Matches and candles.
- Necessary medication.
- Rain gear and extra clothes.

It is also very important to remember, never carry gasoline in a vehicle, in any container.

Source: **www.fema.gov/hazards**

Frequently Asked Questions by Older Adults

(When applying for Individual Assistance)

I can't get through to FEMA, how can I apply for disaster help?

More than a million Floridians applied for help on the FEMA/state disaster hotline last hurricane season. So you can understand why the line might be busy following a disaster. It is best to place your call to 1-800-621-FEMA (1-800-621-3362) either early in the morning or late at night. Persons with hearing or speech impairment can call TTY at 1-800-462-7585. In addition to having pen and paper available to record important phone contacts when you register, you will also need:

- Your social security number.
- Current and pre-disaster address and phone number.
- Insurance information and type.
- Financial information from your bank (routing and account number) if you choose to have the funds transferred directly to your financial institution.

You can also apply for assistance online at www.fema.gov. Many communities have computer resources at their public libraries for those without Internet access.

That looks complicated. Can I get someone to help do this?

Yes. If you need help completing your application, and you have no one to assist you, call FEMA's Helpline, the same number as the application line. You will be directed to a person who can tell you where the nearest disaster recovery center is located. Someone there will be able to help you. Be sure to have the necessary information with you. You may also apply for assistance at FEMA's Web site, www.fema.gov.

If I accept a grant, will this impact my Social Security or Medicare programs?

Acceptance of disaster assistance grants should not affect those programs.

Is disaster financial assistance reportable as income?

No. But you may be able to claim casualty losses and receive an early benefit from such a deduction. If you think you may qualify, either call the Internal Revenue Service at 1-800-829-1040 — or for the hearing or speech impaired 1-800-829-4059 — or go online at www.irs.gov.

Does disaster assistance have to be repaid?

State and federal grants do not have to be repaid. Loans from the U.S. Small Business Administration must be repaid.

I am having trouble understanding all I need to do to get essentials such as food and water. Can someone help me do what is necessary?

Absolutely. Your local Red Cross chapter and volunteer agencies were among the first to respond to such basic human needs during this disaster and can still respond to your needs. Your connection to them will bring a quick response and some suggestions that may help you take additional action to speed your recovery. Remember, though, that an application to the Red Cross will not connect you with FEMA for help. You need to call the FEMA registration hotline in order to be considered for a wide variety of assistance.

I heard that I had to apply for a loan or I wouldn't get any help. Is that true?

When you have damage to your home and apply for help with FEMA, a FEMA inspector will verify the damage. Based on his verification, you may then receive funds to repair your house to make it safe, sanitary and functional or funds for renting other lodging. You then may receive in the mail an application for a loan from the U.S. Small Business Administration (SBA). Be sure to fill it out and return it in order to remain under consideration for further assistance.

How does the SBA loan work?

If upon review of your FEMA application the SBA determines you are financially qualified and able to repay a long-term, low interest loan, you will be offered a loan. If it is decided you are unable to qualify for a loan, you will be considered for another FEMA grant assistance program. Loans must be repaid; grants do not. You cannot apply directly for a grant. If you are offered a loan, you are not required to accept it. If you qualify and reject the loan, however, you won't be referred to the additional grant program.

Since we live on a limited fixed income, can we afford to borrow money?

The disaster loan program managed by the U.S. Small Business Administration is tailored to help people at all levels of income. Interest rates can be as low as 3.187 percent for homeowners. If you obtained a $10,000 loan for 30 years at that interest rate, your monthly payment would amount to about $44.00. Actual loan amounts and terms are set by the SBA and are based on each applicant's financial condition.

I am 70 years old, and my house has no mortgage. Why would I want a 30-year loan?

It all depends upon an individual's financial resources and personal preferences. If the property has a potential value for you and your heirs, you'll probably want to repair your valuable investment. If you do not have the cash to repair your home to pre-disaster condition, a low-interest, long-term loan from the federal government may be your best solution. The SBA does not discriminate on the basis of age or income.

Can I have a ramp built for a FEMA-provided travel trailer/mobile home?

Requirements for ramps for travel trailers or mobile homes are part of the initial assessment. If you did not receive a ramp but require one, call the FEMA Helpline at 1-800-621-FEMA (3362). A helpline representative will ensure that someone will get back in contact with you.

I have trees down all over my yard and can't handle strenuous work. Is there any help for debris removal?

Many homeowners' insurance policies cover debris removal. FEMA and the state of Florida may provide funds for cleaning up debris on private property or in gated communities if the debris prevents access or is damaging the home. Your local officials can also tell you of a pickup schedule for debris placed on public property in your area. The U.S. Small Business Administration may also provide a low interest loan to assist with debris removal. Some disaster volunteer groups also help prepare and remove debris for homeowners who are physically unable to do it. Contact your county emergency manager or go online for their current debris removal information.

Source: **FEMA and the United States Small Business Administration**

The FEMA Application Process

The Federal Emergency Management Agency (FEMA) application process can be tricky. In an attempt to simplify the process, below is what the applicant may expect when calling FEMA's 1-800 number to apply for disaster assistance.

Applicants will reach an automated recording and will be asked to select English or Spanish. Once the selection is made, the actual application process begins. Callers will be advised to have paper and pen available for taking notes. They will then be asked what the ZIP code is where the damage occurred.

Then, because the same call-in number is used to follow-up on a caller's application status, they will be given options. Option one will take them to the registration process. They will be advised to have the following information available:

- The date the damage occurred.
- The caller's Social Security Number.
- The address of the damaged property.
- An address and telephone number where the applicant can be reached to receive FEMA information and/or to set up an appointment for an inspection (An inspector will call within 7-10 days to set up an appointment.).
- Estimated family income.
- Insurance information.
- County where the damage took place.

Applicants will be given a seven-digit registration number. This number and the Social Security Number become the means of identification when calling in to report changes in the caller's information or to request status on their case.

Once the operator has all the above information, and based on the information provided by the applicant, mainly income, damages and insurance, the caller is given information about FEMA programs and other possible assistance available. Some of these programs may be based on the specific needs identified during the interview.

A copy of the application and a copy of "Help After a Disaster, Applicant's Guide to the Individuals & Households Program," will be sent to the caller. They will also be sent letters explaining any assistance being provided or why they were not eligible for certain types of assistance.

Based on each applicant's information they may also be mailed a loan application from the U.S. Small Business Administration (SBA). Information provided on the loan application helps determine what type of additional assistance is available, including grants. Often applicants will be forwarded directly to an SBA employee for more information about the low-interest loan program.

Applicants may also register online at the FEMA Web site http://www.fema.gov by clicking on the red "hot-link" button in the upper right-hand portion of the page marked "Register for Disaster Assistance Online."

FEMA's toll-free telephone registration number is 1-800-621-FEMA (1-800-621-3362). The TTY number is 1-800- 462-7585 for speech- or hearing-impaired. The normal hours of operation are from 7 a.m. to 7 p.m. EST, but may be extended during hurricane season.

For more information about the FEMA application process, please visit on the Web at www.fema.gov, or call 1-800-621-FEMA (1-800-621-3362).

FEMA Assistance / Help after a Disaster

Last year's summer hurricanes and accompanying severe storms and flooding have affected millions of people across the United States. While moving ahead in the recovery process, it is natural that individuals have questions about assistance programs and what aid may be available. The U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA) provides individuals with several methods of getting important recovery information:

Log on to www.fema.gov — The FEMA Web site provides a wealth of information. On the home page you will see a button labeled "Recovery Information." This page includes a list of questions that are updated frequently to cover current issues and concerns. FEMA urges you to check the FAQs frequently for new information.

Call FEMA's Helpline — In addition to answering your questions, the helpline representative can tell you the status of your application for FEMA disaster assistance. Call 1-800-621-FEMA (1-800-621-3362). The hearing impaired may call TTY at 1-800-462-7585. The helpline is open from 6:00 a.m. to midnight, EDT. Because of the large number of individuals with questions, FEMA recommends calling after 6:00 p.m., or on weekends when fewer people are trying to call.

Read the booklet "Help After a Disaster" — Once you apply for disaster assistance from FEMA, you will be mailed a booklet called, "Help After a Disaster: Applicant's Guide to the Individuals and Households Program."

The applicant's guide is also available on the Internet at www.fema.gov/about/process. This is a very useful publication that explains how FEMA's disaster assistance program works. It describes additional kinds of help you can receive from other federal, state and voluntary agencies and gives you many important tips on how to make all these programs work best for you. We urge you to look in the applicant's guide first for answers to any questions you may have about disaster assistance.

Source: **www.fema.gov**

Disaster Recovery Centers

What is a disaster recovery center and what services do they provide?

A disaster recovery center (DRC) is a readily accessible facility or mobile office where applicants may go for information about FEMA or other disaster assistance programs, or for questions related to your case. If there is a DRC open in your area, the location will be listed on the FEMA Web site.

NOTE: You cannot register for assistance at a DRC, you must first register by calling 1-800-621-FEMA (1-800-621-3362, hearing/speech impaired only, call TTY: 1-800-462-7585), or apply online at www.FEMA.gov.

Some of the services that a DRC may provide:

- Guidance regarding disaster recovery.
- Clarification of any written correspondence received.
- Housing assistance and rental resource information.
- Answers to questions, resolutions to problems and referrals to agencies that may provide further assistance.
- Status of applications being processed by FEMA.
- Small Business Administration (SBA) program information if there is a

Continued on page 21

Shelter-In-Place Instructions

• Quickly bring everyone inside, including your pets.

• Close all doors to the outside and close and lock all windows — windows sometimes seal better when locked.

• Building superintendents should set all ventilation systems to 100 percent re-circulation, so that no outside air is drawn into the structure. When this is not possible, ventilation systems should be turned off.

• Turn off all heating systems.

• Turn off all air-conditioners and switch inlets to the "closed" positions. Seal any gaps around window type air-conditioners with tape and plastic sheeting, wax paper or aluminum wrap.

• Turn off all exhaust fans in kitchens, bathrooms and other spaces.

• Close all fireplace dampers.

• Close as many internal doors as possible in your home or other building.

• Use tape and plastic food wrapping, wax paper or aluminum wrap to cover and seal bathroom exhaust fan grills, range vents, dryer vents and other openings to the outside to the extent possible (including any obvious gaps around external windows and doors).

• If the gas or vapor is soluble or even partially soluble in water — hold a wet cloth or handkerchief over your nose and mouth if the gases start to bother you. For a higher degree of protection, go into the bathroom, close the door and turn on the shower in a strong spray to "wash" the air. Seal any openings to the outside of the bathroom a best as you can. Don't worry about running out of air to breathe. That is highly unlikely in normal homes and buildings.

• If an explosion is possible outdoors — close drapes, curtains and shades over windows. Stay away from external windows to prevent potential injury from flying glass.

• Minimize the use of elevators in buildings. These tend to "pump" outdoor air in and out of a building as they travel up and down.

• Tune into the Emergency Alert System (EAS) station on your radio or television for further information and guidance.

Source: **www.floridadisaster.org**

Special Needs Assistance/Tips

Submitted by the Pasco County Office of Emergency Management

Note: Each county operates Special Needs Shelters and develops guidelines for their use. Below are the Pasco County guidelines. To learn more about the guidelines in your county, contact your local Emergency Operations Center.

All Pasco County residents are strongly encouraged to pre-plan to evacuate the area when necessary. Your best and safest evacuation choices include staying with relatives or friends outside of the area, checking into a hotel/motel or pre-admission into a medical facility. Where you can best be supported during a hurricane should be a joint decision of your physician, home health agency, caregiver, family and yourself. To assist in making a decision concerning your care, the following information is provided.

PUBLIC SHELTERS

Because we realize a portion of the population does not have the option of independent evacuation out of the area, the American Red Cross operates public shelters. Public shelters are shelters of last resort. A shelter of last resort is a concrete block structure, located outside of the storm surge area, used for protecting residents who reside in vulnerable areas and structures. It is not a hospital, nursing home or hotel. The shelter is generally a local school. Public shelters available under emergency conditions will accept anyone who is self-sufficient and needs no outside professional assistance in performing activities of daily living (ADL).

SPECIAL NEEDS UNITS

Pasco County sponsors Special Needs Units within American Red Cross public shelters. Special Needs Units are available for those individuals who require assistance with ADL. Basic medical assistance and monitoring will be available. Special needs units are not equipped with advanced medical equipment or medications, nor are they staffed to provide advanced medical care.

If you need 24-hour skilled nursing care, a hospital bed or are electric dependent for life support, you are not a good candidate for special needs units. All residents who are oxygen dependent must bring extra tanks, concentrators, nebulizers and any other necessary equipment. Dialysis clients must dialyze immediately prior to departing for the special needs unit.

A caregiver must accompany all residents. Volunteer medical staff will be unfamiliar with your medical condition and treatment. If the volunteers do not report to the shelter, there will be no hands-on care other than your caregiver and a Pasco County Health Department Manager (R.N.) to assist, should an emergency arise.

HOSPITAL/NURSING HOME

If your physician has decided that you need to be cared for in a skilled nursing facility, such as a hospital or nursing home during an emergency, he or she needs to arrange pre-admittance prior to evacuation with a specific facility. You must have a copy of the pre-admission letter from your doctor stating that you are to be taken to a specific hospital or nursing home and arrangements have been made with the facility for admittance. This letter must accompany you when you are evacuated. Medicare will only pay for hospitalization claims that are deemed medically necessary, and therefore, arrangements must be made in advance. If any costs arise from your admittance, you are responsible for those costs.

TRANSPORTATION

Residents who require transportation will be taken to public shelters, special needs units or medical facilities. Transportation is not provided to private homes, hotels or outside of the county.

YOUR RESPONSIBILITIES

Share your plans with a relative or friend outside the area. Call them after a disaster and let them know that you are all right and where you will be if your home is damaged. When a hurricane or other emergency is threatening Pasco County, continually monitor radio and/or TV to determine if you are included in the evacuation area. If your area is ordered to evacuate, gather your belongings and proceed to your evacuation destination. If you have registered for transportation, units will be dispatched to your location. If time allows, you will receive a confirming telephone call. Pack a hurricane survival kit with the following items, and take it with you when you evacuate:

- Medications (two-week supply).
- Medical support equipment (wheelchairs, walkers, dressings, oxygen, feeding equipment, etc.).
- Name and phone number of your doctor, home health agency, hospital, next of kin, etc.

Continued on page 21

DISASTER PREPAREDNESS

Last Year's Hurricane Recap

the first major hurricane landfall in Florida since Hurricane Opal in October 1995. Charley quickly became the second costliest hurricane in United States history — trailing only Hurricane Andrew — causing approximately 15 billion dollars in damages across the nation.

Just as the state was beginning to recover from Hurricane Charley, a hurricane watch was announced at 11 p.m. on September 1, 2004, for Hurricane Frances. Frances made landfall as a category two storm — 105 mph winds — around midnight on Sunday, September 5, 2004, at Sewall's Point in northern Martin County.

Floridians did not have long to wait before the next hurricane, as Hurricane Ivan began its sweep through the Florida Panhandle on September 16, 2004. This category three hurricane, with maximum sustained winds near 130 mph, made landfall just west of Gulf Shores, Alabama. The eye of Hurricane Ivan stretched nearly 40 miles wide at landfall, with the most intense eastern eyewall portion covering Escambia County.

Eight days later, Floridians braced themselves for the fourth major hurricane to strike Florida since August 13, 2004. Just before midnight on Saturday, September 25, 2004, Hurricane Jeanne entered Florida as a category three hurricane, amazingly, almost in the same spot as Frances, Sewall's Point in northern Martin County.

Although the notion of four major hurricanes hitting the state in one season seemed impossible, the 2004 hurricane season proved otherwise. Together, Floridians managed to face the challenges of Hurricanes Charley, Frances, Ivan and Jeanne, and in the process, displayed the strength of our state.

Disaster Recovery Centers

SBA representative at the disaster recovery center site.

- Assistance by local, state and federal agencies.

FEMA representatives at the disaster recovery center can answer your questions and tell you the status of your application. Representatives of the U.S. Small Business Administration will also be there. Check your local news media for the location of a center near you, or log on to www.fema.gov, click on "Recovery Information" and then click on your state.

Source: **www.fema.gov**

Special Needs Assistance/Tips

- ID and valuable papers.
- Food for special dietary needs, personal hygiene items and a change of clothes.
- Lawn chair or cot, blanket or sleeping bag and a flashlight.
- Pillow.
- Sweater.
- Book, cards or games to pass the time.
- Cash for purchases after a disaster.

PETS

You are responsible to make arrangements in advance for your pets to shelter with friends, veterinarians or boarding kennels. Pets may not be permitted in public shelters. The only exception to this rule is a certified assistance animal.

Source: **Pasco County Office of Emergency Management**

Prepare Property to Minimize Danger and Damage

Before Hurricane Season:

- Make sure you have working emergency equipment such as flashlight, batteries, portable or stand-by generators and portable radios.
- Look for weak spots in doors, windows and roofs.
- Check all roof vents for proper installation.
- Check for loose and clogged rain gutters and downspouts.
- Trim trees and shrubbery so weak branches do not fall onto the house.
- Cut air channels through your trees to help save them.
- Buy and store materials like storm panels and plastic to properly secure your home.

Source: **Home Depot Hurricane Preparation Guide 2004**

Hurricane Home Preparation Checklist

- **Gutters** — Make sure gutters are free of debris to allow unobstructed flow of water.
- **Skylights** — Either build a wooden frame around the skylights or cover with panels before the storm arrives.
- **Entry Doors** — Review the quality of your entry doors. See which ones are the weakest and will need protection such as storm panels. Don't forget that French doors and double doors are usually the weakest. Strengthen the latch system, add surface-mounted side bolts and reinforce with 2 x 4's to secure weak doors.
- **Storm Panels or Shutters** — "The thicker the better" is the rule of thumb when you purchase galvanized steel or aluminum panels, the best protection for windows.

Source: **Home Depot Hurricane Preparation Guide 2004**

Insurance Review

Here is a brief review of key items every homeowner should check for in their insurance policy:

Hurricane Deductible – This deductible is based on the value of the insured property, not the estimate of damage, and applies to only hurricane claims (those resulting from a hurricane declared by the National Weather Service). This is the amount the homeowner is responsible for out of the total damages to the home. It is usually stated as a percentage of the policy limits.

Flood Insurance – Typically, homeowner's policies exclude flood damage. Homeowner's without flood insurance may qualify through the National Flood Insurance Program (NFIP).

Actual Cash Value – The depreciated value of property damaged in a storm.

Replacement Cost – The amount needed to replace or repair your damaged property with materials of similar kind and quality, without deducting for depreciation.

Ordinance or Law Coverage – If a local building ordinance or law increases the cost of repairing or replacing an insured dwelling, the insurance company will not pay the additional amount, unless this coverage is added to the policy. A homeowner's agent MUST offer this coverage and some companies automatically include this in their coverage.

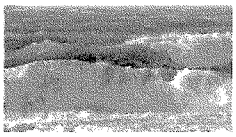
Additional Living Expenses – Homeowner's packages provide additional living expense coverage that will pay some extra expenses if damage to your home requires you to live somewhere else while it is being repaired. Policies may designate a limit of coverage for additional living expenses, but does not obligate the insurance company to pay this amount in advance or in full. The policyholder must keep receipts for expenses and submit them to the insurance company for reimbursement.

For more information, please call the Florida Department of Financial Services' toll-free helpline at 1-800-342-2762, or visit on the Web at www.fldfs.com.

Source: **Jane Lyon**, *Regional Manager of the Consumer Services, Florida Department of Financial Services.*

Special Considerations for Older Adults with Special Needs

In Florida, we are particularly vulnerable to severe weather like hurricanes, and elders are especially susceptible to their effect. Those who live alone or are without the support of family or friends must take special precautions in the event of an emergency situation. People who are frail or disabled may need special assistance from family members, friends or social service agencies. Older adults who are also caregivers may require outside assistance.



Excessive stress and anxiety can contribute to increased episodes of illness, particularly for persons with heart disease and other illnesses. If an older adult lives in a nursing home, assisted living facility or boarding home, the administrator should be contacted to learn about the disaster plan for that facility.

Notify your health agency where you will be during a hurricane and when care can be re-established. Contact your physician if you are homebound and under the care of a physician, but not a home health agency. If you require respirators or other electric dependent medical equipment, you should make prior medical arrangements with your physician. You should also register, in advance with your local power company.

If you require oxygen, check with your supplier about emergency plans. If you evacuate, remember to take medications, written instructions regarding your care, your walker, wheelchair, cane or special equipment along with your bedding. If you need assistance in an evacuation, please register *now* with your local county emergency management agency.

Source: **www.stpete.org/stormeld.htm**

Are You Ready?

An In-depth Guide to Citizen Preparedness

"Are You Ready? An In-depth Guide to Citizen Preparedness," (IS-22) is FEMA's most comprehensive source on individual, family and community preparedness. The guide has been revised, updated and enhanced to provide the public with the most current and up-to-date disaster preparedness information available.

"Are You Ready?" provides a step-by-step approach to disaster preparedness by walking the reader through how to get informed about local emergency plans, how to identify hazards that affect their local area and how to develop and maintain an emergency communications plan and disaster supplies kit. Other topics covered include evacuation, emergency public shelters, animals in disaster and information specific to people with disabilities.

Copies of "Are You Ready?" and the facilitator guide are available through the FEMA publications warehouse (1-800-480-2520).

For more information, please e-mail David Larimer of FEMA's Community and Family Preparedness program at David.Larimer@fema.gov.

Source: **www.fema.gov**

Special Needs Registries by County

Alachua	(352) 264-6500	Lee	(239) 477-3600
Baker	(904) 259-6111	Leon	(850) 488-5921
Bay	(850) 784-4000	Levy	(352) 486-5213
Bradford	(904) 966-6336	Liberty	(850) 643-2339
Brevard	(321) 637-6670	Madison	(850) 973-3698
Broward	(954) 537-2888	Manatee	(941) 748-2241
Calhoun	(850) 674-8075	Marion	(352) 622-3205
Charlotte	(941) 505-4620	Martin	(772) 287-1652
Citrus	(352) 746-6555	Miami-Dade	(305) 468-5400
Clay	(904) 284-7703	Monroe	(800) 516-1665
Collier	(239) 774-8444	Nassau	(904) 491-7550
Columbia	(386) 752-8787	Okaloosa	(850) 651-7561
Dade	(See Miami-Dade)		or (850) 651-7150
DeSoto	(863) 993-4831	Okeechobee	(863) 462-5776
Dixie	(352) 498-1240	Orange	(407) 650-4047
Duval	(904) 630-2472	Osceola	(407) 343-7000
Escambia	(850) 595-3311	Palm Beach	(561) 712-6400
Flagler	(386) 437-7381	Pasco	(727) 847-8959
	or (386) 437-7382		or (TDD) (352) 521-5137
Franklin	(850) 653-8977	Pinellas	(727) 464-3800
Gadsden	(850) 875-8642	Polk	(863) 534-0350
Gilchrist	(352) 463-3198	Putnam	(386) 329-0379
Glades	(863) 946-6020	Santa Rosa	(850) 983-5360
Gulf	(850) 229-9111	Sarasota	(941) 951-5283
Hamilton	(386) 792-6647	Seminole	(407) 665-5102
Hardee	(863) 773-6373	St. Johns	(904) 824-5550
Hendry	(863) 612-4700	St. Lucie	(772) 462-1770
Hernando	(352) 754-4083	Sumter	(352) 569-6000
Highlands	(863) 385-1112	Suwannee	(386) 364-3405
Hillsborough	(813) 276-2385	Taylor	(850) 838-3575
Holmes	(850) 547-1112		or (850) 838-3576
Indian River	(772) 567-2154	Union	(386) 496-4300
Jackson	(850) 482-9678	Volusia	(386) 254-1500
Jefferson	(850) 342-0211	Wakulla	(850) 926-0861
Lafayette	(386) 294-1950	Walton	(850) 892-8066
Lake	(352) 343-9420	Washington	(850) 638-6203

DISASTER PREPAREDNESS

Access to information regarding elder services and activities is available through the Elder Helpline Information and Referral service within each Florida county. For the hearing or speech impaired, all Elder Helplines can be accessed through the Florida Relay by simply dialing 711 from anywhere in the state.

Information and Referral
1-800-96-ELDER
(800-963-5337)

711
Elder Helpline

FLORIDA AREA AGENCIES ON AGING (Counties Served)

Northwest Florida Area Agency on Aging
3300 Pace Boulevard, Suite 200
Pensacola, FL 32505
850-595-5428
(Escambia, Okaloosa, Santa Rosa and Walton Counties)

Area Agency on Aging of North Florida, Inc.
2414 Mahan Drive
Tallahassee, FL 32304
850-488-0055 • 1-866-467-4624
(Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla and Washington Counties)

Mid Florida Area Agency on Aging
5700 S.W. 34th St., Suite 222
Gainesville, FL 32608
352-378-6649 • 1-800-262-2243
(Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee and Union Counties)

Northeast Florida Area Agency on Aging
4401 Wesconnett Blvd., 2nd Floor
Jacksonville, FL 32210-7387
904-777-2106 • 1-888-242-4464
(Baker, Clay, Duval, Flagler, Nassau, St. Johns and Volusia Counties)

Area Agency on Aging of Pasco-Pinellas
9887 Fourth Street North
Suite 100
St. Petersburg, FL 33702
727-570-9696
(Pasco and Pinellas Counties)

West Central Florida Area Agency on Aging
5905 Breckenridge Parkway, Suite F
Tampa, FL 33610-4239
1-800-336-2226 • 813-740-3888
(Hardee, Highlands, Hillsborough, Manatee and Polk Counties)

Senior Resource Alliance
988 Woodcock Road, Suite 200
Orlando, FL 32803
407-228-1800
(Brevard, Orange, Osceola and Seminole Counties)

Senior Solutions of Southwest Florida
2285 First Street
Fort Myers, FL 33901
239-332-4233
(Charlotte, Collier, DeSoto, Glades, Hendry, Lee and Sarasota Counties)

Area Agency on Aging of Palm Beach/Treasure Coast, Inc.
1764 N. Congress Avenue, Suite 201
West Palm Beach, FL 33409
561-684-5885
(Indian River, Martin, Okeechobee, Palm Beach and St. Lucie Counties)

Area Agency on Aging of Broward County
5345 N.W. 35th Ave.
Ft. Lauderdale, FL 33309
954-714-3456
(Broward County)

Alliance for Aging
9500 S. Dadeland Blvd., Suite 400
Miami, FL 33156
305-670-6500
(Miami-Dade and Monroe Counties)

If you need information about, or referral to, a service provider outside the state of Florida, call the national Eldercare Locator Service at (800) 677-1116. An information specialist will assist you Monday through Friday from 9 a.m.–11 p.m. EST. For people with Telecommunication Devices for the Deaf (TDDs), all Elder Helplines, as well as the Eldercare Locator Service can be accessed through Florida Relay Service at (800) 955-8771.

Please call the telephone number below in your area for information and referrals.

FLORIDA ELDER HELPLINE DIRECTORY

Alachua	800-262-2243
Baker	888-242-4464
Bay	866-467-4624
Bradford	800-262-2243
Brevard	321-631-2747
Broward	954-714-3464
Calhoun	866-467-4624
Charlotte	866-505-4888
Citrus	800-262-2243
Clay	888-242-4464
Collier	866-505-4888
Columbia	800-262-2243
DeSoto	866-505-4888
Dixie	800-262-2243
Duval	888-242-4464
Escambia	866-531-8011
Flagler	888-242-4464
Franklin	866-467-4624
Gadsden	866-467-4624
Gilchrist	800-262-2243
Glades	866-505-4888
Gulf	866-467-4624
Hamilton	800-262-2243
Hardee	800-336-2226
Hendry	866-505-4888
Hernando	800-262-2243
Highlands	800-336-2226
Hillsborough	800-336-2226
Holmes	866-467-4624
Indian River:	
in-county	211
out-of-county	561-383-1112
Jackson	866-467-4624
Jefferson	866-467-4624
Lafayette	800-262-2243
Lake	800-262-2243
Lee	866-505-4888
Leon	866-467-4624
Levy	800-262-2243
Liberty	866-467-4624
Madison	866-467-4624
Manatee	800-336-2226
Marion	800-262-2243
Martin:	
in-county	211
out-of-county	561-383-1112
Miami-Dade	305-670-4357
Monroe	305-670-4357
Nassau	888-242-4464
Okaloosa	866-531-8011
Okeechobee:	
in-county	211
out-of-county	561-383-1112
Orange:	
in-county	211
out-of-county	407-839-4357
Osceola:	
in-county	211
out-of-county	407-839-4357
Palm Beach:	
in-county	211
out-of-county	561-383-1112
Pasco:	
in-state	800-861-8111
out-of-state	727-217-8111
Pinellas	727-217-8111
Polk	800-336-2226
Putnam	800-262-2243
Santa Rosa	866-531-8011
Sarasota	866-505-4888
Seminole:	
in-county	211
out-of-county	407-839-4357
St. Johns	888-242-4464
St. Lucie:	
in-county	211
out-of-county	561-383-1112
Sumter	800-262-2243
Suwannee	800-262-2243
Taylor	866-467-4624
Union	800-262-2243
Volusia	888-242-4464
Wakulla	866-467-4624
Walton	866-531-8011
Washington	866-467-4624

Elder Helpline Can Assist Non-English Speakers

By calling the Elder Helpline, Florida's elders can access information and referral services through the **Language Line**. Telephone interpreters provide live, on-line assistance by translating from English into as many as 148 different languages.

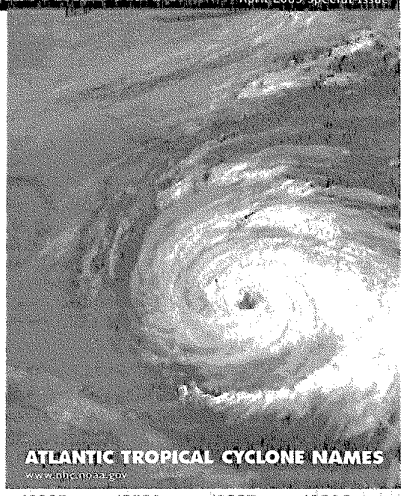
Are you worried that an elder relative or friend may be the victim of abuse? You can report known or suspected cases of abuses by calling Florida's hotline at 1-800-96-ABUSE (962-2873).

Government and Voluntary Agencies

(Disaster Contact Information)

Family, friends and neighbors who wish to assist elderly or special-needs storm survivors may find the following list of telephone numbers helpful.

Florida Emergency & Information Line	800-342-3557
FEMA Registration/(First step for disaster assistance)	800-621-3362 or 621-FEMA
FEMA (TTY for Hearing Impaired)	800-462-7585
American Red Cross (food, shelter, financial assistance)	866-438-4636
(volunteer & donations)	866-435-7669
The Salvation Army	800-725-2769
Hunger Hotline (FL Assoc. for Community Actions)	800-329-3663
America's Second Harvest (food)	800-771-2303
Florida Volunteer and Donations Hotline	800-354-3571
Elder Helpline - Florida Department of Elder Affairs	800-963-5337 (Information and referral)
Florida Dept. of Children and Families Project HOPE	866-518-1825 (Crisis counseling)
DCF Disaster Food Stamp Hotline	800-342-9274
Florida Department of Financial Services (claims problems)	800-227-8676 or 800-22-STORM
Florida State Attorney General Price Gouging Hotline	800-646-0444
Florida Agricultural and Consumer Price Gouging Hotline	800-435-7352
Florida Abuse Hotline	800-962-2873 or 1-800-96ABUSE
Small Business Administration Helpline (SBA Loans for applicants)	800-359-2227
Social Security Administration (Information on programs)	800-772-1213
IRS (tax information)	800-829-1040
U.S. Department of Veteran's Affairs (Information and referral)	800-827-1000
Dept. of Homeland Security / FEMA Fraud &Abuse Hotline	800-323-8603
Florida Child Care (Resource and referral)	888-352-4453
Agency for Workforce Innovation (Unemployment claims)	800-204-2418



2005	2006	2007	2008
ARLENE	ALBERTO	ANDREA	ARTHUR
BRET	BERYL	BARRY	BERTHA
CINDY	CHRIS	CHANTAL	CRISTOBAL
DENNIS	DEBBY	DEAN	DOLLY
EMILY	ERNESTO	ERIN	EDOUARD
FRANKLIN	FLORENCE	FELIX	FAY
GERT	GORDON	GABRIELLE	GUSTAV
HARVEY	HELENE	HUMBERTO	HANNA
IRENE	ISAAC	INGRID	IKE
JOSE	JOYCE	JERRY	JOSEPHINE
KATRINA	KIRK	KAREN	KYLE
LEE	LESLIE	LORENZO	LAURA
MARIA	MICHAEL	MELISSA	MARCO
NATE	NADINE	NOEL	NANA
OPHELIA	OSCAR	OLGA	OMAR
PHILIPPE	PATTY	PABLO	PALOMA
RITA	RAFAEL	REBEKAH	RENE
STAN	SANDY	SEBASTIEN	SALLY
TAMMY	TONY	TANYA	TEDDY
VINCE	VALERIE	VAN	VICKY
WILMA	WILLIAM	WENDY	WILFRED