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CARING FOR SENIORS IN A NATIONAL EMERGENCY: CAN WE DO BETTER?

HEARING

BEFORE THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

ONE HUNDRED NINTH CONGRESS

SECOND SESSION

WASHINGTON, DC

MAY 18, 2006

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CARING FOR SENIORS IN A NATIONAL EMERGENCY: CAN WE DO BETTER?

THURSDAY, MAY 18, 2006

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, DC.

The committee met, pursuant to notice, at 10:18 a.m., in room SD–628, Dirksen Senate Office Building, the Hon. Herb Kohl presiding.

Present: Senators Smith, Collins, Kohl, Carper, and Nelson.

OPENING STATEMENT OF SENATOR HERB KOHL

Senator KOHL. At this time, I would like to call the hearing to order and welcome our witnesses.

Last September, as the Nation still reeled from the tragic and shameful images of seniors abandoned during the aftermath of Hurricane Katrina, this Committee held a hearing on how to prepare for the next disaster.

Today, we return to that topic, determined that we never again leave our parents and grandparents to face an emergency alone. Today is not about pointing fingers for past tragedies. Today is about looking forward. Hurricane season is just around the corner. The threat of terrorism remains, and the potential for an avian flu pandemic looms.

We all agree that we let our seniors down after Hurricane Katrina. But as sorry as we all are, are we any more ready for the next hurricane or attack or disaster?

We now know that cookie-cutter emergency plans are of little use to seniors, especially those who depend on others for assistance in their daily lives. We must put in place a concrete strategy that recognizes and masters the challenges of keeping seniors out of harm's way. This Committee is steadfast in its pursuit of that goal. We hope that we will learn today that the administration is equally committed.

We will hear today from a senior who was forced to navigate Katrina without much assistance from the government and from a nurse who has helped countless seniors after hurricanes. Also with us today are the Government Accountability Office, the Miami-Dade Office of Emergency Management, and a renowned geriatrician. We look forward to their recommendations.

I am particularly interested in hearing testimony today from the Department of Homeland Security, which is the lead Federal agency for emergency preparedness. We are happy that Dan Sutherland is here from the Office of Civil Rights and Civil Liberties, and we

look forward to hearing what that department is doing to prepare seniors for emergencies.

We expect to work with the department on some common sense solutions. We must do a better job in telling older people what supplies and plans they need to have in place if a terrorist attack or flu pandemic hits.

As a start, my office has developed a tip sheet, and the Department of Homeland Security should follow with pamphlets, public pronouncements, and specific directions for seniors and the agencies that serve them. DHS also should direct States and local governments to plan, train, and practice evacuations and sheltering in place exercises that specifically target seniors.

DHS should also require hospitals and nursing homes to plan ahead for evacuations and fund training for first responders to help seniors who live at home and may be unable to evacuate.

Our office will be developing a report outlining recommendations from our witnesses and other groups. I hope the Department of Homeland Security will take these ideas seriously and will turn them into action.

Our lack of preparation for seniors after last summer's hurricanes and the terrible price we paid in lives and suffering is, indeed, a national tragedy. That tragedy is compounded if we ignore the painful lessons of the past.

We need specific plans, programs, and information for all seniors facing emergencies, and we need the commitment and energy of a DHS determined, as this Committee is, never again to desert our seniors when they need us the most.

So we look forward to hearing from our witnesses today, and we will now turn to the first panel.

Our first witness on the first panel is Maurice Frisella. Mr. Frisella is an 82-year-old man who survived Hurricane Katrina mainly on his own, with limited help from government. His journey has included being airlifted from New Orleans to Baton Rouge, stays in two nursing homes, and also a hospital.

Mr. Frisella's testimony will help us understand the challenges seniors face when the Government does not adequately prepare for emergencies.

Also on the first panel is Jean Cefalu. Mrs. Cefalu is a nurse who volunteered her services after Hurricane Katrina. She will discuss how the gulf region dealt with the needs of seniors and how it continues to struggle with their needs and appropriate planning for future emergencies.

We welcome you both, and we look forward to your testimony.

First, Mr. Frisella.

STATEMENT OF MAURICE FRISELLA, NEW ORLEANS, LA

Mr. FRISELLA. Good morning, Senator and friends. Good morning.

I am Maurice Frisella.

Senator KOHL. Is your mike on?

Mr. FRISELLA. This is my testimony as best I can do it. All right.

Orleanians have endured hurricanes in the past. Courageously, we decided to face this Katrina, too. Our 100-year-old house is high and study Victorian. We decided to remain within our own shelter, see Katrina to the finish.

Slowly, the monstrous wind began to rise, blowing apart the security of our world. Rain and wind began to lash the house. The old place seemed to tremble, wind beneath the house. The floor creaked.

Suddenly, with no warning, the electric power was cut. Candle power was blindly groped for in the black and eagerly sought, and it was found. Gas and water were soon suffered the same privation. No radio batteries because the batteries long lay unused.

I ventured to look out the front door. The high wind snatched the door from my hand. Rain lashed, and in an instant, I was wet. The trees were in a fury. Flying trash seemed endless. The wind blew me backwards. Fear caught me. Was there no help? Was there no warning? But when? I had no knowledge.

Surely, the city's fathers must have given warning? I saw no police prowl cars, no National Guards, no lights, no neighbors. In the dark, I sensed that water was gathering about the house, but how high?

I heard the screech of tearing timber. Something had fallen, something awful. I braved the beating wind. I could not see too well. My God, the upper bathroom was gone. The onslaught of wind increased more fearfully. I closed the front door, not feeling too secure. In the flickering glow of candlelight, the draperies billowed and trembled.

Wind, wind, invading every chink and crack. Somewhat short of breath, I paused to gather my intelligence. Then for a moment, the wind stopped. The world was silent. The house seemed so dreary. A dead calm in the calamity. Peggie began to meow and cry. We waited for the dawn. It would not come.

"It is OK, Peg." The frightened cat was in my lap. As for food, there was bottled water, canned food, crackers, peanut butter, and some candy. I tried to rest on the sofa. The candles were burning low, too low. I feared fire. Surely some help would come. A skiff, a guard? Somebody, please.

It was still calm, cold, damp. I looked out. I knew instinctively water was there, but would it rise more? No humans, no sound. Only blackness and fear. Where was the police? Where was the militia?

Finally, after 3 days within the house, September 3, 2005, I went outside. I stepped into the water up to my knees. Filth, garbage, branches, pieces of furniture floated. Believe it. Even a wingchair.

Being fatigued, after prowling in the street, I dared rest in the floating chair. I jumped to my feet, foolishly trying to get the attention of a helicopter. I waded to St. Rock Park Avenue about 100 yards from my own residence with heart fear.

Nobody in sight, silence and water. Bedraggled trees. I waded back to the house for my adopted brother, Buzz. Once indoors, I demanded we have got to get out of here. Come on. Step into the water. It is not so deep.

I managed to gather some valuables, stuffed in my little leather shaving kit. We waded and waded. Good Lord. What happened to our world?

Finally, I was seized with joy. Hope. A National Guard vehicle came into my sight. Boy, they spotted us. Two young Guards boosted us up. I felt a hot hand on my backside. Buzz, too.

So with soggy trousers and heartfelt thanks, we were seated on something like a bench, handed a sandwich and a drink, and then we rode wildly and roughly down St. Claude Avenue up to Canal Street. The young Guards, no more than boys, were in a crouched position with rifles paused looking for trouble.

However, to end this winded episode, we were driven to the arena next to the Super Dome. Some kind medics changed our damp clothes. I know I was in a blue paper suit. The helicopter took Buzz and me to Baton Rouge and then to a nursing home in Gonzalez, about a half hour's drive from the capital city.

In the nursing home, we unhappily lived there from September 3 to April. We missed every joyous holiday. I was cursed, hit, and informed by the aides, "Kiss my gluteus maximus." You translate that yourself. I am not going to do that.

There were other incidents, too. Food was awful. Buzz went into a terrible decline. I lost my place.

He of the United States Air Force, his knowledge of botany and food, Buzz could not eat. The kitchen was filthy. I was simply helpless—too much?

Senator KOHL. It is all right.

Mr. FRISELLA. I was simply helpless in the nursing home. I called, called, waited, waited—FEMA. Then that Spanish. I was offended. This is an English-speaking nation. Let us keep it that way.

My home has been looted. Valuable antiques gone. Pigeons have invaded the house. My home has been closed since September. I was presented today with two $500 bills from the Entergy Company. My house has been closed for seven months. Seven months, nothing done. The levee neglected.

Now this is a rumor, but this was certainly overheard. Watch this now. "Nothing was wrong with that son of a bitching levee. It has been that way since I have known myself." I lost my place. OK. Where is my place? Oh, this, sirs, is my sorrowful lamentation. Our elected officials are not taking care of our Nation.

As for the Corps of Engineers, by thunder, they blunder. Does no one see the United States is in a decline? No one.

Divine Father, spare our Nation. So I humbly lift my being to God. Pray my words are not false. The elected ones are truly only for one thing—privilege, prestige, possession, and power. They are exalted and way above the citizens. This is the end.

Here is a quotation from Shakespeare from Richard III. "In the base court, come down. Come down." That, sir, is the end of my statement. I hope I haven't been too foolish.

[The prepared statement of Mr. Frisella follows:]

Re: Testimony of Maurice Frisella, 5/18/06

The Menace of Hurricane Katrina or Where Be Out Elected Officials

Orleanians have endured hurricanes in the past. Courageously we will face this Katrina too! Our hundred year old house is high and sturdy-Victorian. We decided to remain within our own shelter, See Katrina to the finish. Slowly the monstrous wind began to rise....blowing apart the security of our world. Rain and wind began to lash the house. The old place seemed to tremble, wind beneath the house-The floor creaked. Suddenly! With no warning the electric power was cut. Candle power was blindly groped for in the black-eagerly sought and found. Gas and water soon suffered the same privation. No radio Batteries lay long unused. I ventured to look out the front door. The high wind snatched the door from my hand. Rain lashed-in and in an instant I was wet. The trees were in furry-Flying trash seemed endless. The wind blew me backwards. Fear caught me! Was there to be help? Was there a warning? But when?
I had no knowledge, surely the city fathers must have given warning? I saw no police prowl vehicles. No national guards-No light! No neighbors. In the dark, I sensed water was gathering about the house. But how high? I heard the screech of tearing timber! Something had fallen-Something awful-I braved the beating wind. I could not see too well. My God! The upper bathroom was gone! The onslaught of wind increased more fearfully. I closed the front door, not feeling too secure, in the flickering glow of candle light. The draperies billowed and trembled. Wind! Wind! Invading every chink and crack. Somewhat short of breath, I paused to gather my intelligence. Then for a moment-the wind stopped. The world was silent! The house seemed so dreary. A dead calm, in the calamity. Peggie, began to meow and cry-We waited for Dawn. It would not come. "It's Ok, Peg!! The frightened cat was in my lap. As for food-There was bottled water. Canned food. Crackers. Peanut Butter...Some candy. I tried to rest on the sofa.

The candles were burning low. Too low I feared fire. Surely some help would come. A skiff-a guard. Somebody-Please! It was still calm-cold, damp. I looked out. I knew instinctively water was there. But would it rise more? No humans-No sounds, only blackness and fear. Where was the police? Where was the militia? Finally after three days within the house-The third of September, 2005 I went outside. I stepped into water, up to my knees. Filth! Garbage..Branches-Pieces of furniture floated. Believe it.....even a wingchair. Being fatigued, after prowling the street- I dare rested in the floating chair. Ha! Ha! Suddenly! I jumped to my feet, foolishly, trying to get the attention of helicopters. I waded to the St. Rock Ave Parkway, about 100 or more yards from my residence with heart fear, Nobody in sight. Silence! Water! Bedraggled trees. I waded back to the house for my adopted brother, Buzz. Once indoors, I demanded-We gotta get outta here-! Come on-step into the water. It is not soo deep". I managed to gather-up some valuables-stuffed all in to my little leather shaving kit. We waded...waded... Good Lord! What happened to our world? Finally-I was seized with wild joy! Hope! A National Guard vehicle came into sight. Boy! They spotted us! Two young guardsmen boosted us up. I felt a hot hand on my backside-Buzz too. So with soggy trousers. And heartfelt thanks-we were seated on something presumably a bench-Handed a sandwich and a drink- We rolled wildly and roughly away-

Down St. Claude avenue toward Canal Street. The young guards, no more than boys-were in a crouched position-with rifles paused looking for trouble. However, to end this winded episode-We were driven to the Arena. next to the Super Dome. Some kind Medics-changed our damp clothing-I know I was dressed in a blue paper suite. A helicopter took Buzz and me to Baton Rouge-and then....to a nursing home in Gonzalez-about a half hour drive from the Capital City. In the nursing home, we unhappily lived from September 3rd , 2005 til April 2006. We missed every joyous holiday. I was cursed in the home-hit and informed by Aides: Kiss my "Gluteus-Maximus". Render the cursive meaning! There were other incidents too- Food was awful! Buzz went into decline-He of the United States Air force-his knowledge of Botany and Food-Could not eat-!!! The Kitchen was filthy-! I was simply helpless in the nursing home. So awfully slow, and troublesome to get help from FEMA. Call! Call! Wait!-Call-! FEMA, and that Spanish!!! I was offended- This is an English speaking Nation.
My home has been looted. Valuable antiques-gone! Pigeons have invaded my home. My home has been closed since September- Today I was presented with two $500 bills from Entergy-why? My house has been closed for seven months. Nothing done! The levee-neglected! This may be rumor-? This was certainly overheard?-"Nothing wrong with that son of bitch Levee-It has Ok since I known myself"-This is my sorrowful Lamentation- Our elected officials are not taking care of our nation-!!! As for the Corps of Engineers! By thunders! They Blunder. Does no one see the U.S.A. is in a Decline!??? Divine Father, spare our Nation!!! So, Humbly I lift my being to God. Pray my words are not false. The elected ones; are true only for! Privilege-Prestige-Possession-and Power! They are exalted-above the citizens. The End.
Closing verse-In essence of Shakespeare's Richard III-"Base, court....come down".

Senator KOHL. Thank you. You have made a beautiful statement. We appreciate it very much.

Mr. FRISELLA. OK. Don't think I haven't been nervous.

Senator KOHL. You did great. You did absolutely great.

Mr. FRISELLA. Thank you.

Senator KOHL. Before we turn to Mrs. Cefalu, I would like to ask our Chairman, Gordon Smith, for his statement.

The CHAIRMAN. Well, thank you, Senator Kohl.

Out of respect for our witnesses, and with apology for the vote that has delayed myself and Senator Carper for being here, I will put my statement in the record so we don't hold them any longer. I want to hear from them.

[The prepared statement of Senator Smith follows:]

PREPARED STATEMENT OF SENATOR GORDON SMITH

Good morning.

Senator Kohl, I appreciate being here today to revisit one of the most important topics this Committee has looked into during the past year.

Since the tragic events on the Gulf Coast last year, we in Congress have devoted much of our time to helping our fellow Americans who were displaced by Hurricanes Katrina and Rita get back on their feet. We are continuing the long process of rebuilding those areas of the Gulf region that have been so ravaged by these terrible storms.

The Baltimore Sun on Sunday examined difficulties that the 200,000 people currently living in New Orleans are facing when assessing medical care from the city's devastated health care system. Damage from Hurricane Katrina has reduced the number of hospital beds in the city from 2,300 to 500, and Charity Hospital, the city's hospital for the uninsured, is not expected to reopen for years. Meanwhile, the uninsured rate in the city has increased from about 20 percent to 40 percent, largely because many people have lost jobs that provided health insurance. In addition, out of 4,500 physicians who worked in New Orleans before Katrina, only about 1,200 have returned.

While we must continue to work to ensure New Orleans is a safe city to return to, the past few months have also been a time to examine the preparedness of our federal, state and local governments to deal with such disasters in the future.

Last October, this Committee held a hearing entitled Preparing Early, Acting Quickly: Meeting the Needs of Older Americans During A Disaster. We heard from witnesses who described older Americans' special needs that make them particularly vulnerable during an emergency. A key lesson that came out of our hearing was that the 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 make certain that adequate steps have been taken to identify those in need, evacuate seniors to a safe place and provide appropriate care once displaced.

The October hearing also pointed out that there are other substantial issues that still need to be addressed. Issues of specific concern are the double-counting of emergency services, trouble identifying individuals who have special needs and making sure that funding is flexible for an all hazards approach to disaster preparedness.

As we listen to the testimony of our witnesses today, we will hear details about the responses to hurricanes Katrina and Rita. However we must also consider the myriad of other natural and man-made disasters a frail senior may face. Seniors in the Midwest may need to prepare for tornadoes, while in the West seniors may need to prepare for earthquakes. This is why during our last hearing I found the "all-hazards" approach to disaster preparedness so valuable.

Simply put an "all-hazards" approach focuses more on coordinating efforts toward any disaster rather than preparing for a specific disaster. By doing this, an agency can be prepared to provide for:

Effective coordination of activities among the organizations having a management/response role;

Early warning and clear instructions to all concerned organizations and individuals if a crisis occurs; and

Continued assessment of actual and potential consequences of the crisis at hand.

As I stated in October, there is no doubt that disaster preparedness for older Americans poses a daunting challenge. However, I believe hearings like this one will

shed light on the difficulties we have had in the past to find solutions for future disasters.

Large-scale natural disasters like the hurricanes that struck the Gulf Coast stretch our federal, state and local response capabilities to their absolute limits. I hope the testimony today from our distinguished witnesses allows this Committee to learn about disaster preparedness and enables us to move forward and protect our most vulnerable citizens during emergencies.

I thank all of you for coming to share your expertise and look forward to your comments.

Thank you.

Senator KOHL. Thank you.

Senator Carper.

OPENING STATEMENT OF SENATOR THOMAS CARPER

Senator CARPER. I would like just to make a very brief statement.

Welcome. We are delighted that you are here and happy to have this hearing today.

I am a Navy veteran and have been, as my colleagues, have very, very active on behalf of veterans in my State and across the country.

In the wake of Katrina, when thousands of veterans were evacuated from the gulf coast and taken to veterans nursing homes and VA hospitals in other States, when they arrived in those places, the folks who received them in the new nursing homes and hospitals had the medical records because of the electronic medical records for all the veterans.

They knew what medicines they were taking. They knew what their medical histories were. They knew what their MRIs or X-rays or lab tests were. They were able to provide in the new homes, receive in their new homes excellent care right away.

For a lot of folks who were civilians who were evacuated from the gulf coast, they ended up in other States, in other hospitals, and other nursing homes. They had in many cases paper medical records, which were largely destroyed. Those who received them did not know the medical histories, the prescription medicines that needed to be taken and so forth.

One of the things that someone's been working on—my colleagues and, too, our guests—is to increase the likelihood that we are going to have electronic medical records, health records for ourselves and for others in this country. Not just to help out in emergencies like Katrina, but also in other instances just to provide better health care.

So this is, I think, an important hearing for the cause for which it is slated. But there is also another reason that we need to provide electronic health records that goes beyond emergencies.

Thanks very much.

Senator KOHL. Thank you very much, Senator Carper.

The hearing is very much focused on some of the points that you have just made.

Now we would like to hear from Mrs. Cefalu.

STATEMENT OF JEAN CEFALU, SLIDELL, LA

Ms. CEFALU. Senator Smith, Senator Kohl, and honorable U.S. Special Senate Committee on Aging members, thank you for the opportunity to allow me to share my experiences relative to the elderly in both the community and the long-term care populations that were affected directly or indirectly by Hurricane Katrina.

While I was not practicing nursing at the time of the hurricane, the devastation caused by Katrina produced severe labor shortages, especially at nursing homes in the peripheral areas of New Orleans, Baton Rouge, and Shreveport. That is why I and many other nurses came out of retirement to help out.

It was at one of these nursing homes that I met and informally adopted "Uncle Buzzy" and Maurice, who is with me here today.

Several John and Jane Does came from New Orleans area nursing homes that were unprepared for the storm. They were evacuated at the last minute without identification, health histories, or medications. Many couldn't tell us who they were or where they were from. Many were acutely ill on arrival and had to be shipped to the hospital.

As I speak to you today, hundreds of evacuees are literally trapped in nursing homes around the State and probably other States. Since it is still undetermined when or if they can return to their homes, the vast majority of them are now helpless and don't have the physical ability and/or the financial resources to rebuild their lives.

The seniors who have returned are regular targets for unscrupulous individuals who prey on their trusting ways. Other evacuated seniors are having to pay out of their own back pockets to finance their nursing home stay, using up all of their savings and rendering it impossible to get back on their feet.

In some cases, as with Maurice, they had large sums of money and personal possessions stolen at the very places that they sought shelter and protection. The experience I had after Katrina made me realize how delicate and fragile this population of advanced age seniors really is. Unlike you and I, they don't bounce back.

One organization that provided tremendous support and leadership to our area nursing homes that were either evacuated or took in evacuees is the Louisiana Health Care Review's Nursing Home Quality Improvement Committee, authorized by CMS.

They met regularly after Katrina via teleconference and onsite to the nursing home staff. My personal and heartfelt thanks goes out to one member in particular, Debbie Serio, who made herself available to meet day and night, along with regular visits to my nursing home after we lost the administrator, the director of nurses, and the medical director. I was the only RN in the facility for several weeks, and I couldn't have done it without her.

Over the last several months, this group has formulated a series of workforce recommendations, which is attached to my report. These recommendations are the culmination of several facilities' experiences before, during, and after Katrina. This list is intended to assist nursing homes relative to evacuation procedures, as well as nursing homes who serve as evacuation shelters.

One recommendation that I would like to make, based on my personal observation, is that elderly evacuees who are placed in

nursing homes outside of a disaster area be granted a waiver of determination of eligibility for a period of at least 6 months. Any personal or financial assets accompanying the evacuee be secured in a safe place at the accepting facility to prevent financial abuse until conditions stabilize.

It is my opinion that the evacuation process for nursing home residents in New Orleans was not adequate. It is a known fact that 75 percent of those who died during and after Katrina were 75 years of age or older. Appropriate and tested evacuation plans for seniors is a key to the prevention of elderly deaths in any disaster. But the evacuation plans can only go so far if we are not educated relative to geriatric issues.

Every 5 minutes, information was broadcast all over the television and the radio where and when to evacuate. All you had to do was pick up the phone, and someone would come and pick you up. That wasn't the problem.

Why didn't our seniors get on the bus to leave? The reason is our frail elderly would rather die in familiar surroundings than spend days in uncertainty and fear.

Education of geriatric health care professionals in the State of Louisiana and the Nation should be a priority with aging baby boom upon us now. My husband, Dr. Charles Cefalu, is the chief of geriatrics at LSU Health Science Center in New Orleans. His program was located at Charity Hospital, which was damaged beyond repair.

Thanks to the immediate and generous support of the American Geriatrics Society, the Gerontological Society of America, and the John A. Hartford Foundation, he was able to relocate his program to another LSU teaching hospital in Lafayette, LA, to serve the many immediate needs our seniors faced during the aftermath of Katrina.

It is a shame that our State has only one teaching facility to train physicians and nurses in geriatric medicine. That is not the case in other States, where geriatric education is the norm and not the exception. Louisiana's own congressmen and senators should be taking note of this.

My final recommendation is that Congress reinstate Title 7 funding of geriatric education centers across the United States to address the need for educating geriatric health care professionals. Such centers can serve two unique purposes.

The first is to train geriatric health care professionals relative to emergency preparedness, and the second would be to serve as a multi-institutional consortium. Depending on the effect of a disaster in a particular area, each of the members could serve as a coordinating center for the evacuation, post disaster assistance, and safe return of our senior citizens to their communities.

Thank you.

[The prepared statement of Ms. Cefalu follows:]

Re: Testimony of Jean Cefalu RN, 5/18/06

Dear Senator Kohl and honorable US Special Senate Committee on Aging members:

Thank you for the opportunity to allow me to relate my experiences relative to the elderly and institutionalized long-term care population affected directly or indirectly by the effects of Hurricane Katrina and to suggest recommendations for future disasters.

I live in Slidell, La., a suburb of the New Orleans Metro area and have lived there off and on since the age of 13. I have practiced nursing in various nursing homes over the last 10 years at brief intervals. I am the mother of five children, two of whom are in college. At the time of Katrina, I evacuated to Clemson University with two of my sons where my daughter was attending college. On returning to the area and finding my house in Slidell devastated by 3.5 feet of water and with 22 trees down in the yard, my husband and I bought a house in Baton Rouge in Ascension Parish and shortly thereafter, I began working at a local nursing home there, Ascension Care Center. The facility took in about 40 evacuees and nursing home residents of the NO Metro area and as a result was severely short of staff. I worked there through its state inspection until early January, when I moved back to Slidell to be with my husband, and three children. We are currently living on the 2nd floor of our house with the first floor gutted. Little progress has been made at rebuilding due to the high costs of materials and the severe shortage of labor. My husband's LSU office is located on the second floor as well since he will not be able to move back into his office in New Orleans for about 6 months. After 4.5 months, we just received our FEMA trailer but were told it may take several weeks for electricity to be turned on.

My husband, Dr. Charles Cefalu, has practiced medicine for 25 years and geriatric medicine for the last 16 years. He stayed at the house during the Hurricane and shortly after Katrina, was preoccupied with his professional duties and the need to try to salvage some personal possessions from the house. Being Chief of Geriatrics at LSU Health Science Center in New Orleans and with his Program located at Charity Hospital which was severely damaged beyond repair, he spent the month of September evaluating options and subsequently moved his two faculty, nurse practitioner and two fellows-in-training to University Medical Center (an LSU public teaching hospital) in Lafayette, La. This could not have been accomplished without the financial support of three major US geriatric organizations, the American Geriatrics Society, the Gerontological Society of America and the John A. Hartford Foundation who came to LSU's rescue immediately.

While I was not practicing nursing at the time of Hurricane Katrina, the devastation caused by Katrina produced severe labor shortages, especially at nursing homes in the peripheral areas of the NO Metro area, Baton Rouge, and even as far as Shreveport, La. That is why I decided to go to work. It was then that I met a very nice man named Maurice and his friend who will tell you their very personal and horrifying story after I finish.

Though I have worked in nursing homes in the past, this work was different to me. I found the work at Ascension Care Center very tiring but rewarding, knowing that I was helping displaced nursing home residents and evacuees who had lost everything they had. Many Jane and John Does came from New Orleans nursing homes without any identification number. Many of these residents were acutely ill. Many had no other

place to go. Many families initially could not find their loved ones. Many were suffering from Post Traumatic Stress Disorder and just needed someone to talk to or hold their hand. At this point in time, many evacuees residing in nursing homes outside of the New Orleans like Ascension Care Center are in a status quo situation since it is undetermined as to when they might be able to return back to New Orleans. This is because many of them are helpless and have no resources or finances to rebuild their homes. Others are having to pay out of their "back pockets" to finance their nursing home stay without the benefit of appropriate financial screening. In some cases, evacuees in nursing homes have had cash and personal possessions stolen at the nursing home they are staying at.

The experience at Ascension Care Center helping evacuees made me realize how delicate and fragile this population of advanced age seniors really is. Unlike you and I, they have multiple and chronic illnesses and take multiple medications, increasing their risk of an adverse drug reactions. In addition, the nursing home population is usually dependent on others for their basic daily needs of food, fluids, nutrition, bathing, toileting and grooming. Many of them have no family or finances. They are also vulnerable to financial, emotional, mental and physical abuse by others because of the mind set of ageism as you will see from Maurice's story. They are subject to depression, anxiety and Psychosis.

One organization that provided tremendous support and leadership to NO Metro area nursing homes that were either evacuated or took in evacuees is the La. Healthcare Review's Nursing Home Quality Improvement (Medicare) Committee authorized by CMS that met regularly after Katrina to provide assistance via teleconference and onsite to the staff. My husband sits on this Committee. Over the last several months, they have also formulated a series of Workforce recommendations which is attached to my report. These recommendations are the culmination of various facilities' reports and experiences before, during and after Katrina. They are so numerous that I will not mention them for the sake of brevity. The list is intended to assist nursing homes relative to evacuation procedures as well as nursing homes who serve as evacuation shelters. I submit these recommendations to your Committee for review and action. One recommendation that I would like to make based on my personal observation is that elderly evacuees who are placed in nursing homes outside of the Disaster area be granted a waiver of determination of eligibility for a period of 6 months and any personal or financial assets accompanying the evacuee be secured in a safe place at the accepting facility to prevent financial abuse until conditions normalize.

It is my opinion that the evacuation process for nursing home residents was not adequate and there is much room for improvement. It is unfortunate that it took such a major catastrophe such as Katrina to teach us some lessons about how inadequate these evacuation procedures really were. It is a known fact that 75% of those who died during and after Katrina were 75 years of age or older. To some extent, I believe some of these lives could have been saved if the evacuation process was adequate. It is true that the New Orleans Metro area is somewhat atypical of other large Metropolitan areas in that it has a relatively high percentage of minority socioeconomic ally disadvantaged elderly and nursing home residents. To some extent, the exaggerated number of deaths relative to the elderly represents this undeserved population. However, this is not to say that a similar catastrophe and exaggerated impact on vulnerable elderly populations could not occur in other parts of the US.

My husband has since become Medical Director of two New Orleans Nursing Homes since Katrina, a state owned and privately owned facility. At the state facility, all of the residents were evacuated and about 2/3 have returned. The facility is not able to continue to admit residents due to a staff shortage. Of those staff who have returned, many are living on the first floor involving 40 residents' rooms since they have nowhere to live. At the other facility, they are beginning to admit residents this month thanks to the support of registered nurses from Oregon and other states who have volunteered their time locating nursing home evacuees in the Southwest and Central Louisiana areas and screening them for re-admission.

Appropriate and tested evacuation plans for seniors and nursing home populations is a key issue in preventing elderly deaths for any disaster. But evacuation plans can only go so far if the staff is not adequately educated relative to geriatric issues. Education of geriatric healthcare professionals in the state of Louisiana and the nation should be a top priority with the aging baby boom population upon us. It is unfortunate that only one training program to train geriatricians and one program to train geriatric nurse practitioners exists in the state of Louisiana. That is not the case in other states where geriatric education of nurses and physicians is the norm and not the exception. The Louisiana legislature and the Governor should take notice of this disparity immediately as should our La. Congressmen and US Senators.

As a result of these professional and personal experiences, I now realize how important it is to provide quality care to these seniors and the impact that Disaster has on their physical, mental and emotional well-being. The losses that may seem small to you and I are huge for them. As my husband has done for 12 years as an academic geriatrician, I also now realize the value of formal education for healthcare professionals caring for the elderly. I recently became board certified as a Gerontological Nurse and as a Resident Assessment Coordinator. I have also most recently enrolled as a Masters of Science graduate student in Gerontological Nursing and geriatric nurse practitioner program at my Alma Mater, Southeastern La. University in Hammond. I will be joining the American Geriatrics Society, the La. Geriatrics Society and recently joined the Association of Directors of Nursing for Long Term Care (ADONA) and the American Gerontological Nurse Association. I am now working at a local nursing home in my home town of Slidell doing similar work in providing needed care to evacuees and residents of other nursing homes in the New Orleans Metro area that are currently closed.

Therefore, my last recommendation is that Congress reinstate Title VII funding of Geriatric Education Centers across the US to address the need for educating geriatric healthcare professionals. Such Centers can serve two unique purposes: 1) to train geriatric healthcare professionals relative to Emergency Preparedness; and 2) serving as a multi-institutional consortium, depending on the effect of a disaster in a particular Metro area, each of the consortium members could serve as a coordinating center for the evacuation process itself.

Thank you,

Jean Cefalu RN

Senator KOHL. Thank you very much for your excellent testimony.

Mr. Frisella, we will start with a question for you. It is very important for us to learn from seniors like yourself, who have experienced such a disaster. As a senior living independently, do you feel that you were given appropriate information to help you prepare for Hurricane Katrina before it struck?

Mr. FRISELLA. No, I wasn't fully aware of it. But I knew the hurricane was coming. But as I said, we survived other hurricanes, and I didn't give it that much attention.

Senator KOHL. Did you get any information in advance at all?

Mr. FRISELLA. Some on the television or the radio, but I didn't keep the television and the radio on constantly.

Senator KOHL. So there was no preparation that was given out to you to be aware of the fact that disasters may happen, and when they happen, the following things should be done? That kind of advance preparation was not in evidence at all?

Mr. FRISELLA. No, Senator. No, sir.

Senator KOHL. Tell us, in the months since Hurricane Katrina, Mr. Frisella, have you been given direction and assistance that you need to get back to where you were before the storm occurred?

Mr. FRISELLA. Well, I would like to see the old house repaired. It didn't have water damage. It had wind damage. When they constructed that house, it probably had an outhouse on the side of it. So the bathroom was built on the side of the house and attached to the house.

So when the wind came from that back alley, it blew the bathroom back this way in the downpour, and it collapsed. That is all I can tell you.

Senator KOHL. All right.

Mr. FRISELLA. That is enough.

Senator KOHL. Thank you.

Mrs. Cefalu, I didn't get that percentage figure on the number of seniors——

Ms. CEFALU. Seventy-five.

Senator KOHL. Who were——

Ms. CEFALU. Seventy-five percent of the people who died in Hurricane Katrina were 75 years or older, either during or in the aftermath.

Senator KOHL. Seventy-five percent?

Ms. CEFALU. Mm-hmm.

Senator KOHL. Wow. In your opinion, what were the Government's greatest shortcomings in responding to the needs of seniors during Katrina?

Ms. CEFALU. Not laying blame on anybody because I am not sure how the Government really works, but it was too late. Next time, immediate help. Not waiting 3 or 4 days. That was a big thing.

Senator KOHL. Would you say that there is an urgent need for advance preparation——

Mr. FRISELLA. Yes.

Senator KOHL [continuing]. Considering that we will be having additional catastrophes in the future?

Ms. CEFALU. Oh, yes. Definitely. But we also have to realize because of the ages of our older citizens, we have to prepare that they

are not going to leave in the event of another disaster, and we must be prepared to move in quickly after the disaster and locate where they are.

Just because of the reasons of not leaving their cat or——

Mr. FRISELLA. The cat, yes.

Ms. CEFALU [continuing]. Food, medicines, clothing, doctor, their familiar surroundings. That is a reality. Unless we drag them out, they are not going to go.

Senator KOHL. That is a good point.

Mr. Frisella.

Mr. FRISELLA. Could we do something about the pets? I had to leave my pet there. People, if you have a pet, it is like a child, and you love that thing.

Senator KOHL. Very well said.

Mr. FRISELLA. Yes. May I be so egotistical as to read my poem?

Senator KOHL. Certainly. Go right ahead, sir.

Mr. FRISELLA. OK. It is called the "Curve in Crisis Care." The curve is in Mississippi. The curve is the Crescent City.

O immortal day, let us pray. Swamp of that mighty stream. The suffering of that horrible dream. The matters of the wind as cruel as the lash before his cross, the bewailing of our loss.

We sigh, cry with the angels. Beg powers that be, help us. Peter, open paradise. How that storm has cast that fatal dice.

Our curve and that stream is holy. Holy is joyful. Joyful is no sin. We wait for those saints to come to begin.

Clean up, buck up. Swagger in high style, old pal, down bright-lighted canal. Dear old South land, how grand. No tears, no cheers. Time for jubilation. New Orleans is the doorway to our Nation.

What do you think?

Senator KOHL. I think that is beautiful.

The CHAIRMAN. That is great.

Senator KOHL. That is beautiful. We thank you.

Now we turn to our Chairman, Senator Smith, for his questions and comments.

The CHAIRMAN. Jean, you had a remarkable statement in your testimony that seniors would rather die than evacuate, and it is a shocking thing that 75 percent of the deaths in Katrina were among the elderly.

Do you think that that decision that they would rather die than evacuate, would that change if there were better preparation, better education, better certainty that the seniors knew they had a place to go and that there was a home to return to?

Ms. CEFALU. Actually, yes. But I am not an expert in that area.

A lot of people and a lot of the seniors evacuated had the questions of the pets. They are like children. A mother wouldn't leave her child. An elderly person is not going to leave their pet.

They have medications. It was on August 29 right?

The CHAIRMAN. Yes.

Ms. CEFALU. On the 1st, the Social Security checks come in. Many disadvantaged, you know, elderly wait for those checks. If they don't get them when they come in the mailbox, somebody else is going to take them.

One month without a check, they can't pay for food. They can't pay their light bills. Not they couldn't think that there is not going

to be any lights any way, but they need that money. They can't leave without their money. They don't have high finances.

Where were they going to go? A lot of seniors, you know, your parents, they can't sit in cars for long periods of time. There is no bathrooms on school buses. If anyone has had any more than three children, the women in here, you will know that when you have got to go, you have got to go. It would be highly humiliating to people to have an accident on a crowded school bus.

There are many reasons. So I am not really an expert on that, but these are the reasons that they are not going to go. A lot of them did. But most of our frailest elderly, they didn't.

The CHAIRMAN. But did they make, in the face of the evacuation order, was there a conscious decision made that "I am just going to ride this out?" Ms. Cefalu. I believe so.

The CHAIRMAN. Maybe that question should be asked to Maurice, and I loved your poem. But Maurice, you made the decision to stay based on your previous experience in hurricanes. You had survived them all, and yet I suspect you decided to stay in face of an evacuation order because your experience, your place, your pet, all of these things, you just said, "I will—" Mr. Frisella. The house was so strong. I wasn't aware that the storm was that severe until I heard the crash of the bathroom going down, and I had to investigate what is going on.

The CHAIRMAN. Is there anything that the government at the local, State, and Federal level could have done to cause you to make a decision to evacuate?

Mr. FRISELLA. I wouldn't know how to answer that. Please, honestly. I wouldn't know how to answer that.

The CHAIRMAN. That is really, I mean, I guess our responsibility—not I guess. Our responsibility of Government is to make sure that you have a decision to make that is informed, and you have some certitude as to what is going to happen to you in the evacuation. How your most treasured aspects of life, maybe even a pet—I don't know—can be saved in all of this.

Mr. FRISELLA. My family lived in that house for over 60 years, 100 years in that parish. I didn't want to leave the house. I growed into the house and grow young with the house.

The CHAIRMAN. So you might have made the decision, even if the Government had done everything perfectly, you would have made the decision to stay?

Mr. FRISELLA. Stay put.

The CHAIRMAN. Thank you, Mr. Chairman.

Senator KOHL. Yes. Just to follow up on that with Mrs. Cefalu. If, in fact, seniors are determined to ride it out even in the face of catastrophe, what can the Government do?

Ms. CEFALU. Well, I was talking with some of the other people that are going to be on the panel in just a little bit about ideas. If it wasn't for the HIPAA laws that maybe something—I am not an expert. Maybe anyone on Social Security disability, their names could be given to local fire districts so that you would at least know geographically where they were located. So that after the storm, you could pinpoint in priority areas to search first, to check to help them out. I don't know.

Senator KOHL. Would you say that if we were going to make meticulous preparation, we need to pinpoint where our seniors are, each and every one? Then, in the immediate aftermath of a catastrophe, go to each——

Ms. CEFALU. I was thinking local fire departments. This is just off my head. Local fire departments in their fire districts, if they had the information on where the seniors were, maybe it is possible that once a year, there could be some contact. Do you have a place to go? Are you going to stay? Do you have family?

We could locate, you know, the people like Maurice that aren't going to leave. Because there was also several other people, elderly people in his neighborhood that didn't leave either and are still there to this day, and they lived it out.

So at least we would know where they were, where to go look for them.

Senator KOHL. Very good.

Well, we thank you both for being here today, and you provided—oh, Senator Collins is here. I am sorry.

Before we move on, we would like to hear from Senator Collins for her comments and whatever thoughts, questions you have.

Senator COLLINS. Thank you.

I thought I showed up today in yellow, you know, so that people would see me.

But first, let me thank you both for holding this hearing. The Homeland Security Committee, which I chair, spent 7 months looking at the preparation for and response to Hurricane Katrina, and we held 22 hearings. Of all those hearings, the one that bothered me the most was when we heard about nursing homes not being evacuated, and we learned that those left behind were primarily elderly and people with special needs. That troubled me so much.

There was a real contrast between Mississippi and Louisiana in that regard because Mississippi forced the nursing homes to evacuate their patients. Louisiana chose not to. The result in Louisiana—and let me say I recognize that it is very difficult to evacuate fragile patients from nursing homes, and there are risks in that.

But if you look at the outcome, you did not have the deaths among nursing home patients in Mississippi that you had in Louisiana. So, Ms. Cefalu, I wanted to start my questioning with you. Because you mentioned in your written statement, and I apologize for not being here earlier, that the evacuation process for nursing homes was inadequate.

Have you seen a change post Katrina at the facility level in the area of emergency preparedness and response? For example, have there been discussions at the Ascension Care Center, and has the staff worked out what you think is a feasible evacuation plan for the facility?

Ms. CEFALU. Absolutely not, Senator. Nothing.

We have a book. Most nursing homes have a book. The evacuation book. When the State surveyors came in, they asked me where the book was. Since I was just filling in for the director of nurses, we found the book. Thank God. Never read the book. Embarrassing as it is, that is a reality.

I live in St. Tammany Parish. St. Tammany Parish nursing homes have a volunteer emergency preparedness coordinator, Kim Harbison. We didn't lose anyone in St. Tammany Parish. We were evacuated like Mississippi because St. Tammany Parish evacuated as a parish to one school. It was pre-prepared, and everything was there.

New Orleans, however, I believe it leaves it up—I am not the expert. I believe they leave it up to the individual nursing homes.

Senator COLLINS. They do.

Ms. CEFALU. In a large metropolitan area, you can't do that. You can't call them 72 hours before a disaster is in the Gulf or anywhere, mudslides, anything, and say you need some help because everybody is busy with their own preparedness.

Also, that quick in New Orleans, you lose your employees. Without employees, you have no manpower to move everybody. So, no, New Orleans is far behind.

Senator COLLINS. One of the recommendations that we have made in our report is that not only should every nursing home and hospital be required to have an evacuation plan, but that there should be an audit of it by the State once a year to make sure it exists, to make sure that people have read it, trained for it because this isn't something that does you much good if it is just on paper. You have to do the exercises and the training as well.

But I think this is a huge issue. Of all the issue we looked it, it was the one that troubled me so much. So I am so glad you are doing follow-up on this issue. The more attention we can have, the better.

I also want to follow up on the issue that both Senator Kohl and Senator Smith and our witnesses have raised about how do you know where those individuals with special medical needs or who our elderly are? We, again, have recommended exactly what you have instinctively suggested, and that is that there be lists of special needs patients, individuals who rely on, who need electricity——

Ms. CEFALU. Oxygen.

Senator Collins [continuing]. For their medical needs and that first responder agencies—the police, the firefighters—have those lists, and that is a lot of work. It takes a lot of updating, obviously.

But I think it would make a real difference so that when disaster strikes, we know who the vulnerable are, and we can send first responders. There has been so much discussion in the response to the Gulf that it was somehow race based on who got left behind. It wasn't. It was age based is what it was.

It was those who were elderly, regardless of their race, who were left behind. It was those with special medical needs who were left behind, and it was those who could not evacuate themselves, for whatever reason, who were left behind.

So I don't mean to take up too much time here, but thank you for holding this hearing. Thank you both for your testimony.

I also want to say that Mr. Frisella's point about the pets was another issue that we found was very important. We had a mayor of a town in North Dakota come before us and say that you have to tell people to bring their pets, their pillows, and their pills. I thought that was a wonderful way——

Ms. CEFALU. Pampers.

Senator Collins [continuing]. To sum up, and we have got to be realistic about that. We have got to make sure that there are shelters that are prepared to take people with pets and to take people with special needs, and that wasn't the case with Katrina.

So thank you for the work you are doing.

The CHAIRMAN. I think the sound bite of the day is "pets, pills, pillows, and pampers."

Senator KOHL. That is great. Well, we thank you, Senator Collins.

You know, your point that it was age based and not race based was made dramatically by Mrs. Cefalu in her testimony. She said that of those who perished, 75 percent——

Ms. CEFALU. Yes, sir.

Senator KOHL [continuing]. Were 75 years or older.

Ms. CEFALU. My husband gave me those statistics. Don't hold me to them.

Senator COLLINS. That is stunning. It really is.

Senator KOHL. It is stunning.

Senator COLLINS. Thank you.

Ms. CEFALU. Thank you very much.

Senator KOHL. Well, we thank you both for coming. As you can see, you have made a big difference, and you have made an impact on us all.

Ms. CEFALU. Thank you very much.

Mr. FRISELLA. Thank you very much.

Senator KOHL. So we turn now to our second panel. Our first witness will be Dan Sutherland of the Department of Homeland Security. Mr. Sutherland is the officer for the Office of Civil Rights and Civil Liberties. He also heads up DHS's Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities.

Mr. Sutherland is here to tell us of the department's efforts to prepare for the needs of seniors in the event of a national emergency.

Second witness will be Cindy Bascetta of the Government Accountability Office. Ms. Bascetta is director of the health group at GAO and will be telling us about GAO's findings and recommendations on senior emergency preparedness.

Next we will hear from Amy Aiken, the assistant director of the Miami-Dade Office of Emergency Management. Ms. Aiken is here to tell us about the initiatives her office is conducting to meet seniors' needs in an emergency.

Finally, we would like to welcome Carmel Dyer of the Baylor College of Medicine. Dr. Dyer is a geriatrician and directs the geriatrics program for the Harris County Hospital District. She is here to tell us about her research and her recommendations on emergency preparedness for seniors.

We thank you all for being here. Mr. Sutherland, we will hear from you first.

STATEMENT OF DANIEL W. SUTHERLAND, OFFICER, OFFICE OF CIVIL RIGHTS AND CIVIL LIBERTIES AND CHAIR, INTERAGENCY COORDINATING COUNCIL ON EMERGENCY PREPAREDNESS AND INDIVIDUALS WITH DISABILITIES, DEPARTMENT OF HOMELAND SECURITY, WASHINGTON, DC

Mr. SUTHERLAND. Thank you. I want to thank Senator Kohl and Senator Smith and the members of the Senate Special Committee on Aging for inviting me to testify on this extremely important topic today.

The oversight in this area is very important and very welcome, and I just wanted to start by saying that we are enthusiastic about the recommendations that you outlined today. We will aggressively pursue them and will be very glad to sit and talk with you in the upcoming weeks and months so that you can be assured that we are really aggressively pursuing those recommendations.

I am testifying today in my capacity as the officer for civil rights and civil liberties at the Department of Homeland Security. Our office is responsible for advising the leadership of our department on issues at the intersection of homeland security and civil rights and civil liberties.

But I am also testifying in my capacity as the chair of the Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities. Our council was created by an executive order that the President signed in July 2004. We have over 20 Federal agencies who are working aggressively on these issues. We have divided our work into nine key areas, such as emergency communications issues, transportation issues, evacuation issues.

For the purposes of our work as a council, "disability" applies to a broad range of people, including individuals who use wheelchairs, crutches, or walkers because of physical or mobility impairments. Individuals who are blind or who have low vision. Individuals who are deaf or hard of hearing or deaf/blind. Individuals who have arthritis and diabetes. Individuals who need oxygen because of respiratory conditions. Individuals with cognitive disabilities, dementia, including Alzheimer's disease and other mental illnesses. Individuals who live in nursing homes and assisted living centers and those with other physical or mental impairments that substantially limit a major life activity.

We recognize that there are certainly many seniors who don't fall in these categories. However, the most vulnerable older Americans do fall within these categories and are a primary subject of our interagency council's work. In our first 2 years of operation, almost 2 years of operation, our council has met several significant milestones.

For example, we are participating now in the national plan review, which is a review of the emergency preparedness plans of all the States and the largest urban areas in the country. We are also participating in a number of hurricane preparedness exercises with experts, specifically focused on disability and aging issues. We have developed a Web-based resource center of educational materials, which I can refer to you later. We have also published a report on evacuation issues.

When the hurricanes made landfall, our council immediately became a focal point for pleas for help and offers of support. We

quickly formed what we call an incident management team of a number of people across the Federal Government who work on these issues, and we met regularly day after day with people in the region, by telephone or in person, and as a Federal incident management team.

So, I would just take a few minutes to identify for you what we saw as the major issues that resulted from the hurricanes as they affected seniors in the disability community. First, the availability of durable medical equipment was a major issue. In other words, people who had wheelchairs, crutches, walkers, hearing aids, even hearing aid batteries, these things were lost during the evacuation.

Second, evacuation was a major issue, and we have already heard and discussed that. That was particularly true of those who lived in institutional settings.

The third major issue we saw was access to life-sustaining medications. People had to evacuate without adequate supplies of insulin, heart medicines, drugs for epilepsy, medicine for mental illnesses, and other things.

The council's incident management team received a lot of calls about pharmacies out of State that would not respect or honor requests for medicines that came from people who had cards from the States of Louisiana and Mississippi.

One of the leaders in our interagency council is Dr. Peg Giannini, who is sitting here in the front row. She leads the Department of Health and Human Service Office of Disability Policy. Because she was involved in our council and saw the issue, she was able to go to the leadership of the Centers for Medicaid and Medicare Services, who immediately issued guidance instructing pharmacies to respect those cards and honor those cards, and that they would be able to reimburse for those expenses.

The next major issue is shelters, and the final issue I wanted to point out was accessible housing was a major issue. We began to realize that mobile homes, the manufactured homes that were being provided were not accessible. A person with a significant mobility impairment often could not get into the front door of many of these types of mobile homes they were making available. Once there, you may not be able to reach faucets, closets, or even get into bathrooms or bedrooms.

Secretary Chertoff directed us to send an expert on disability issues to Admiral Allen's staff in Baton Rouge and to Admiral Hereth's staff in Austin. We sent an expert there who worked for several weeks primarily on these accessibility issues. Along with colleagues from HUD and the Department of Justice, we were able to change the specifications that FEMA was writing for the mobile homes to incorporate a number of accessibility features.

Now let me just turn to some ways that the department and our interagency council is trying to address some of the issues with regard to seniors. The Departments of Homeland Security and Health and Human Services are co-sponsoring a large, Nation-wide conference on emergency management and individuals with disabilities and the elderly.

This conference is going to be held here in Washington, June 28 through 30th. I personally have done probably 10 conferences since Katrina, and we are all tired of conferences. So we decided, though,

what we needed to have was we needed to get the people who do emergency planning and the people who are responsible for the aging community and the disability community in the room at one time.

So what we have asked each Governor to do is send a delegation—someone from the State homeland security advisor; someone from the emergency planning or management officials, whoever they would want to designate; someone from the State aging committee; and someone from the Governor's special needs committee—and sit as a delegation.

We have asked the Governors to expect that delegation to come back with concrete work products that will show that they are making changes.

Second, we have included an expert on aging and emergency preparedness in our national plan review team. We expect that that NPR report, which will be issued to Congress and to the States, will be a catalyst for some very significant improvements on these issues.

Third, we participated in a roundtable on seniors and emergency issues held by the AARP. I saw that outside they have issued a report on that conference that they held. We have contacted AARP in hopes of working with them.

Senator, you referred to materials, technical assistance materials. We have created a resource center at www.disabilitypreparedness.gov. There we have tried to accumulate a lot of disability or senior aging specific documents and guides there.

We have got documents from a lot of different organizations. But specifically on seniors, we have one page there, and there are documents from the U.S. Fire Administration, a report written by the International Longevity Center of the USA, and materials from AARP. We are anxious to find additional materials.

The department's ready.gov initiative focuses or includes materials on seniors, and we are working on additional materials that ready.gov will be preparing, focusing specifically on the aging population.

Finally, the Citizen Corps gives training to seniors all over the country, and our Community Emergency Response Team (CERT) training includes instruction on identifying and assisting seniors.

In conclusion, I just want to say again that the Committee's oversight of these issues is very much welcomed. These are issues that Secretary Chertoff personally is very interested in and focused on and asked for direct reports from me on how we are making progress on specific items on a very regular basis.

So, we welcome your oversight and your interest in this, and I appreciate the chance to testify. Thank you.

[The prepared statement of Mr. Sutherland follows:]

Written Testimony By

Daniel W. Sutherland

Officer for Civil Rights and Civil Liberties

Department of Homeland Security

Before the

Senate Special Committee on Aging

Hearing on

Emergency Preparedness for Seniors

May 18, 2006

Introduction

I want to thank Senator Smith, Senator Kohl, and the members of the Senate Special Committee on Aging for inviting me to testify today on this extremely important subject.

Hurricanes Katrina and Rita severely impacted seniors and people with disabilities of all ages in the Gulf Coast region. The purpose of my testimony is to identify the issues that surfaced as a result of these hurricanes, and to describe some of the steps that are being taken to address these issues.

I am testifying today in my capacity as the Officer for Civil Rights and Civil Liberties at the Department of Homeland Security. Our Office is responsible for providing advice for our senior leadership on issues at the intersection of homeland security and civil rights and civil liberties.

Interagency Coordinating Council

I am also testifying in my capacity as Chair of the Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities. Our Council was created by Executive Order 13347, which President Bush signed in July 2004 to mark the fourteenth anniversary of the Americans with Disabilities Act. This Executive Order builds upon President Bush's New Freedom Initiative, which has focused on increasing employment opportunities for people with disabilities, accelerating the availability of accessible electronic and information technology, increasing opportunities for people in institutions to return to community living, and expanding accessible transportation. The purpose of this Executive Order is to ensure that people with disabilities and their

knowledge and needs are fully integrated into all aspects of our nation's emergency management system.

To ensure that the President's priorities are implemented, the Executive Order created this Interagency Council. The Council has been energetic and innovative. I have the privilege of working with dedicated colleagues from over twenty federal agencies. We have divided our work into 9 key areas:

(1) Emergency Communications

(2) Emergency Preparedness in the Workplace

(3) Emergency Transportation

(4) Health and Social Service issues

(5) Private Sector Coordination

(6) Research

(7) State, Local and Tribal Government Coordination

(8) Technical Assistance and Outreach; and,

(9) Incident Management.

For the purposes of our work, "disability" applies to a broad range of people, including: individuals who use wheelchairs, crutches or walkers because of physical or mobility limitations; individuals who are blind or have low vision; individuals who are deaf, hard of hearing, or deaf-blind; individuals with arthritis and diabetes; individuals who need oxygen because of respiratory conditions; individuals with cognitive disabilities, dementia (including Alzheimer's disease) and mental illnesses; individuals who live in nursing homes or assisted living facilities; and those with other physical or

mental impairments that substantially limit a major life activity. There certainly are many seniors who do not fall within one of these categories. However, the most vulnerable older Americans do fall within these categories and are a primary subject of the Interagency Council's work.

The Council met several significant milestones in its first two years. For example,

- We have participated in the National Plan Review, a review of the emergency preparedness plans of the largest state and urban areas that was mandated by President Bush and the Congress. We brought together a team of 11 experts to review the plans for 10 states and 10 cities to determine whether those plans could be improved as they relate to people with disabilities and seniors. One of the experts is a particular specialist in the area of emergency response and seniors, and most of the other experts have experience in this area as well.
- At the direction of Secretary Chertoff, the Department is conducting Hurricane Preparedness Exercises designed to assist Federal agencies, States, and Territories with their preparations for the upcoming hurricane season. The Department's Preparedness Directorate, Office of Grants and Training, is spearheading the Hurricane Preparedness Exercises. Consistent with the Secretary's commitment to examine how communities plant to prepare, inform, evacuate, and care for people with disabilities and other special needs populations including the seniors, the Office of Grants and Training have actively enlisted CRCL to provide input

and expertise on these population in the exercise development, execution, and after action reporting. .

- The Interagency Council, through a working group led by the Department of Justice's Civil Rights Division, has established a "Resource Center" at www.disabilitypreparedness.gov, which provides formerly hard-to-find community-specific information for first responders, emergency planners and members of the disability community. There is a specific page devoted to seniors and emergency issues.
- The Interagency Council, through a working group led by the Department of Labor's Office of Disability Employment Policy, has developed and disseminated a book of Workplace Emergency Preparedness Guidelines for federal emergency planners, building managers and employees;
- The Interagency Council, through a working group led by the Department of Transportation's Office of Civil Rights, has established a website focused on emergency transportation for people with disabilities, their families, caregivers, and transportation service providers (www.emergencyprep.dot.gov). Resources cover a range of topics including providing accessible transportation services during and after a disaster, safe and accessible evacuation from transit systems, and community transportation assistance programs.
- The Interagency Council, through the National Citizen Corps, has formed a group of the nation's leading disability consumer and advocacy organizations to provide critiques and recommendations directly with federal decision-makers; and,

- We have communicated on multiple occasions with our nation's Governors and state Homeland Security Advisors about these issues.

Demographic Information

I would like to share with you some demographic information that will hopefully be illuminating. According to the 2000 Census, almost 250,000 of the residents of the New Orleans metropolitan area had a disability. According to the Census, 21.3% of the area's residents were people with disabilities. Twenty-five thousand people stated that they had vision or hearing impairments. Over 100,000 people stated that they had a physical disability that made it difficult to walk, climb stairs, lift, dress, bath or even get around inside their own home. Almost 65,000 people were categorized as having a "mental disability" - a category which would include people with Alzheimers, people with cognitive disabilities, and some of the few who would self-identify as a person with mental illness.

It will be of particular interest to this Committee that many of people who were categorized as individuals with disabilities were older Americans. However, it is also important to note that for the data regarding people in all age groups between 5 to 64 years old, there were between 15 and 25% of the population that experience disability. In other words, while many seniors were within the "disability" category, the "disability" category was also much broader; tens of thousands of people in the "disability" category were young people.

The size of this community is not an isolated or unique phenomenon. According to the Census, 13.7% of the population of the State of Oregon has a "sensory, physical, mental or self-care disability." The numbers are similar in many other states - for example, the state of Washington: 12.9% of the population; the State of Maine: 14.8% of the population. The size of the disability community is also substantial in many urban areas, as documented in Census data.

Clearly, people with disabilities and seniors are large segments of our population, and emergency management officials need to be keenly aware of this demographic information as they plan for future disasters. It is critical that planners and emergency managers at all levels of governments incorporate issues specific to these populations into the fabric and culture of their work. The issues cannot be viewed as "special," "sidebar," or "in addition to," but are seen as part of the daily radar screen of business as usual. As Surgeon General noted last year in his Call to Action to Improve the Health and Wellness of Persons with Disabilities, just about everyone will experience a disability some time during his or her lifetime. As we age, the likelihood of having a disability of some kind increases. The percentage of individuals who have some form of disability is 22.6 percent among those 45-to-54 years old, 44.9 percent of those 65-to-69 years old, and 73.6 percent of those 80 years and older.

Major Issues as a Result of the Hurricanes

Let me take a few minutes to identify for you the major issues that seniors and the disability community in the Gulf Coast region faced.

- The availability of durable medical equipment was a major issue.

We had dozens of calls on this point - wheelchairs, hearing aids, crutches, walkers and so many other kinds of equipment had been lost in the evacuation. For example, at the New Orleans airport, there were dozens of expensive, customized wheelchairs that had been left. In the chaos of that evacuation, people had been pulled out of the wheelchairs and placed quickly onto the next available airplane. As a federal Council, we were able to make a dent on some of these issues. For example, we were able to facilitate the delivery of two truckloads of durable medical equipment that several disability advocacy organizations had accumulated. We were also able to help recover many of the wheelchairs at the New Orleans airport.

- Evacuation was a major issue.

There were many seniors who lived in institutional settings, and experienced great difficulties in evacuating. People who use wheelchairs or walkers often had harrowing experiences. The Kaiser Family Foundation took a poll of people from New Orleans who were evacuated to the Astrodome, asking: "Which of these was the biggest reason you did not leave?" Twenty-two percent of the respondents said, "I was physically unable to leave." In addition, 23% said, "I had to care for someone who was physically unable to leave." Those two figures together constitute 45% of the people who had to be evacuated from New Orleans.

- Access to life-sustaining medications was a major issue.

People had to evacuate without adequate supplies of insulin, heart medicines, drugs for epilepsy, medicines to control various mental illnesses, and so on. The Council's Incident Management Team received calls about pharmacies in Texas and Alabama and other states not accepting Medicaid cards from Louisiana. One of the leaders of our Interagency Council is Dr. Peg Giannini, who leads the Department of Health and Human Services' Office of Disability Policy. Dr. Giannini was able to go to the leadership of the Medicaid program, who issued immediate guidance advising pharmacies that Medicaid would reimburse for expenses from out-of-state cards.

- Shelters were a major issue.

As the days passed, we began to receive calls about shelters not being prepared for seniors and the disability community. The National Organization on Disability sent a team to the area in the weeks after Katrina to survey the shelters. Their work documented the problem, and I encourage you to read their report at www.nod.org. Take, for example, their conclusions about how prepared shelters were for people who are hard of hearing or deaf:

- ✓ Less than 30% of shelters had access to American Sign Language interpreters
- ✓ 80% did not have TTYs (that is, teletypewriters)
- ✓ 60% did not have TVs with open caption capability
- ✓ Only 56% had areas where oral announcements were posted.
- ✓ NOD concluded: "This meant that the deaf or hard of hearing had no access to the vital flow of information."

Our Council is working with leaders of the American Red Cross to improve the performance of shelters with regard to people with disabilities.

- Eventually, accessible housing became the largest issue we faced.

We began to deal with the fact that the mobile homes were not accessible -- that is, a person with significant mobility impairments could not get into the front door. And once there, he or she might not be able to reach the cabinets or the faucets, or get into the bathroom or the bedrooms.

Secretary Chertoff directed us to send an expert on disability issues to serve on Admiral Allen's staff in Baton Rouge, and another to serve on Admiral Hereth's staff in Austin. In Baton Rouge, our expert was able to work with colleagues from HUD and the Department of Justice, including an architect who specializes in accessibility issues, to look at the specs for the manufactured homes being provided, and at the sites for the new temporary communities being built.

This Committee should be aware of one critical point: hundreds and probably thousands of people with disabilities were evacuated to nursing homes. It is completely unacceptable for people to stay in these institutionalized settings when they could be living in their own homes, leading independent lives. It is expensive to us as a country to have people who could live on their own instead living in a costly institutional setting. I would also note that there is a strong directive from the President of the United States (see Executive Order 13217). It is critical that we ensure there are accessible housing

options because people should be able to live in their own home, take a job, attend church, and get involved in community affairs. As President Bush said soon after signing an Executive Order on community living, "[This] Executive Order will increase freedom for people with disabilities. It is compassionate. It is needed. And it is now the official policy of my Administration. Americans must have the opportunity to live independently, work productively and participate fully in community life."

Steps Taken

Let me finally turn to some ways that the Department and the Interagency Council are trying to address these issues.

The Departments of Homeland Security and Health and Human Services are co-sponsoring a nation-wide conference on Emergency Management and Individuals with Disabilities and the Elderly. The Conference will be held in Washington, D.C. on June 28-30. We have asked each Governor to send a delegation that includes representatives of the State Homeland Security Advisor, State emergency management office, state agency on aging, and Governor's Committee on disability issues. The purpose of the conference is to bring together each of these key players in the process – people who do not normally work together and may not even know each other. The participants will be required to complete assignments in advance of the conference, and there will be serious working sessions during it. We have told the Governors to expect that their delegations will return with concrete work products that ensure the complex disability and aging issues will be better addressed in their state.

Second, as I mentioned above, we have included an expert on aging and emergency preparedness on our National Plan Review team. We expect that the NPR report, which will be issued to Congress and the states, will be a catalyst for significant improvements on these issues.

Third, we have attended a roundtable on seniors and emergency issues held by the AARP, held in January. Subsequently, we contacted the AARP to offer our continued support for their efforts, and we look forward to working closely with AARP in the future.

I want to also direct your attention to our Council's "Resource Center" at www.disabilitypreparedness.gov. We have accumulated dozens of important guides, manuals, and reports that have been written by the Red Cross; the Departments of Health and Human Services, Labor and Justice; the Centers for Disease Control; FEMA; and the Center for Universal Design, just to name a few. We have also included technical assistance that is specific to the senior citizen population, including: documents produced by the U.S. Fire Administration, a report written by the International Longevity Center – USA titled, "Emergency Preparedness for Older People;" and materials from the AARP.

There are publications published by other organizations that are relevant, and should be widely distributed. For example, the Bay Area Preparedness Coalition has a publication on preparedness and older Americans.

Of course, our Department's Ready.Gov campaign includes materials for seniors, and we expect additional developments through Ready.Gov in the near future. Moreover, the Citizen Corps give training to seniors all over the country, and the "Community

Emergency Response Teams" (CERT) training includes instruction on identifying and assisting seniors.

Finally, our Council is preparing an after action, or "lessons learned" report, tha will include very specific recommendations for improving the emergency preparedness, response and recovery system. Many of the findings and recommendations in that repo will be directly relevant to older Americans. Secretary Chertoff has asked us to identify the most urgent recommendations so that they can be implemented now, rather than waiting for the report to be delivered. We have done so, and, again at his request, give him every two weeks an update on progress made toward implementing the recommendations.

Conclusion

Because of the commitment of the leadership of our Department, the energy of our partners on the Interagency Council, the insights being developed as a result of the National Plan Review, and the lessons we have learned from Katrina, we are very optimistic that substantive and concrete improvements will be seen in the emergency preparedness, response and recovery system as it relates to seniors and people with disabilities.

The Committee's oversight in this area is very important, and very much welcomed.

Thank you and I look forward to your questions.

Senator KOHL. Thank you very much, Mr. Sutherland.

Now we will hear from Ms. Bascetta.

STATEMENT OF CYNTHIA BASCETTA, DIRECTOR, HEALTH CARE, U.S. GOVERNMENT ACCOUNTABILITY OFFICE, WASHINGTON, DC

Ms. BASCETTA. Senator Kohl and Senator Collins, thank you for the opportunity to discuss our ongoing work on the evacuation of vulnerable populations due to hurricanes and other disasters.

As you know, Hurricane Katrina highlighted the dire situation of hospital patients and nursing home residents who needed to be evacuated, as well as the vulnerabilities of transportation-disadvantaged people living in their own homes, especially the elderly and persons with disabilities.

My remarks today focus on the challenges faced by States and localities and hospital and nursing home administrators facing evacuations, as well as a limit that we identified in the design of the National Disaster Medical System.

My testimony is based onsite visits to Florida, Mississippi, California, and New York; numerous interviews with local, State, and Federal officials; and reviews of documents such as State emergency management plans and recently issued reports on the response to Hurricane Katrina.

Our early work shows that States and localities face challenges in identifying transportation-disadvantaged populations, determining their needs, and providing for and coordinating their transportation. Compared to the general population, the elderly are more likely to have a disability, low income, or to choose not to drive. Meeting their diverse needs requires additional planning, time, and resources.

For example, evacuating seniors with special medical needs could necessitate additional pickup routes, extra time to load and unload vehicles, and special resources, such as buses equipped with wheelchair lifts.

So far in our review, we have noted that some emergency management officials did not yet have a good understanding of the dimensions of their transportation-disadvantaged populations. They, themselves, also acknowledged the need to better integrate them into emergency response planning.

On the other hand, in some locations, emergency management officials have tried to better prepare vulnerable populations through community outreach activities or by working with home health organizations, physicians, and the Red Cross. Notably, one location with a very well developed program encouraged citizens with special medical needs to voluntarily register, and they also involved social service providers in emergency planning.

Hospital and nursing home administrators face challenges whether they decide to evacuate or to shelter in place. Because of the risks associated with moving sick and frail people, sheltering in place is their preferred alternative. But this requires ensuring sufficient staff and resources are available to provide care during and in the aftermath of the storm until help can arrive.

Evacuation is always a last resort and requires securing sufficient and adequate transportation. In the event of widespread dis-

aster, we learned that local transportation contractors would be unlikely to have adequate capacity to meet the demand or might not have appropriate vehicles.

One nursing home administrator told us, for example, that its contractor supplied regular buses, but its residents needed power lifts to accommodate their wheelchairs. A particular challenge for nursing homes that must evacuate is finding receiving facilities that can take their residents for potentially very long periods of time.

One Florida nursing home had to relocate its residents for over 10 months while its facility was being repaired. We also found that nursing home administrators can't reduce the number of residents in their facilities because these residents have no other home in the community, and they can't care for themselves. In contrast, hospitals discharge as many patients as possible before an anticipated emergency.

In our review, we also examined NDMS the National Disaster Medical System, a partnership of DOD, HHS, VA, and DHS that supplements State and local emergency response capabilities with Federal resources and services. NDMS supports the evacuations of patients needing hospital care by assisting in efforts to move patients from a mobilization center, such as an airport near the incident, to reception areas in other locations away from the disaster.

NDMS agreements with participating hospitals give them the opportunity to be assured that the patients that they are moving can be put into an NDMS hospital and receive the continuing hospital care that they need.

However, we found that NDMS was neither designed nor is it currently configured to assist in the evacuation of nursing home residents. While NDMS supported evacuation efforts that included nursing home residents during the recent hurricanes, it does not have agreements with nursing homes to receive evacuees.

Our ongoing work will continue to examine ways to reduce the vulnerabilities of hospital patients, nursing home residents, and transportation-disadvantaged people. The need for improvement is obviously urgent with hurricane season just around the corner.

I would be happy to answer any questions that you might have.

[The prepared statement of Ms. Bascetta follows:]

United States Government Accountability Office

GAO

Testimony
Before the Special Committee on Aging, U.S. Senate

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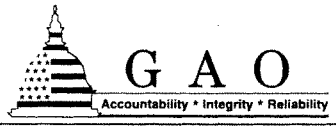
DISASTER PREPAREDNESS

Preliminary Observations on the Evacuation of Vulnerable Populations due to Hurricanes and Other Disasters

Statement of Cynthia Bascetta
Director, Health Care



GAO-06-790T

May 18, 2006

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Highlights

Highlights of GAO-06-790T, a testimony before the Special Committee on Aging, U.S. Senate

DISASTER PREPAREDNESS

Preliminary Observations on the Evacuation of Vulnerable Populations due to Hurricanes and Other Disasters

Why GAO Did This Study

Hurricane Katrina struck near the Louisiana-Mississippi border and became one of the worst natural disasters in U.S. history, affecting a large geographic area and necessitating the evacuation of people from parts of the area, including vulnerable populations, such as hospital patients, nursing home residents and transportation-disadvantaged populations who were not in such facilities. The disaster highlighted the challenges involved in evacuating vulnerable populations due to hurricanes.

GAO was asked to discuss efforts to plan and prepare for the needs of seniors in the event of a national emergency. GAO describes its ongoing work on evacuation in the event of emergencies, such as hurricanes, and provides preliminary observations on (1) challenges faced by hospital and nursing home administrators that are related to hurricane evacuations; (2) the federal program that supports the evacuation of patients needing hospital care and nursing home residents; and (3) challenges states and localities face in preparing for and carrying out the evacuation of transportation-disadvantaged populations and efforts to address evacuation needs.

This testimony is based in part on a prior GAO report, *Disaster Preparedness: Preliminary Observations on the Evacuation of Hospitals and Nursing Homes Due to Hurricanes*, GAO-06-443R (February 16, 2006).

www.gao.gov/cgi-bin/getrpt?GAO-06-790T.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Cynthia Bascetta at (202) 512-7101 or bascettac@gao.gov.

What GAO Found

Hospital and nursing home administrators face challenges related to evacuations caused by hurricanes, including deciding whether to evacuate and obtaining transportation. Although state and local governments can order evacuations, health care facilities can be exempt from these orders. Facility administrators are generally responsible for deciding whether to evacuate, and if they decide not to evacuate, they face the challenge of ensuring that their facilities have sufficient resources to provide care until assistance arrives. If they evacuate, contractors providing transportation for hospitals and nursing homes could be unlikely to provide facilities with enough vehicles during a major disaster such as a hurricane because local demand for transportation would likely exceed supply. Nursing home administrators told us they face unique challenges during evacuations. For example, they must locate receiving facilities that can accommodate residents who may need a place to live for a long period of time.

The National Disaster Medical System (NDMS), a partnership of four federal departments, is the primary federal program that supports the evacuation of patients in need of hospital care during disasters such as hurricanes, but the program was not designed nor is currently configured to move nursing home residents. NDMS supplements state and local emergency response capabilities with federal resources and services and helped evacuate about 2,900 people during recent hurricanes, including Hurricane Katrina. Although NDMS supported evacuation efforts during Hurricane Katrina that included nursing home residents, according to program officials it is not designed to evacuate this population. Officials explained that the program does not have agreements with nursing homes that could receive evacuated nursing home residents.

In preparing for and carrying out the evacuation of transportation-disadvantaged populations, such as the elderly or persons with disabilities, during a disaster, states and localities face challenges in identifying these populations, determining their needs, and providing for and coordinating their transportation. The elderly are likely to be represented among the transportation disadvantaged because they are more likely, compared with the general population, to have a disability, have a low income, or choose not to drive. GAO has observed mixed efforts at the state and local levels to address the evacuation needs of the transportation disadvantaged. Some emergency management officials told GAO they did not yet have a good understanding of the size, location, and composition of the transportation disadvantaged in their community. However, GAO also observed efforts in some locations to address the evacuation needs of the transportation disadvantaged by encouraging citizens to voluntarily register with their local emergency management agency, integrating social service providers into emergency planning, and other measures. GAO will continue to examine the extent to which the transportation disadvantaged are addressed in state and local evacuation efforts as part of its ongoing work.

Mr. Chairman and Members of the Committee:

Thank you for inviting me here to discuss our preliminary observations on ongoing work on the evacuation of vulnerable populations due to hurricanes and other disasters, including patients in hospitals; residents in nursing homes; and transportation-disadvantaged populations, such as the elderly, persons with disabilities, and people who, by choice or circumstances, do not own or have access to a personal vehicle.

On August 29, 2005, Hurricane Katrina struck near the Louisiana-Mississippi border and became one of the worst natural disasters in U.S. history. The hurricane affected a large geographic area and necessitated the evacuation of people from parts of the area. Among those needing to be evacuated were hospital patients, nursing home residents, and transportation-disadvantaged populations who were not in such facilities. The disaster highlighted the challenges involved in evacuating these vulnerable populations. For example, administrators of hospitals and nursing homes must make decisions about the best way to care for their patients or residents, including whether to evacuate if the facility becomes unable to support adequate care, treatment, or other services. Although both hospital patients and nursing home residents were evacuated during Hurricane Katrina, in the aftermath of the event, congressional reports have raised questions about how health care facility administrators plan for hurricanes, how they implemented their plans, and how the federal government assisted health care facilities and state and local governments with facility evacuations.[1] Hurricane Katrina also pointed out the challenges of evacuating transportation-disadvantaged populations who are not in such facilities during a disaster. State and local governments are primarily responsible for responding to disasters that may result in evacuations. When state and local governments are overwhelmed in their response to a disaster, the federal government can assume a greater role.

You asked me to discuss issues related to efforts to plan and prepare for the needs of seniors in the event of a national emergency. My remarks today will describe our ongoing work on evacuation in the event of emergencies and will provide preliminary observations on (1) the challenges faced by hospital and nursing home administrators that are

[1]See U.S. House of Representatives, *A Failure of Initiative: Final Report of the Select Bipartisan Committee to Investigate the Preparation for and Response to Hurricane Katrina* (Feb. 15, 2006). See also Committee on Homeland Security and Governmental Affairs, U.S. Senate, *Hurricane Katrina: A Nation Still Unprepared* (May 2006).

related to hurricane evacuations, (2) the federal program that supports the evacuation of patients needing hospital care and nursing home residents, and (3) challenges states and localities face in preparing for and carrying out the evacuation of transportation-disadvantaged populations and efforts to address evacuation needs.

My testimony today is based on our February 2006 interim report[2] as well as our ongoing work on the evacuation of hospitals and nursing homes due to hurricanes, and the evacuation of transportation-disadvantaged populations due to hurricanes and other disasters. Our work in this area is being conducted under the Comptroller General's authority to conduct evaluations on his own initiative.[3] In conducting the work for our interim report, we interviewed officials in Florida in areas that experienced hurricanes in 2004, including officials from three hospitals and three nursing homes that experienced Hurricane Charley,[4] state officials, and local emergency management officials in two counties. In addition, we interviewed officials from national hospital and nursing home associations and Florida hospital and nursing home associations. For our ongoing work related to the evacuation of hospitals and nursing homes, we interviewed officials in Mississippi in areas that were hit by Hurricane Katrina, including officials from five hospitals, officials from three nursing homes or assisted living facilities, state officials, and local officials in two counties. For our ongoing work on evacuating transportation-disadvantaged populations, we have visited communities in California, Florida, and New York, and we plan to visit communities in Louisiana and Washington, D.C. We have interviewed or will interview state and local emergency management agencies, state and local transportation departments, local and regional transit agencies, and local and regional planning organizations. In addition, we interviewed entities that represent transportation and emergency management officials, entities such as the Federal Interagency Coordinating Council on Access and Mobility, and others. We also interviewed officials from the Department of Defense (DOD), the Department of Health and Human Services (HHS), the Department of Homeland Security (DHS), the Department of Veterans

[2]GAO, *Disaster Preparedness: Preliminary Observations on the Evacuation of Hospitals and Nursing Homes Due to Hurricanes*, GAO-06-443R (Washington, D.C.: Feb. 16, 2006). See related GAO products later in this statement.

[3]31 U.S.C. § 717(b)(1) (2000).

[4]Hurricane Charley struck the Gulf Coast of Florida on August 13, 2004, and continued across the state to exit on the Atlantic Coast on August 14, 2004.

Affairs (VA), and the Department of Transportation (DOT) about federal efforts to support evacuation of hospitals and nursing homes and transportation-disadvantaged populations not in such facilities. In addition, we reviewed documents, including emergency management plans from the states of Florida, Mississippi and other states, local governments, hospitals, and nursing homes; and federal documents such as the National Response Plan.[5] Finally, we reviewed the recommendations on evacuations contained in several recently issued reports on the Hurricane Katrina response prepared by the U.S. House of Representatives, U.S. Senate, the White House, and DOT and DHS. We discussed the facts contained in this statement with officials from DOD, HHS, DHS, DOT, and VA, and incorporated changes as appropriate. Our work began in December 2005 and is being performed in accordance with generally accepted government auditing standards.[6]

In summary, hospital and nursing home administrators face challenges related to evacuations caused by hurricanes, including deciding whether to evacuate their facilities and obtaining transportation. Although state and local governments can order evacuations, health care facilities can be exempt from these orders. Facility administrators are generally responsible for deciding whether or not to evacuate, and if administrators decide not to evacuate, they face the challenge of ensuring that their facilities have sufficient resources to provide care or other services until assistance can arrive. If facilities evacuate, administrators face the challenge of securing transportation; according to hospital and nursing home officials, contractors providing transportation for hospitals and nursing homes would be unlikely to provide facilities with enough vehicles during a major disaster, such as a hurricane, because local demand for transportation would likely exceed supply. According to nursing home administrators, they face unique challenges during evacuations. For example, when a nursing home evacuates, the administrator must locate receiving facilities that can accommodate residents who may need a place to live for a long period of time.

[5]The National Response Plan describes how the federal government assists in managing incidents of national significance.

[6]We anticipate completing our work and issuing reports on the evacuation of hospitals and nursing homes and on the evacuation of transportation-disadvantaged populations later this year.

The National Disaster Medical System (NDMS) is the primary federal program that supports the evacuation of patients in need of hospital care during disasters such as hurricanes, but the program was not designed nor is currently configured to move nursing home residents. NDMS is a federal partnership of DOD, HHS, DHS, and VA that supplements state and local emergency response capabilities with federal resources and services. The program helped evacuate about 2,900 people during recent hurricanes, including Hurricane Katrina. NDMS supported evacuation efforts during Hurricane Katrina that included nursing home residents, although officials explained that NDMS does not have agreements with nursing homes that could receive evacuated nursing home residents. In contrast, NDMS has agreements with participating hospitals to receive patients needing hospital care.

In preparing for and carrying out the evacuation of transportation-disadvantaged populations who are not in institutions during a disaster, states and localities face challenges in identifying these populations, determining their needs, and providing for and coordinating their transportation. Identifying these populations and determining their needs present challenges because their overall size, location, and composition can be difficult to determine in advance of an emergency. For example, while transportation-disadvantaged populations include the elderly, low-income individuals, and persons with disabilities, during disasters these populations can also include people who do not own or have access to cars and people who do not permanently reside in the community, such as tourists. The elderly are particularly likely to be represented among the transportation disadvantaged because they are more likely, compared with the general population, to have a disability, have a low income, or choose not to drive. Providing for and coordinating the transportation of transportation-disadvantaged populations presents challenges because evacuating them requires additional planning, time, resources (for example, evacuating seniors with special medical needs from their homes), and communication efforts (such as communicating with the vision or hearing impaired). In the course of our review, we observed mixed efforts at the state and local level to address the evacuation needs of the transportation disadvantaged. For example, emergency management officials in two locations we visited indicated they did not yet have a good understanding of the size, location, and composition of the transportation disadvantaged in their communities. However, we also observed efforts in some locations to address the evacuation needs of the transportation disadvantaged by encouraging citizens to voluntarily register with their local emergency management agencies, integrating social service providers into emergency planning, and other measures.

Facility Administrators Face Several Challenges Related to Evacuations, Including Deciding Whether to Evacuate and Securing Transportation

Administrators of hospitals and nursing homes face several challenges related to evacuations caused by hurricanes. Among these challenges, administrators must decide whether to evacuate their facilities or stay in facilities and "shelter in place." Although state and local governments can order evacuations of the population or segments of the population during various emergencies, health care facilities can be exempt from these orders.[7] Facility administrators are generally responsible for deciding whether to shelter in place or evacuate, and administrators told us they generally see evacuation as a last resort. However, to shelter in place, facility administrators face the challenge of ensuring that their facilities have sufficient resources to provide care or other services during the disaster and then in its aftermath until assistance can arrive. For example, during hurricanes Katrina and Charley, facility administrators said they had to ensure that their facilities had staff who could stay for longer shifts until the storms passed and relief staff could arrive. One hospital in Mississippi had prepared staff to stay for approximately 3 days; however, staff had to stay 2 weeks before replacement staff could arrive. The administrator also said they had to have 3 days of food and supplies stocked and enough fuel to run generators for 1 week. Destruction of communications capabilities due to hurricanes can complicate the decision to evacuate. For example, during Hurricane Katrina, the destruction of communications systems left hospital and nursing home administrators unable to receive information about how long it would take before assistance would arrive.

If hospital and nursing home administrators decide to evacuate, they face the challenge of securing sufficient and appropriate transportation to move their patients or residents. Hospital and nursing home association representatives told us that facilities are likely to have local arrangements for transportation services, but the facilities are less likely to have arrangements in other localities or states, as was necessary for the evacuations during Hurricane Katrina. According to hospital and nursing home administrators, their contractors providing transportation would be unlikely to provide them with vehicles during a major disaster because local demand for transportation would exceed supply. For example, during Hurricane Katrina, two counties in Mississippi had to secure

[7]For example, officials in two counties in Florida told us they can recommend that hospitals and nursing homes evacuate their facilities, but the final decision is made by each facility's administrator.

vehicles that were located in other states.[3] Facility administrators also face the related challenge of obtaining appropriate vehicles. One nursing home administrator told us the facility had a transportation agreement with a bus company, but the company supplied only regular buses and most of the facility's residents needed vehicles with power lifts to accommodate electric wheelchairs.

While hospital and nursing home administrators face many of the same challenges during evacuations, there are some challenges nursing home administrators in particular must address. According to nursing home administrators, one challenge results from the fact that people in nursing homes may reside there for a long time. As a result, these administrators explained that nursing homes cannot reduce the number of residents in their facilities for whom they are responsible because nursing home residents may have no other home and cannot care for themselves. In contrast, hospital administrators told us that it is common to discharge as many patients as possible before a hurricane in order to reduce the number of patients who need to be sheltered or evacuated. In addition, when a nursing home evacuates, the administrator must locate receiving facilities that can accommodate residents for a potentially long period of time. For example, a nursing home administrator in Florida told us that the facility had to relocate its residents for over 10 months until the facility could be fixed.

[3]The two counties contract with a national ambulance company, which is able to obtain vehicles from its fleet located in other states.

NDMS Is the Primary Federal Program That Evacuates Patients Needing Hospital Care, but It Is Not Designed to Move Nursing Home Residents

NDMS is the primary federal program that supports efforts to evacuate patients who need hospital care during disasters such as hurricanes by moving them from an area affected by the emergency to reception areas in other locations. Formed in 1984 to care for casualties that could result from a domestic disaster or an overseas conventional war, NDMS is a federal program that supplements state and local emergency response capabilities with federal resources and services. DOD, HHS, DHS, and VA are federal partners in NDMS, and DHS has the authority to activate NDMS in response to public health emergencies, including but not limited to presidentially declared major disasters or emergencies.[9] Among its various functions,[10] NDMS supports the evacuation of hospitals by assisting in efforts to move patients from a mobilization center, such as an airport near the incident, to reception areas in other locations where patients can be placed in a hospital participating in NDMS to continue receiving medical care. NDMS officials told us that Hurricane Katrina was the first time that the patient evacuation component of NDMS was used to evacuate a large number of patients. In response to state requests for assistance due to recent hurricanes, about 2,900 people were transported from NDMS mobilization centers to NDMS patient reception areas.[11]

While NDMS supports the evacuation of patients in need of hospital care, the program was not designed nor is currently configured to move nursing home residents. As stated in the memorandum of agreement among the NDMS federal partners, the patient evacuation function of NDMS is intended to move patients from a mobilization center to a reception area so they can be admitted to NDMS-affiliated hospitals—typically nonfederal hospitals that have agreements with NDMS—to receive medical care.

[9]A presidentially declared major disaster or emergency can be declared under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5206, which establishes the programs and processes by which the federal government supplements state and local resources in major disasters and emergencies.

[10]NDMS consists of three functions. One is medical response, which includes medical equipment and supplies, patient triage, and other primary and emergency health care services provided to disaster victims at a disaster site. Another is patient evacuation, which includes communication and transportation to evacuate patients from a mobilization center near the disaster site, such as an airport, to reception areas in other locations. The third is "definitive care," which is additional medical care—beyond emergency care—that begins once disaster victims are placed into an NDMS inpatient treatment facility (typically a nonfederal hospital that has an agreement with NDMS). NDMS functions are included in the Public Health and Medical Services Annex of the National Response Plan.

[11]This figure represents the approximate number of people moved during Hurricane Katrina and Hurricane Rita, which struck the Gulf Coast several weeks after Hurricane Katrina.

Although during Hurricane Katrina NDMS evacuated nursing home residents who were brought to mobilization centers, program officials told us that NDMS was not designed to evacuate this population and the program did not have agreements with nursing homes that could receive evacuated nursing home residents. NDMS officials noted the challenge of meeting the needs of nursing home residents in an NDMS report prepared after Hurricane Katrina.[12]

States and Localities Face Challenges in Addressing the Evacuation Needs of Transportation-Disadvantaged Populations

In preparing for and carrying out the evacuation of transportation-disadvantaged populations due to a disaster, states and localities face challenges in identifying these populations, determining their needs, and providing for and coordinating their transportation. Identifying these populations and determining their needs present challenges because their overall size, location, and composition can be difficult to determine in advance of an emergency. For example, while these populations include the elderly, low-income individuals, and persons with disabilities, during disasters transportation-disadvantaged populations can also include people who either by choice or circumstance do not own or have access to cars. They can also include people with limited English proficiency and people who do not permanently reside in the community, such as tourists, temporary workers, and the homeless. In addition, transportation-disadvantaged populations may have specialized medical needs; people may move within the community, and these populations may harbor beliefs about privacy and fears of discrimination that discourage participation in outreach efforts. The elderly are particularly likely to be represented among the transportation disadvantaged because they are more likely, compared with the general population, to have a disability, have a low income, or choose not to drive.

Providing for and coordinating the evacuation of transportation-disadvantaged populations also present challenges because evacuating these populations requires additional planning, time, and resources. For example, evacuating seniors with special medical needs who are residing in their own homes may require additional planning of pick up routes; extra time to load and unload evacuation vehicles; and special resources, such as buses equipped with wheelchair lifts. In addition, communicating

[12]See National Disaster Medical System, *National Disaster Medical System (NDMS) After Action Review (AAR) Report on Patient Movement and Definitive Care Operations in Support of Hurricanes Katrina and Rita* (Jan. 12, 2006).

evacuation information to these populations during disasters may be challenging because they may be vision or hearing impaired or have limited English proficiency.

In the course of our review, we observed mixed efforts at the state and local level to address the evacuation needs of the transportation disadvantaged during a disaster. In some locations we visited, emergency management officials indicated they did not yet have a good understanding of the overall size, location, and composition of the transportation disadvantaged in their community and acknowledged the need to better integrate transportation-disadvantaged populations into emergency response planning. For example, emergency management officials in one city stated that their participation in the February 2006 National Plan Review alerted them to the fact that they should better provide for and coordinate the needs of transportation-disadvantaged populations in their evacuation planning.[13] One state official described coordination challenges and evacuation delays that occurred for transportation-disadvantaged populations in one community during an approaching wildfire and attributed these problems to coordination difficulties between emergency management and other agencies.

However, we also observed efforts underway in some locations to address the evacuation needs of the transportation disadvantaged. In three locations, local governments and regional organizations have conducted or were conducting studies to identify the number and location of transportation-disadvantaged populations in their jurisdiction. This information has been or was to be used to facilitate evacuation planning on resource use and deployment during disasters. Also, in three locations, emergency management officials were using preexisting citizen networks and community outreach activities to help inform and prepare transportation-disadvantaged populations for disasters. For example, in one city, emergency management officials used an existing neighborhood watch network to facilitate community outreach to transportation-disadvantaged populations, better preparing them for a disaster. In another city, emergency management officials worked with home health organizations, doctors, and the Red Cross to inform transportation-disadvantaged populations about evacuation preparedness.

[13]The National Plan Review is a DHS review of the emergency plans, including catastrophic planning and mass evacuation planning, of the 50 states and 75 largest urban areas.

In one location that had a well-developed program for evacuating the transportation disadvantaged, we observed that emergency management officials did the following:

- Had emergency plans that clearly articulated methods of providing for and coordinating the evacuation of transportation-disadvantaged populations, including the roles and responsibilities of various agencies. This plan clearly articulated how local and state emergency management, school boards, and transit agencies would work together to evacuate transportation-disadvantaged populations. Emergency management officials stated that this level of coordination enabled them to successfully conduct several evacuations.
- Encouraged citizens who have special medical needs to voluntarily register with their local emergency management agency. This registry placed individuals into categories, including those who would need special transport, such as an ambulance. According to emergency management officials, in several recent evacuations, the voluntary registry assisted emergency personnel in efficiently evacuating transportation-disadvantaged populations. However, the same emergency management officials also pointed out challenges that exist for voluntary registries including the administrative costs of keeping the information up to date, the limited number of participants, and a surge in the number registrations immediately prior to an approaching storm.
- Involved social service providers in the emergency response planning process. Social service providers' transportation resources were used to evacuate many of the clients on a voluntary registry administered by the city. These social service providers have expertise and ongoing contact with the transportation-disadvantaged populations, and are familiar with their day-to-day and nonemergency needs.
- Established formal agreements that alleviate legal liability and reimbursement concerns when securing transportation resources to assist in evacuating transportation-disadvantaged populations during any type of disaster.
- Conducted regular exercises of emergency response plans in order to test coordination between agencies involved in evacuations and their resources, and the integration of social service providers.

In addition to these efforts by state and local governments, recent reports released by the federal government have put forth recommendations that address evacuation preparedness and response generally and for transportation-disadvantaged populations in particular. The White House

report[14] recommends that DOT be the primary federal agency responsible for developing the federal government's capability to conduct mass evacuations and that DHS require that state and local governments to conduct evacuation planning and exercises as a condition for receiving Homeland Security grants. The Senate report[15] recommends that DOT should, in coordination with DHS and the states, plan, train and exercise for evacuations, including provisions for those populations that do not have the means to evacuate.

Concluding Observations

Hospital and nursing home administrators generally face multiple challenges in weighing the risks of sheltering in place or evacuating. Although evacuation is a last resort, Hurricanes Charley and Katrina resulted in both hospitals and nursing homes having to evacuate. When evacuating, administrators faced problems specifically related to transportation, including securing vehicles. Hurricane Katrina, the first emergency in which NDMS was used to evacuate a large number of people, brought to light that NDMS was not set up nor is currently configured to provide assistance to nursing homes. As a result, it does not have agreements with nursing homes to accept evacuated patients. In addition, states and localities face multiple challenges in ensuring that transportation-disadvantaged populations who are not in such facilities are evacuated. We will be monitoring federal efforts to improve preparing for and carrying out evacuations of these populations. Our ongoing work will continue to examine the vulnerabilities posed by disasters for hospital patients, nursing home residents, and transportation-disadvantaged populations living in their communities.

Mr. Chairman, this concludes my prepared remarks. I would be happy to respond to any questions you or other members of the committee have at this time.

[14]Assistant to the President for Homeland Security and Counterterrorism, *The Federal Response to Hurricane Katrina: Lessons Learned* (February 2006).

[15]Committee on Homeland Security and Governmental Affairs, U.S. Senate, *Hurricane Katrina: A Nation Still Unprepared* (May 2006).

Contacts and Acknowledgments

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Related GAO Products

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Senator KOHL. We thank you very much for your testimony.

We would like to hear from Amy Aiken right now.

Senator NELSON. Mr. Chairman? Before——

Senator KOHL. Senator Nelson, go right ahead.

Senator NELSON. If I could say, because Ms. Aiken is from Florida, and we have a little bit of experience in hurricanes in Florida, and it is starting very shortly with the season starting June 1. I just want to say, before she testifies, that they have really gotten ahead of this down there.

Now we had a painful experience a long time ago, 1992. A mega hurricane, Hurricane Andrew. There were a lot of mistakes made. We learned from those mistakes. Then we were hit with 4 hurricanes within a 6-weeks period just 2 years ago in 2004.

So, Florida, of necessity, has had to get out in front of this. What they do is they map out where senior citizens are so that they have a location that by the time that they are ready to evacuate, they have predetermined locations to take buses to, to get senior citizens evacuated.

I wanted to compliment Amy and Miami-Dade County and what they have been doing. That is why I wanted to come over here. I have got to run back to another committee meeting right now, but I wanted to state that for the record.

Senator KOHL. We thank you very much, and that is a very important point in this whole question of preparedness is advance work, as you are pointing out, to be sure. Once the hurricane hits, if we haven't prepared, it is really too late, isn't it?

Senator NELSON. Especially in a peninsula like Florida, where you have 6 million people living in south Florida, and here comes the hurricane. Of course, the natural tendency of people are is to wait until the last minute because they are so accustomed to thinking that it is suddenly going to veer and go off in a different direction, and then people wanting to get out of Dodge. Then, of course, it is gridlock with the few exit routes that are available.

You know, even in north Florida back in the late 1990's—and I lived through all of this because, at the time, I was a member of the Florida cabinet, which also, as State treasurer, was insurance commissioner. So I was involved in this up to my eyeballs.

We had an evacuation with a storm headed toward north Florida, Jacksonville. It ultimately veered off. But in an evacuation 2 days before, it was total gridlock. People could not move.

That finally prompted the Florida Highway Patrol to work out a plan where they could make the interstate all one way. But you can imagine the frustration of sitting in gridlock not going anywhere for 12 hours on 2 lanes of the interstate while the other 2 lanes, there is no traffic whatsoever.

So, there are a lot of things that we have had to confront but, fortunately, are finally getting our arms around it.

I would just say, Mr. Chairman, as we approach June 1 of this year, hurricane season, thank goodness I am not insurance commissioner anymore. [Laughter.]

Senator KOHL. Great. Thank you so much, Senator Nelson.

Amy, we would like to hear from you.

STATEMENT OF AMY B. AIKEN, ASSISTANT DIRECTOR, MIAMI-DADE OFFICE OF EMERGENCY MANAGEMENT, MIAMI, FL

Ms. AIKEN. Thank you, Senator.

Good morning, Mr. Chairman and members of the Committee. I would like to thank you for this opportunity to share some of Miami-Dade County's disaster preparedness initiatives, particularly as they relate to our seniors.

I would also like to commend you, Senator Kohl and Senator Smith, and the members of this Committee for convening this hearing that is seeking to move forward disaster preparedness for seniors.

During the 2004 hurricane season, Miami-Dade County activated its emergency operations center four times for hurricanes. We did it again four more times in 2005. So we have had some practice.

While many of the initiatives about which I will speak today were developed because of our experience with hurricanes, Miami-Dade County utilizes an all-hazards approach for emergency management. It must be ready for any disaster, not just hurricanes.

One of the principal lessons learned from the 2005 hurricane season was that no matter what happens in the county, it is and will ultimately be the county's responsibility to respond to and recover from any disaster that affects its most vulnerable residents.

Back-to-back storms within a matter of weeks and widespread extended power outages in 2005 raised our awareness that the programs Miami-Dade County already had in place were inadequate to care for our most vulnerable residents, particularly our seniors during a disaster.

Many nongovernmental agencies and individuals seek to assist, but if this assistance is not well coordinated, it may lead to duplication of efforts and gaps in services. Volunteer Organizations Active in Disaster, or VOAD, a national program, exists to coordinate such efforts. Miami-Dade County is reestablishing its VOAD program.

Many of the calls received by our 311 call center during activation came from residents, particularly seniors who simply needed reassurance. Miami-Dade County has since established a telephone reassurance program, letting individuals know that they are not alone during times of disaster.

Florida law mandates that all assisted living facilities and nursing homes have disaster plans in place that are reviewed by their respective county's office of emergency management and are enforced by the Agency for Health Care Administration.

Florida law also mandates that each county maintains a special needs registry. These are data bases of homebound seniors who may need assistance with daily living, require skilled nursing care, or need life-saving medical equipment dependent upon electricity.

Realizing that many residents, in particular seniors, will not evacuate without their pets, Miami-Dade County opened its first pet-friendly shelter last year and is working with Miami-Dade County Public Schools to identify additional locations for pet-friendly shelters throughout the county.

Low-income elderly residents in Miami-Dade County can take advantage of the county's residential shuttering program. This pro-

gram enables homeowners to receive custom-made shutters at no cost and assistance, if needed, to put up and take down the panels.

South Florida has the most stringent building codes in the Nation for wind storm protection. Other hurricane-prone areas should be encouraged to revisit their building codes and consider replicating south Florida's. Areas prone to other types of disasters, such as earthquakes, wildfires, or flooding, should consider a review and possible strengthening of building codes specific to the disasters most likely to occur in that particular area. Building codes work.

In addition to its stringent building codes, Miami-Dade County's local mitigation strategy has completed $36 million in wind storm mitigation projects and another $128 million in flood mitigation. Hundreds more projects are already in progress or under development.

During the 2004 and 2005 hurricane seasons, not a single facility mitigated through the LMS incurred any damage other than a few loose roof tiles or scraped paint. Mitigation works.

Miami-Dade County has learned that the only way to ensure the prompt coordinated response that our community has come to expect and deserves is to continue to strengthen partnerships with local, State, and Federal Government agencies; public and private agencies; nonprofit organizations; and, most importantly, our 2.5 million residents. Disaster preparedness is everyone's responsibility.

However, all cities, counties, and States are not the same, and these differences must be considered throughout all phases of emergency management from preparedness and mitigation to response and recovery.

I invite you, Mr. Chairman, and members of this Committee to visit Miami-Dade's emergency operations center. Senator Nelson and Senator Martinez, both from our State, have been there many times, and we look forward to visits from you and other members of this Committee.

Miami-Dade County is ready and willing to share and learn from any efforts that will enhance disaster preparedness for all.

Thank you again for this opportunity to be a part of a process that is seeking to move forward disaster preparedness for our seniors.

[The prepared statement of Ms. Aiken follows:]

US Senate Special Committee on Aging
Hearing on Emergency Preparedness for Seniors
May 18, 2006
10:00 am
Dirksen Senate Office Building

Testimony provided by:
Amy B. Aiken
Miami-Dade Office of Emergency Management
Miami, FL

Good morning Mr. Chairman and members of the committee. My name is Amy B. Aiken from Miami-Dade Office of Emergency Management. I would like to thank you for this opportunity to share some of Miami-Dade County's disaster preparedness initiatives, particularly as they relate to some of our more vulnerable residents and I would also like to commend Senators Smith and Kohl and members of this committee for convening a hearing that is seeking to move forward disaster preparedness for seniors.

Miami-Dade County spans over 2,000 square miles, hosts a major airport, Florida's largest seaport, a nuclear power plant and has a resident population of 2.5 million.

During 2004, Miami-Dade County activated its Emergency Operations Center (EOC) four (4) times in six (6) weeks for hurricanes. And we did it again four (4) more times in 2005, so we've had some practice. While many of the initiatives about which I will speak today were developed because of our experience with hurricanes, Miami-Dade County utilizes an all-hazards approach for emergency management and must be ready for any disaster, not just hurricanes.

One of the principal lessons learned from the 2005 hurricane season was that no matter what happens in the County, it is and will ultimately be the County's responsibility to respond to and recover from any disaster that affects its vulnerable populations and the only way to do that is to have a coordinated human services plan. Back to back storms within a matter of weeks and widespread, extended power outages in 2005 raised our awareness that the programs Miami-Dade County already had in place were inadequate to care for our most vulnerable populations, particularly our senior residents during a disaster. Miami-Dade County has committed to developing the resources to improve our systems further.

While Miami-Dade County works diligently to fulfill its residents' needs, we realize that local government cannot respond to and recover from disaster on its own, particularly in relation to the many and varied individual needs that arise following a disaster. Many non-governmental agencies and individuals seek to assist, but if this assistance is not well coordinated, it may lead to duplication of efforts and gaps in services. Volunteer Organizations Active in Disaster (VOAD) exists to coordinate such efforts. Miami-Dade County, in conjunction with the Alliance for Human Services, is re-establishing its VOAD, which is part of a national VOAD program. A revitalized VOAD with strong leadership will provide another resource to effectively respond to the needs of our most vulnerable residents.

The Help Us Help You campaign was developed by the County's Department of Human Services (DHS) to step up when other agencies who normally assist seniors were impacted, offline, and unable to serve their clientele. A media campaign alerted residents to call into our 311 call center to vocalize their needs. Within hours, DHS staff returned the phone calls and determined the appropriate

services that were needed. Many of the calls came from individuals, particularly seniors, who simply needed reassurance. Miami-Dade County has since established a telephone reassurance program so that individuals can register to receive a call, letting them know they are not alone during times of disaster. Other calls came from individuals who were displaced from their homes. Miami-Dade County, through DHS, made arrangements with local hotels and motels to provide short term housing for those individuals as well as for the residents occupying our post-storm shelters due to damaged homes. Developing pre-established relationships and signed memorandums of understanding between area hotels and Miami-Dade County is already underway for this season.

Many of the community based organizations (CBOs) that provide services to the elderly were offline due to effects of the hurricanes and others suffered limited operations. Miami-Dade County mandated that by June 1, 2006, each of the 247 CBOs that receive County funding are required to have a continuity of operations (COOP) plan to increase their ability to maintain essential services when impacted by any disaster, whether county-wide or agency specific. A series of Train the Trainer sessions regarding COOP was held. Participants included the contract officers assigned to each agency who will be the ones reviewing the plans. Technical assistance for completing the COOP was provided as well.

As part of the COOP plan, each agency was asked to identify another CBO within its immediate area and two (2) more outside of its immediate area that can potentially act as relocation sites or provide other resource support. Similar service providers are the best match, but any linkage with another agency is still vital to ensure continued operations. Miami-Dade County has termed this a triangulation of services. OEM, using geographic information services (GIS), mapped each CBO with a corresponding spreadsheet of addresses to identify all potential service providers and to allow the CBOs to pre-identify their partner agencies. Using census and property appraisal data, OEM mapped areas of vulnerable populations such as neighborhoods with high concentrations of elderly residents and public housing units. CBOs are being encouraged to adopt elderly high rise buildings or other similar facilities in their areas.

Miami-Dade County's Community Relations Board (CRB) maintains a listing of every faith-based organization in the County from those with congregations that number in the thousands to store front houses of worship. These faith-based organizations will be asked to identify the elderly members of their congregations and match them with a family or individual who will check on their status throughout a disaster. Faith-based organizations are provided with preparedness materials to share with their congregations and will be asked to collect disaster supply kit materials that can be distributed to the elderly pre-disaster.

Florida law mandates that all assisted living facilities (ALFs) and nursing homes have disaster plans in place that are reviewed by their respective counties' Office

of Emergency Management (OEM) and are enforced by the Agency for Health Care Administration (AHCA). As part of their annual inspections, fire prevention inspectors in Miami-Dade County also request a copy of the letter stating that the plan has been reviewed by Miami-Dade's OEM.

These plans require contracts with water vendors, a seven (7) day food supply, two (2) alternate facilities in the event of an evacuation or facility damage and two (2) transportation providers to move clientele. There are over 800 ALFs in Miami-Dade County and 56 nursing homes. Three (3) of those nursing homes are located in evacuation zones. While to date Miami-Dade County has been spared having to evacuate entire nursing homes, partial evacuations of the most critical patients in those nursing homes have occurred. I mention this because having adequate plans in place is the first step in being prepared. Training on and testing of the plans is the next crucial step that is often overlooked. Deficiencies in plans need to be identified pre-event so that corrective measures can be implemented well before any type of disaster.

Florida law also mandates that each county maintains a special needs registry. These are databases of homebound residents who may need assistance with daily living, require skilled nursing care, or need life-saving medical equipment dependent upon electricity. In Miami-Dade County, the level of care required, type of transportation needed, and receiving facility is pre-identified upon registration and this information is provided to the registrant. Evacuating seniors with special needs is a time consuming process so a call down of the registered individuals is conducted to ask individuals if they would like to be moved well in advance of a general population evacuation order. While every attempt will be made to evacuate last minute, unregistered callers, those who are previously registered will have priority.

Each year at the beginning of hurricane season, Florida Power and Light includes in its billings information about registering for the special needs program. Every community preparedness event conducted by OEM includes information and multilingual applications for the program, which are also provided to those agencies that deal specifically with this population year round.

Realizing that many residents, in particular seniors, will not evacuate without their pets, Miami-Dade County opened its first pet-friendly shelter last year. A lone cockatoo took advantage of this facility during Tropical Storm Rita, was joined by 15 other pets during Hurricane Wilma, and made the local news. Miami-Dade County is working with Miami-Dade County Public Schools to identify additional locations for pet-friendly shelters throughout the County.

Miami-Dade County has hired an upper level Senior Advocate whose primary function is to strengthen the coordination and connectivity among County services, CBOs and other stakeholders serving the elderly. This individual will also facilitate the development and implementation of an on-going education

program for elders and their caretakers to increase knowledge and access to the continuum of services available.

Miami-Dade County has a robust Community Emergency Response Team (CERT) program. Neighborhood associations, businesses, and other cohesive groups receive training in basic disaster response skills so they can respond to the immediate needs of their communities following a disaster, before traditional first responders arrive. This is a significant resource to assist seniors in need post-disaster. One of the local university CERT teams has elaborated their plan to systematically conduct wellness checks of a surrounding neighborhood immediately upon the "all clear" from local officials.

Miami-Dade OEM employs a full-time emergency management coordinator whose primary function is community education and awareness. Seniors and people with special needs are priority populations for outreach initiatives. This staff person works in conjunction with other community groups such as American Red Cross, CBOs, and municipalities to deliver a clear, consistent message. Miami-Dade's message has and will continue to be that disaster preparedness is everyone's responsibility and everyone should be prepared to be self-sufficient for at least three (3) – fourteen (14) days.

Low income elderly residents in Miami-Dade County can take advantage of the County's residential shuttering program. This program enables homeowners to receive custom made shutters at no cost and assistance, if needed, to put up and take down the protective panels when a storm is threatening. I am pleased to report that this program has expanded into the population of people with disabilities as well.

South Florida has the most stringent building codes in the nation for windstorm protection. In addition to its stringent building codes, Miami-Dade County's Local Mitigation Strategy (LMS) has completed $36 million in windstorm mitigation projects and another $128 million in flood mitigation. Hundreds more projects are already in progress or under development. During the 2004 and 2005 hurricane seasons, not a single facility mitigated through the LMS incurred any damage other than a few loose roof tiles or scraped paint. Mitigation works.

Other hurricane prone areas should be encouraged to revisit their building codes and consider replicating South Florida's. Areas prone to other types of disasters such as earthquakes, wildfires or flooding should consider a review and possible strengthening of building codes specific to the disasters most likely to occur in their particular area. Building codes work.

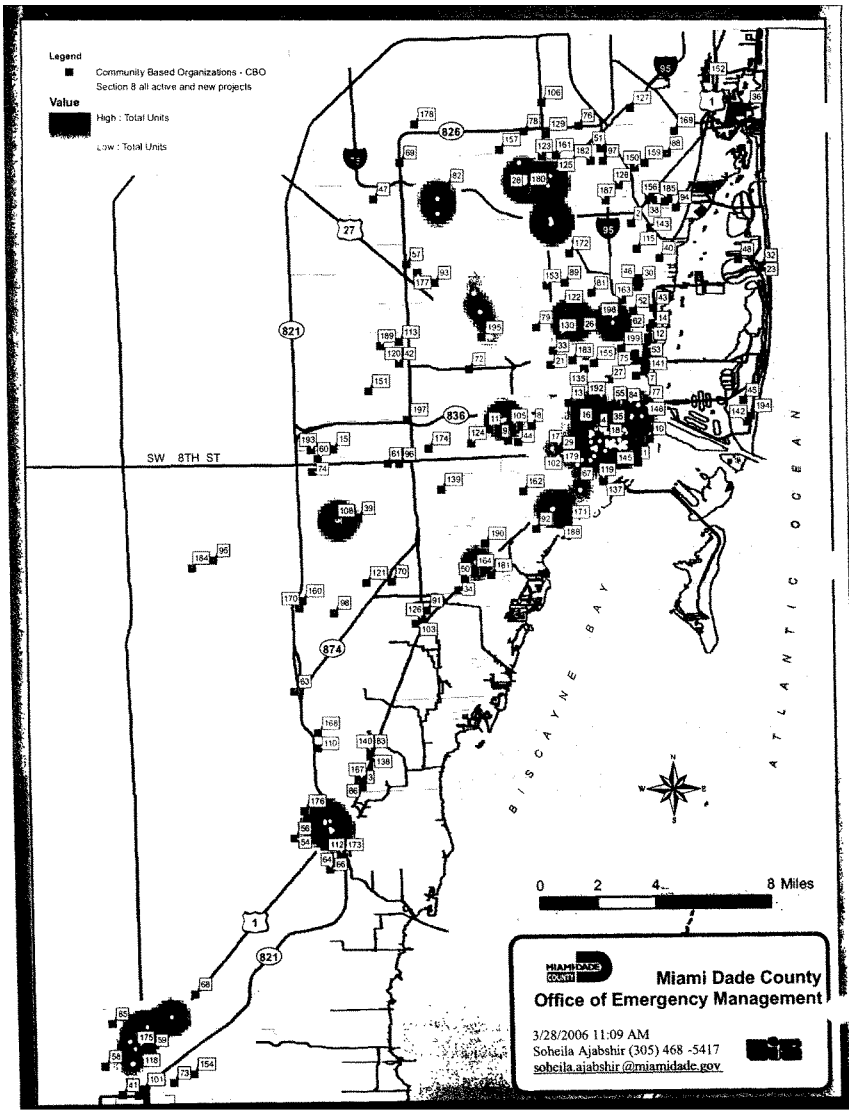
Miami-Dade County has learned that the only way to ensure the prompt, coordinated response that our community has come to expect and deserves is to continue to strengthen partnerships with local, state, and federal governmental agencies, public and private agencies, non-profits organizations, and most

importantly, our 2.5 million residents. Disaster preparedness is everyone's responsibility. However, all cities, counties, and states are not the same and these differences must be considered throughout all phase of emergency management from preparedness and mitigation to response and recovery.

I invite you Mr. Chairman and members of this committee to visit Miami-Dade County's Office of Emergency Management and its Emergency Operations Center (EOC). We appreciate the visits from Senators Martinez and Nelson and look forward to visits from any other members. Miami-Dade County is ready and willing to share with and learn from any efforts that will enhance disaster preparedness for all.

Thank you again for this opportunity to testify and more importantly to be a part of a process that is seeking to move forward disaster preparedness for our seniors.

Attachments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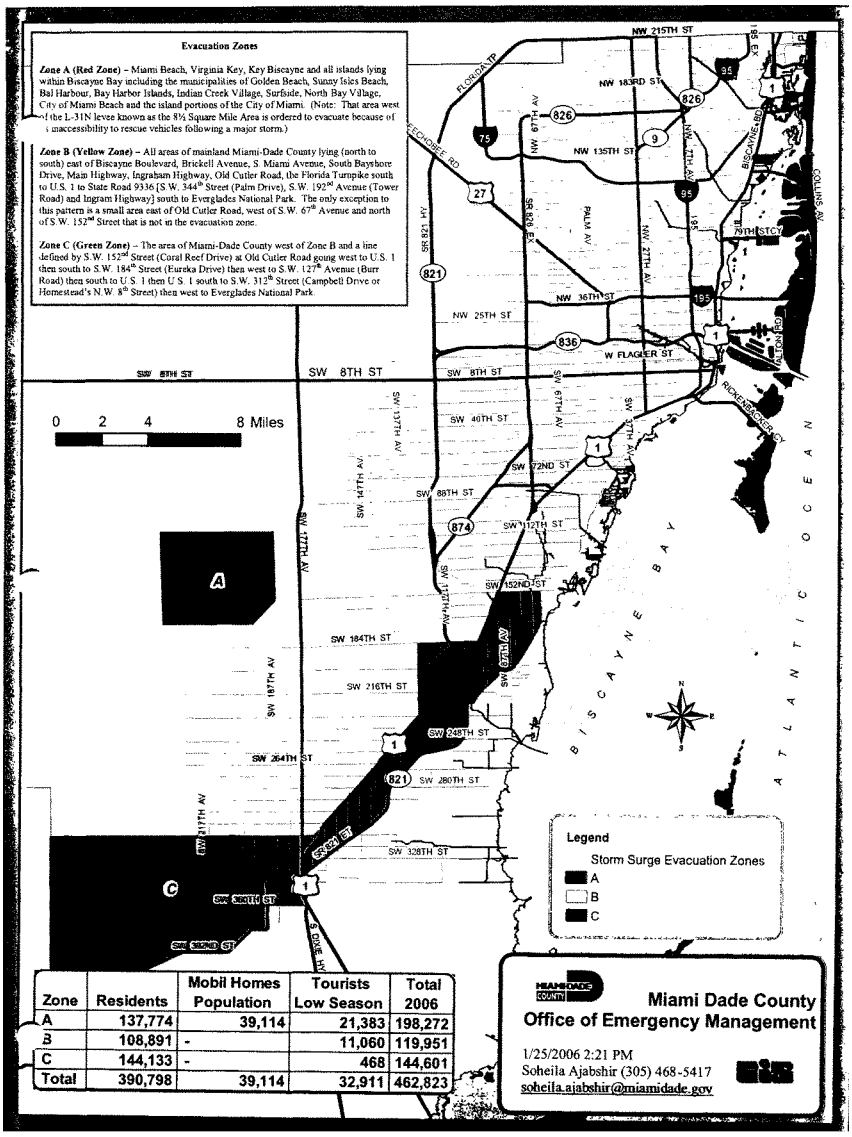
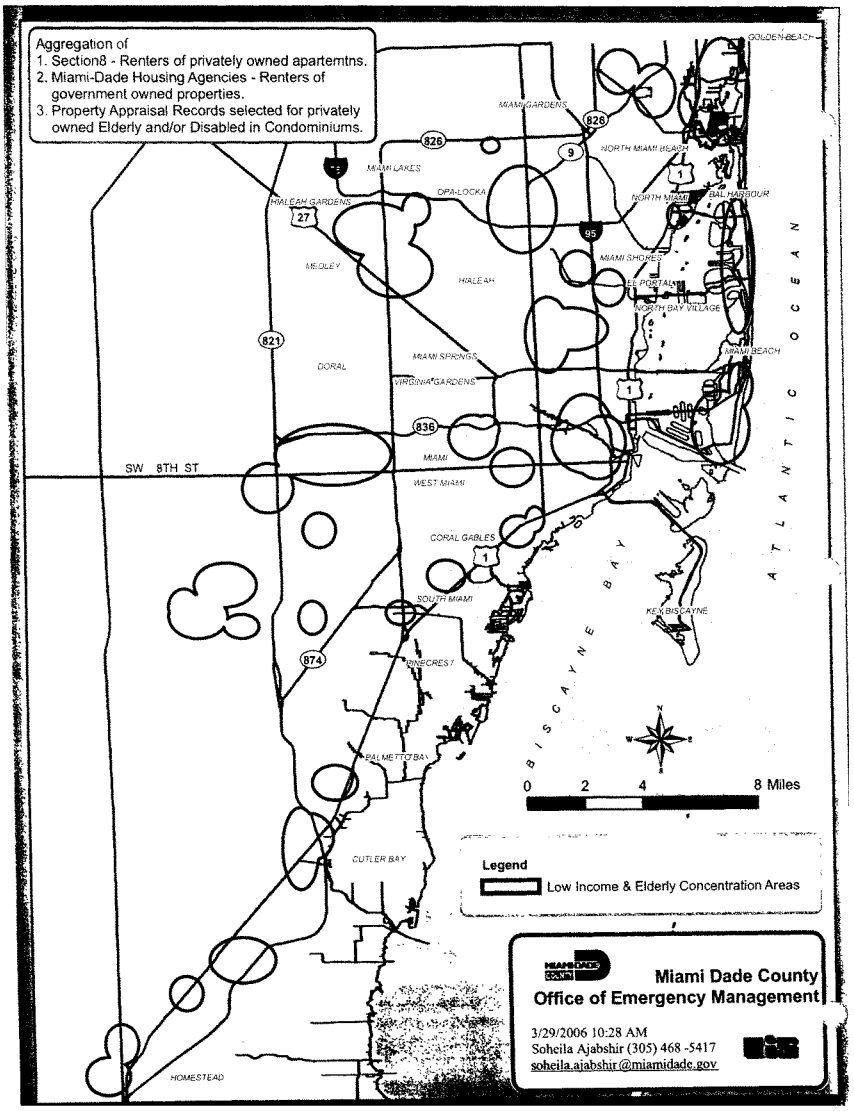
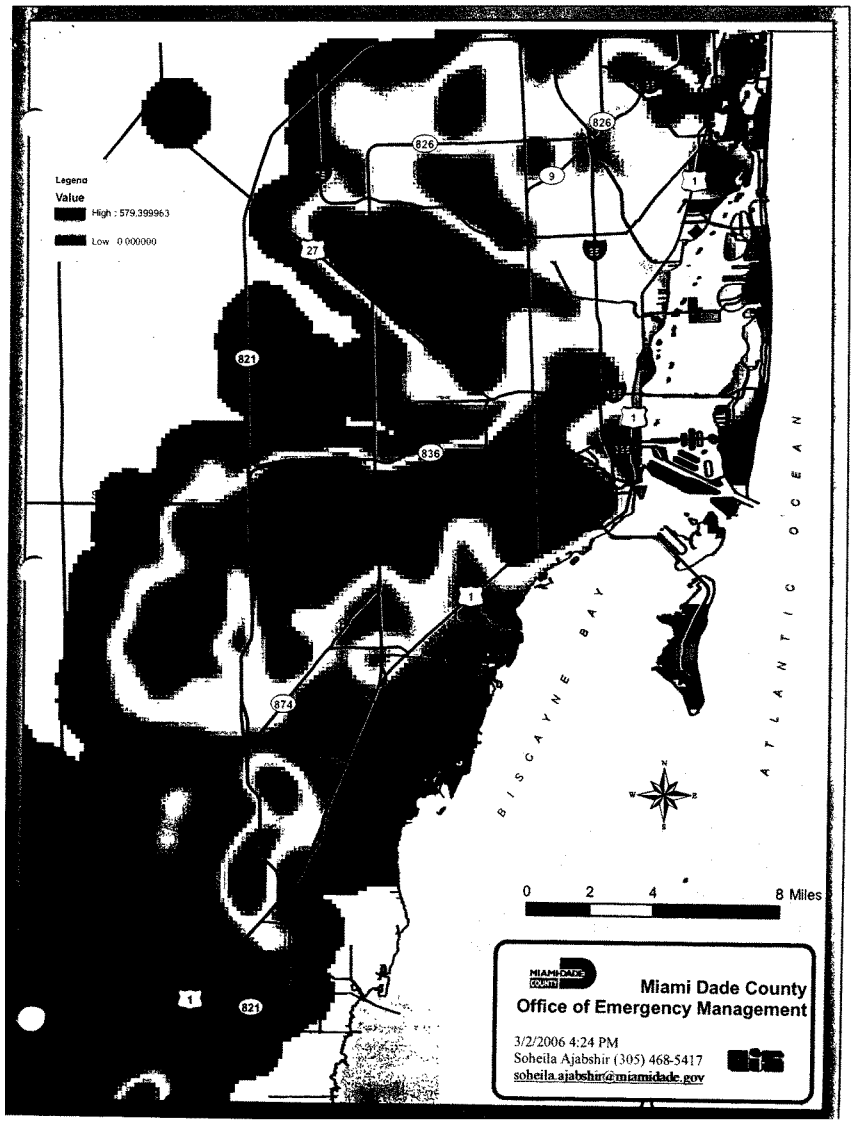
Community Based Organizations - CBO
Section 8 all active and new projects
Value
High : Total Units
Low : Total Units
SW 8TH ST
BISCAYNE BAY
ATLANTIC OCEAN
0 2 4 8 Miles
Miami Dade County
Office of Emergency Management
3/28/2006 11:09 AM
Soheila Ajabshir (305) 468 -5417
soheila.ajabshir @miamidade.gov



Zone	Residents	Mobil Homes Population	Tourists Low Season	Total 2006
A	137,774	39,114	21,383	198,272
B	108,891	-	11,060	119,951
C	144,133	-	468	144,601
Total	390,798	39,114	32,911	462,823


Aggregation of
1. Section8 - Renters of privately owned apartemtns.
2. Miami-Dade Housing Agencies - Renters of government owned properties.
3. Property Appraisal Records selected for privately owned Elderly and/or Disabled in Condominiums.
GOLDEN BEACH
MIAMI GARDENS
NORTH MIAMI BEACH
MIAMI LAKES
OPA-LOCKA
HIALEAH GARDENS
NORTH MIAMI
BAL HARBOUR
MIAMI SHORES
MEDLEY
HIALEAH
EL PORTAL
NORTH BAY VILLAGE
MIAMI BEACH
DORAL
MIAMI SPRINGS
VIRGINIA GARDENS
SW 8TH ST
MIAMI
WEST MIAMI
CORAL GABLES
SOUTH MIAMI
KEY BISCAYNE
PINECREST
PALMETTO BAY
CUTLER BAY
HOMESTEAD
ATLANTIC OCEAN
BISCAYNE BAY
0 2 4 8 Miles
Legend
Low Income & Elderly Concentration Areas
Miami Dade County
Office of Emergency Management
3/29/2006 10:28 AM
Soheila Ajabshir (305) 468 -5417
soheila.ajabshir@miamidade.gov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Value
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Low : 0.000000
826
826
9
1
27
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821
BISCAYNE BAY
ATLANTIC OCEAN
0 2 4 8 Miles
Miami Dade County
Office of Emergency Management
3/2/2006 4:24 PM
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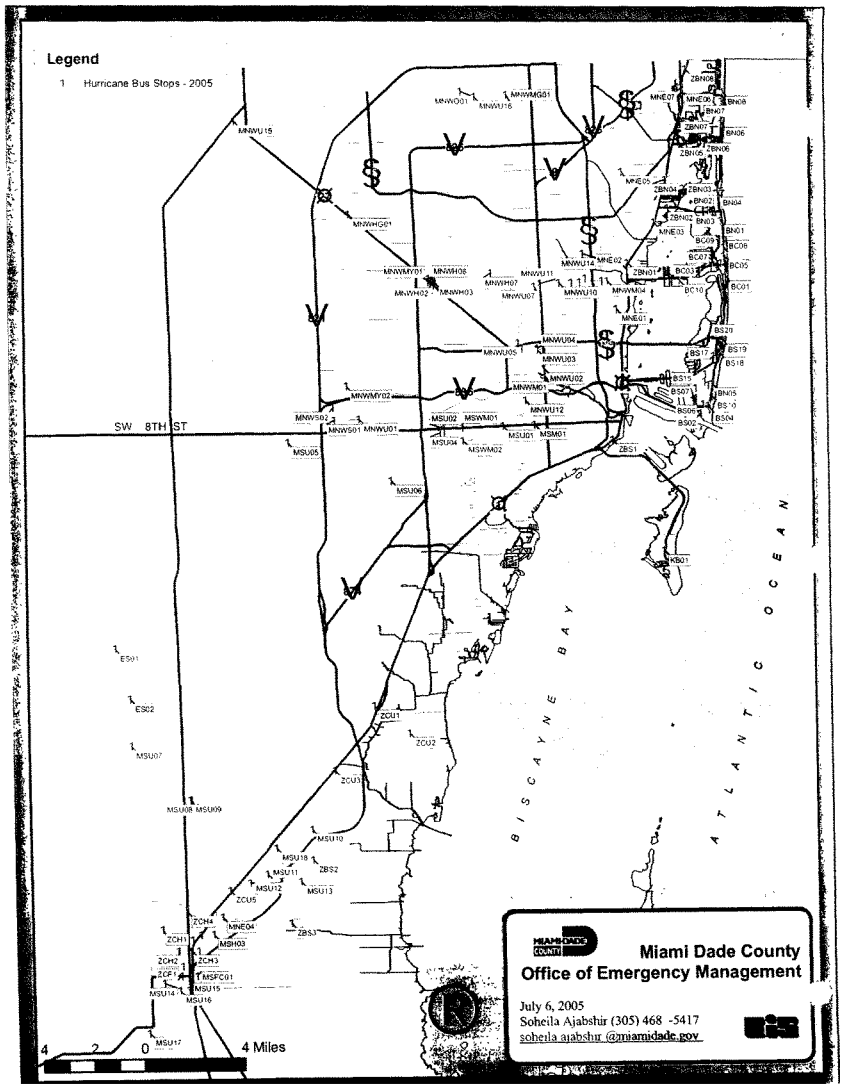
Legend
1 Hurricane Bus Stops - 2005
SW 8TH ST
BISCAYNE BAY
ATLANTIC OCEAN
4 Miles
Miami Dade County
Office of Emergency Management
July 6, 2005
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Senator KOHL. Thank you. That is a very fine statement, and I would like to return to you after we hear now from Dr. Dyer.

STATEMENT OF CARMEL BITONDO DYER, M.D., ASSOCIATE PROFESSOR OF MEDICINE, DIRECTOR, BAYLOR COLLEGE OF MEDICINE GERIATRICS PROGRAM AT THE HARRIS COUNTY HOSPITAL DISTRICT, HOUSTON, TX

Dr. DYER. Good morning, Ranking Member Kohl. I appreciate the fact that you are holding this hearing and for the opportunity to testify today.

I am Dr. Carmel Bitondo Dyer, and I am a geriatrician from Baylor College of Medicine, a member of the American Geriatric Society, and chief of geriatrics at the Harris County Hospital District.

You may know that the American Red Cross set up the shelter facilities for Katrina evacuees in Houston, and the Harris County Hospital District set up a comprehensive MASH unit for medical treatment for the Katrina evacuees.

What you may not know is that 56 percent of those seen in the medical MASH unit were over the age of 65. I had the privilege of caring for a number of senior Katrina survivors, and I would like to share with you today an onsite solution we developed and some recommendations that we have since formulated.

In Houston, we saw confused, disoriented people who didn't even know where they were, bilateral amputees and wheelchair-bound patients who couldn't access the bathing facilities on the second floor. We saw seniors exploited when their FEMA checks were stolen, and we saw people promised suitable housing that wasn't. Also, the cognitively impaired and functionally impaired people were just interspersed among the 20,000 other folks that were staying in the shelter.

Now we are not critical of the valiant efforts made in Houston. The real mistake would be not to learn from those experiences. So, I would humbly like to recommend a few things.

The first is that in any disaster shelter situation that there be separate sites for seniors to facilitate service delivery.

The second recommendation is that we must build in protections for fraud and abuse. For instance, these special list patients that are being circulated, they cannot get in the hands of predators.

The third is that we must develop a common language to use across jurisdictions. So how do we know that the special needs persons in Texas are defined in the same way as they are in Florida? We have developed such a tool called the SWIFT, and you may have copies of it in front of you, Seniors Without Families Triage.

What we did onsite in Houston was to categorize the seniors that were impaired into three groups—mild, moderate, and markedly impaired—so that we could determine type of services that they needed. It takes only 5 minutes to administer, and it was used all across the State in different shelters.

What we are recommending is that this tool be adopted Nation wide, and it can be used in the pre- and the post disaster period.

The last recommendation I would like to make is that more geriatricians and gerontologists be involved in these disaster preparedness efforts. I mean, nobody would put together a public health

program for children without tapping the expertise of pediatricians. Nor should we put together emergency care plans that involve seniors without consulting geriatricians and gerontologists.

Geriatricians and gerontologists should be involved in every aspect of emergency care, including planning, care delivery, and training of the front-line workers. Of course, there is not quite enough of us to go around.

These and other recommendations are going to be published by us in just a few weeks in conjunction with the American Medical Association and the AARP. We support Resolution 25 of the 2005 White House Conference on Aging, which calls for coordinated Federal response.

On behalf of the SWIFT team and the American Geriatric Society, I want to thank you for holding this hearing. Also we hope that this testimony helps the Federal effort to devise an emergency preparedness plan that both anticipates and meets the needs of America's seniors.

Thank you.

[The prepared statement of Dr. Dyer follows:]

CARING FOR SENIORS IN A NATIONAL EMERGENCY: CAN WE DO BETTER?

TESTIMONY BEFORE THE SENATE SPECIAL COMMITTEE ON AGING

May 18, 2006

Carmel Bitondo Dyer, M.D.
Associate Professor of Medicine
Director, Baylor College of Medicine Geriatrics Program at
The Harris County Hospital District
American Geriatrics Society

Good morning Chairman Smith, ranking member Kohl and Members of the Committee. Thank you for convening this hearing and for allowing me to testify today about disaster preparedness for seniors, based on my experience serving survivors of Hurricane Katrina in Houston and on behalf of the American Geriatrics Society. The American Geriatrics Society is an organization of almost 7,000 geriatric health care providers.

I'm Dr. Carmel Bitondo Dyer, and I was trained as a geriatrician. Geriatricians are physicians who are experts in caring for older persons and in the study of old age, which is called gerontology; geriatricians complete at least an additional year of fellowship training. I am associate professor of medicine at Baylor College of Medicine and presently the Director of the Geriatrics Program at the Harris County Hospital District. Both those roles provided me the privilege of serving the Katrina survivors who were evacuated to Houston. Following Hurricane Katrina and the destruction of the levees, more than 200,000 men, women, and children were evacuated from Southeastern Louisiana to Texas and approximately 23,000 individuals were transported by bus to the Reliant Astrodome Complex (RAC) in Houston, Texas. While the American Red Cross organized housing in the Astrodome, the Harris County Hospital District (HCHD), constructed a medical MASH unit complete with registration, examination rooms, a pharmacy, blood drawing and x-ray capabilities. Baylor College of Medicine faculty worked with the Harris County Health Department and the Harris County Hospital District to provide the leadership and the physician infrastructure. Nurses, social workers, physicians from every discipline, pharmacists, therapists, phlebotomists and other health care professionals were deployed to the facility to address the medical and social needs of the evacuees. Those of us in Houston who received the evacuees saw persons who were exhausted, their clothes still wet; the evacuees described to us the hardships they had endured.

Based on this experience, I will share with you:

1.) The difficulties encountered by senior citizens
2.) The on-site solution we devised and
3.) Future recommendations for improved disaster preparedness for seniors

In the Reliant Astrodome Complex, evacuees were able to receive onsite medical care. Our statistics show that fifty-six percent of the evacuees seen in the medical unit were 65 years of age and older. Those who were gravely ill were transported by ambulance to a local hospital where their acute medical needs could be properly addressed.

But what about those who were not acutely ill but still sick and unable to advocate for themselves? There were many frail elders and other vulnerable adults who could not scale the stairs to get to the showers, could not read the

signs or hear the announcements providing vital information, could not toilet themselves or administer their medications and were laying on a cot in a stadium. Some of the elderly were disoriented and did not even know where they were. One woman approached a nurse administrator, Beth Cloyd and said: "You know, my family made it to Houston, but I didn't". The elders who had survived told us about being on I-10 for 48 hours in the hot sun, or waiting on their rooftops waiting to be rescued. After hearing their stories, I was certain, even before it was announced, that the majority of the deceased in New Orleans were elders. In Houston more than 60% of the deaths were in persons over the age of 65.

As admirable were the heroic efforts of the Houstonians and others, it is clear that there had been little preplanning to address the needs of frail elders and other vulnerable adults. They languished on their cots unnoticed, usually suffering in silence as busy volunteers attended to the needs of more vocal and able-bodied evacuees. Our solution was to form an ad-hoc team, called SWiFT – the Seniors without Families Triage to advocate for those who were alone and impaired in the Reliant Astrodome Complex. Our team consisted of geriatricians, geriatric nurse practitioners, social workers, adult protective service workers and others who provide aging services in our county. We developed a screening tool to determine who needed which services and in what time frame. We designed, piloted, revised and implemented the SWiFT screening tool in less than 24 hours. We sent nursing-social work pairs to the residential areas of the shelters and they screened for medical illness and applied the SWiFT tool for a period of ten days.

Vulnerable seniors were divided into 3 SWiFT Levels for more effective triage–

- Level 1 evacuees could not perform the activities needed to sustain a minimum standard of safety – they were immediately placed in a residential facility
- Level 2 evacuees could not mange funds or the tasks needed for relocation and they were referred to a local case manager.
- Level 3 evacuees simply needed to be connected with family or friends and were referred to one of the local volunteer agencies.

Over a ten day period we found that 68% of those that we screened were SWiFT Level 1 and could not perform even the most basic tasks such as bathing, toileting or administering their own medicine. It was difficult to locate the seniors who needed help the most; they were interspersed among 20,000 other more able-bodied evacuees.

Another major problem was the inability for family members to locate the frail older relatives. One elderly religious sister from New York, who was visiting her hometown of New Orleans, fractured a hip and was placed in a nursing home just before the hurricane. She was evacuated to Houston and remained delirious

and incoherent due to infection. Despite the fact that she had over 600 family individuals from across the US searching for her, she was admitted to a Houston hospital and deemed a "homeless person". After three frantic weeks, a family member who is in the FBI was able to locate Sister Annunciata; presently she is recovering and is with family.

The American Geriatrics Society and I are not critical of the efforts made in Katrina. However, it would be a real mistake to not learn from this experience. In order to share what we in Houston learned about seniors in disaster situations, SWiFT members in conjunction with the American Medical Association have compiled a guide that details recommendations for best practices, which is nearly completed. The recommendations from the guide are described below. We do not claim to have all the answers regarding the provision of care for frail elderly in disaster situations, but we hope that our first-hand experiences coupled with the disciplinary expertise of our members and AMA consultants make these recommendations valuable for future planning to meet the needs of older persons in national disasters.

RECOMMENDATION ONE: Develop a simple, inexpensive, cohesive, integrated and efficient federal tracking system for elders and other vulnerable adults that can be employed at the state and local levels. Electronic tracking may help some, however many frail elders lack access to or the ability to use the internet. There will not likely be one-size fits all solution for tracking, but a start would include a standard, numbered color-coded bracelet system.

RECOMMENDATION TWO: Designate separate shelter areas for elders and other vulnerable adults as was done for children. Some seniors at the Reliant Astrodome Clinic eventually organized themselves into groups that facilitated the delivery of services. A practice could be established to gather seniors without family members or advocates into groups in shelter sites that can be attended by medical personnel and volunteers to help with the special needs.

RECOMMENDATION THREE: Involve gerontologists (geriatricians, geriatric nurse practitioners, geriatric social workers, etc.) in all aspects of emergency preparedness and care delivery. In the Reliant Astrodome Complex, geriatricians and geriatric nurse practitioners set up geriatric exam rooms for the assessment and treatment of the more frail seniors. It was clear that geriatricians and other gerontologists were not part of the planning process; had they been it is likely that the evacuation centers would have been better prepared to receive frail elders.

RECOMMENDATION FOUR: Involve region-specific social services, medical and public health resources, volunteers, and facilities in pre-event planning for elders and vulnerable adults. An already established consortium of aging service providers in Houston, called Care for Elders, provided the manpower for the SWiFT triage system.

RECOMMENDATION FIVE: Involve gerontologists (geriatricians, geriatric nurse practitioners, geriatric social workers, etc.) in the training and education of front-line workers and other first responders about frail adults' unique needs. The American Geriatrics Society has already updated its Geriatrics Emergency Medicine Services Program for EMTS with a chapter on disaster preparedness.

RECOMMENDATION SIX: Utilize a public health triage system like the SWiFT Screening Tool© for elders and other vulnerable populations in pre- and post-disaster situations. We believe that the SWiFT triage form could be used nationwide and provide a common language for those who are responsible for providing services to senior citizens.

RECOMMENDATION SEVEN: The personnel charged with overseeing elders and vulnerable adults should maintain a clear line of communication with the shelter's central command. Communication within the shelter should involve technology such as cellular telephones and walkie-talkies.

RECOMMENDATION EIGHT: Provide protection from abuse and fraud to elders and other vulnerable adults. Adult protective services were involved in Houston to help address the exploitation and neglect experienced by the seniors.

RECOMMENDATION NINE: Develop coordinated regional plans for evacuations of residents of long-term care facilities and for homebound persons with special needs (i.e., ventilator-dependent adults).

RECOMMENDATION TEN: Conduct drills and research on disaster preparedness plans and the use of a triage tool, such as SWiFT, to ensure their effectiveness and universality.

Funding is needed for existing programs to continue to plan for such emergencies and provide the infrastructure to accommodate the needs of disasters. For instance, Congress should restore funding to the geriatrics health professions programs, which includes the Geriatrics Education Centers (GECs). The GECs are at the forefront of disaster preparedness and the elderly, having prepared the lead, national curriculum in this area.

There is no place in the US that is immune from natural disasters or terrorism, and with the rapidly increasing number of elders in this country, Congress must prepare to accommodate the needs of seniors in future disasters. Resolution 25 from the 2005 White House Conference on Aging underscored this issue and the need for a coordinated national response. In conjunction with the American Medical Association, we developed the above recommendations for best practices in the management of elderly disaster victims. Now, it is our job to see that Congress enacts these recommendations or that agencies makes plans to implement them.

Senator KOHL. Very good statement. We appreciate it very much, and we will return to you in a minute.

Mr. Sutherland, we understand that the Department of Homeland Security includes seniors under the umbrella of individuals with disabilities when planning for emergencies. Surely you would agree that while some seniors are disabled, many older people—like Maurice from our first panel—are not. They might and most probably do live alone, or they need help with transportation or supplies, and they are not disabled.

So why would the DHS group all seniors into the same category as disabled? What steps is DHS taking to include those seniors who are not disabled, but obviously will be in great need in an emergency?

Mr. SUTHERLAND. Thank you, Senator.

The department looks at preparedness across the entire population. In our context, www.disabilitypreparedness.gov, there is a page that relates to seniors. It is the information that is contained there would not relate just to seniors with disabilities, but would contain information that relates to all seniors.

So we need to make sure that that information is available in other contexts because a senior without a disability wouldn't necessarily think to go to that particular place. So ready.gov has information like that—you know, that is specific to seniors—and is working on some additional work as well.

I will just show you an example of some of the materials that we have. This is something that was prepared by a coalition of private disability-focused organizations, and it is just a small thing. It is tips for first responders. They put it like this so that it can be easily carried around, and it is in laminated cards.

But the very first page in here is tips for seniors, how to deal with seniors. Not necessarily seniors with disabilities, but seniors in general. Then there are pages on people with service animals and people with mobility impairment. So it is more specific.

So I think it is, your point is excellent. We have to recognize that there are overlaps between seniors and disability, but there are differences as well, and we have to recognize that.

Senator KOHL. Mr. Sutherland, if a catastrophe like Katrina occurred next week or 2 weeks or 3 weeks from now, what would be different in terms of your response from a year ago?

Mr. SUTHERLAND. Well, Senator, I have been thinking about that myself, and we are really focused on June 1, the beginning of the hurricane season, to make sure that we have a number of deliverables in place. I think a lot of the issues that have been raised today, in all honesty, are complex and require long-term solutions.

I can tell you some things would definitely be different. For example, we have an incident management team that is set up that is across the Federal Government that will work on and respond to these issues.

We have the National Response Plan review that is a report that will be coming to Congress in the first part of June that we have gone through. As I said earlier in my testimony, about 10, maybe 11 large States and 10 or 11 large cities, and we have come up with an assessment tool. How do we assess the emergency oper-

ations plan for the State of X to decide whether it is really adequate or sufficient as it relates to people with disabilities or people from the aging community in a variety of subcategories there?

We believe the kind of guidance that is going to come out of that report will really influence the debate and influence how State and local emergency planners are writing their plans and are assessing how to change their plans so that they accurately react to emergencies.

We created a disability resource center that we think is going to really significantly help on the preparedness side of things in terms of both emergency responders and senior citizens.

I know, just anecdotally, there is quite a bit of thought, interest, and energy on these issues. For example, the National Hurricane Conference was just held, and they invited me to come down and give a keynote address at the National Hurricane Conference, which they have never done. They have never focused in the plenary session on emergency preparedness and the aging community and people with disabilities.

We have meetings on these issues all the time, experts like these folks who are now focused on these issues. So there is quite a bit of energy and interest, and I am optimistic that we would see some dramatic changes in the short run. But this is a long-term problem that we really have to stay focused on for many years.

Senator KOHL. Ms. Aiken, you particularize things that have been done in Miami-Dade County area, and I was very impressed to hear about all of the things in detail that you put in place that you fully expect to really mitigate the effect of any hurricane.

Are you asserting that while nothing is perfect, and certainly there is no way of avoiding tragedy when hurricanes like Katrina strike, that within those parameters, do you feel that you have or you apparently do feel that you have put in place several things that will make a big difference if and when a hurricane strikes?

Ms. AIKEN. Yes, Senator. Miami-Dade County, as Senator Nelson mentioned, we have been forced to kind of get good at this because we are subjected to many hurricanes.

Every hurricane that comes through, every disaster, every exercise or drill that we do, we learn from it. No matter how many times we do it, there are always things that we will continue to work on to improve.

So, yes, we are hoping that the systems we have in place are better than the systems last year, but we are not there yet, and we will continue to move forward.

Senator KOHL. When you look at Katrina, as I am sure you have, and you have thought about it in great detail, would you say that they were really totally unprepared to deal with the disaster?

Ms. AIKEN. I can only speak about Katrina from a Miami-Dade County standpoint. I wasn't in New Orleans. I wasn't in the Gulf States. So it is unfair of me to take a look at that and not actually being there. I know that when something major is impending upon your community, if you don't have systems in place beforehand, it is very difficult to get those up and running when it is kind of looming at your door.

Because even when you do have systems in place, it is a disaster. So, those plans that you have, that you look at and you have test-

ed, they don't always go forth as well as you would like them to do.

But it is very important that you do that preplanning and have some systems in place because when it is all going kind of haywire, you have to have some things that you can fall back on and know that your folks are trained and are prepared to deal with.

Senator KOHL. For the three of you, do you feel that these issues must be dealt with to a considerable extent at the local level. That preparedness, in particular, must be tailored to, and you follow positions that are national in terms of knowing what the major issues are. But that each community, each county, each State must take into consideration their situation and be certain that they have plans in place to deal with these disasters when they occur.

Ms. Bascetta.

Ms. BASCETTA. Yes, I certainly would agree with that and I think that emergency managers would agree that the first responders are the locals. Even under the best-laid plans, it would take a certain amount of time for the State and the Federal Government to be able to arrive and assist.

But as we pointed out in testimony earlier this year for Senator Collins, you know, probably the single most important thing is to have clearly defined and communicated leadership and lines of authority well in advance of an event, especially an event that is catastrophic.

Defining that point at which we have a catastrophe, where the States are overwhelmed, also needs much more attention because we don't want to be in a position again where we are waiting for the States to ask for assistance when, in fact, the Federal Government should be better positioned to lean forward with its assets.

Senator KOHL. Dr. Dyer.

Dr. DYER. Well, I agree that some things have to be done at the local level just depending on the number of people, and how many are rural, how dense the urban areas are. However, I think the Federal Government can set standards.

I mean, before Katrina, there was a standard that all nursing homes had to have—and this was a Medicare requirement—had to have an evacuation plan. But what did that mean? What were the specifics of that plan? It was vague.

So, I think it behooves the Federal Government to set the minimum standards that would provide safety for all residents and then the individual sites to tailor those requirements, but at least meet the minimum standards.

Senator KOHL. What is the most important single thing that the Federal Government must do in order to prepare our seniors for the next disaster? What would you suggest, Ms. Aiken?

Ms. AIKEN. I think it is very important that the Federal Government continue to support the State and local. Your earlier question saying do you believe that the locals—all disasters are local. I mean, when you talk to the locals, they begin they are all local. However, it needs to continue with a partnership with the States and with the Federal Government.

As I stated earlier in my testimony about the mitigation, mitigation does work. So if the Federal Government can continue to support programs such as those, the local mitigation strategies that

have been proven to make a difference, obviously, it is going to take funding dollars to do that. But if the dollars are well spent in advance, they are better spent dollars than they are spent post event.

Senator KOHL. Mm-hmm. Ms. Bascetta?

Ms. BASCETTA. With regard to the elderly living in their own communities, our ongoing work is identifying best practices in some communities, such as Florida, which is known as the gold standard. Getting the word out to other communities about those best practices is very important.

For those in hospitals and nursing homes, paying more attention to the role of the NDMS and ensuring that the NDMS is adequately resourced and able to meet the demands of evacuation is very important.

I might point out that in the national plan review that Mr. Sutherland referred to, by far, the evacuation annex was what both States and cities were still considering most problematic. I believe that the numbers were 11 percent of States and 9 percent of cities were confident that they would be able to handle an evacuation, and the rest were not comfortable yet.

Senator KOHL. Hmm, very interesting.

Dr. Dyer.

Dr. DYER. Well, I think that we need to focus on the most frail because people that have mental capacity, like Mr. Frisella, they can make their own decisions. But we have to help those who cannot fully take care of themselves. Either they are not able because of functional impairment to evacuate, or they don't have the cognitive ability to plan and take all the steps in sequence to get out. We have to focus attention on those ultra most vulnerable group.

Senator KOHL. Ms. Aiken, how successful is your county's special needs registry, and do you believe that we could or should attempt to replicate it in other places?

Ms. AIKEN. Yes, I do believe that it can be replicated in other places, and I believe that it should be. The special needs registry is a registry for the homebound seniors that may need that special assistance in daily living, electricity dependent, or skilled nursing care, the most frail and vulnerable of our population.

But if you don't know where they are and who they are, we are not going to be able to get to them. With our registry, we know exactly who these people are. We know exactly where they are, and we have very specific plans in place to be able to evacuate them well in advance of a general evacuation because it is time consuming to get them out of there.

They know where they are going in advance. Nobody really wants to leave their home, but it is incumbent upon them to actually get out of there because it becomes a life safety issue.

If they know in advance what type of transportation is going to show up, that the transportation is actually going to show up at their door, they are going to be called in advance. They know it is coming. They know the facility that they are going to. While it is not ideal, at least it gives them some assurance that they are just not going to be thrown on an inappropriate bus and stuck somewhere where they are not comfortable.

So, yes, I do believe that it can be and it should be replicated.

Senator KOHL. How many people are in that registry? Do you have an idea?

Ms. AIKEN. Right now, we have about 1,500 people in that registry, which we are continuing to add numbers to it all the time. It is incumbent upon the individual, though, to register.

FP&L, Florida Power and Light, sends out every year in its billing at the beginning of June information about the special needs program. So everybody that is receiving an electric bill is receiving information about that program, and it says to call your local office of emergency management to register.

Miami-Dade Office of Emergency Management has a full-time community preparedness person whose primary function is getting out there and educating the community, particularly our more vulnerable population, such as our seniors and those with special needs, about the initiatives that the county has in place and about the programs that are out there and available for them to take advantage of.

So we try to get the information out. But again, it is incumbent upon that individual sign up for that registry.

Senator KOHL. Any other comments any of you would like to make?

Mr. Sutherland, you would like to say something?

Mr. SUTHERLAND. Senator, you had asked about the Federal response, and I wanted to echo that I think this whole area is a shared responsibility.

We looked back at Katrina and tried to come up with lessons learned. As we did, we started to note, started on a legal pad on my desk, and we have turned it into a document that eventually we will publish publicly, but what needs to change here?

We came up with certain ideas that FEMA needs to make some changes. We came up with some ideas that our Preparedness Directorate needs to make some changes. We came up with some ideas that my own office, we need to do better at or some of our Federal partners.

But we also included or noted that there were things that needed to go better at the State and local level, things that needed to go better with Red Cross, and some things that the disability and aging communities need to address themselves. Things you need to do better. You need to take on this responsibility.

So there is a shared responsibility there. For our purposes, I think the three major areas that we are focusing on is preparedness, preparedness, preparedness. We are trying to get people prepared. That would be the first area.

Second, stimulating best practices. Identifying places where things are working and stimulating that and replicating that and letting people know about that.

The third is getting subject matter experts on these issues institutionalized into the emergency management structure. For example, the joint field office, which is set up to respond to emergencies, did not have a subject matter expert on disability and aging issues.

After Katrina, Secretary Chertoff recognized we needed somebody, and he sent a memo to me and Chief Paulison and said get someone there. We got someone there, and it has now been institu-

tionalized in the JFO structure. There are other ways that we need to do that as well.

So I appreciate the chance to just outline maybe where we are going over the next few months as well.

Thank you.

Senator KOHL. I thank you.

Well, I believe that this panel has been very useful in many ways. In particular, I am impressed by what local governments are doing, and we all recognize how important local governments are in preparing for disasters.

I have my concerns, as I think all Americans do, post Katrina about Federal Government's preparedness and ability to respond this year. You have pointed out, Mr. Sutherland, that this is a long-term project, and it is. But when disaster hits, it is a short-term catastrophe that must be dealt with. It doesn't do any good to have programs that will kick in some years down the road when a natural disaster hits.

I think we are all worried—I am sure you are—we all are—that we are even today woefully unprepared for another natural disaster. That is the purpose of this hearing as it affects our seniors.

I am looking forward to and very hopeful that we can have not only an ongoing relationship, but one that is tinged with a sense of urgency to get prepared. So that when we do have another natural disaster, we can be proud of the response at the Federal level as well as at the local level.

So let us all beware and take heed that we do not have another Katrina. It would be, indeed, a real tragedy if that occurred, and we want to do everything that we can to prevent it.

I want to thank you all for being here. I am most impressed with your comments, and I think you do have a sense of urgency about doing what needs to be done as quickly as possible because I think you recognize how bad it will be if we don't do it. So, your contributions are invaluable, much appreciated.

We thank you all for coming, and we stand adjourned.

[Whereupon, at 11:41 a.m., the committee was adjourned.]

APPENDIX

PREPARED STATEMENT OF SENATOR SUSAN COLLINS

Mr. Chairman, thank you for calling this hearing to examine ways to strengthen our emergency preparedness and response systems so that they are more sensitive to the special needs of seniors.

The question posed in the title of this morning's hearing is clearly rhetorical. Obviously, we not only can do better, but we must do better if we are to avoid the horrible human suffering left in the devastating wake of Hurricane Katrina. While Katrina would have been a terrible national incident given its strength, size and intensity, it became a far more devastating disaster because of the failure of preparedness and response at all levels of government. And tragically, the brunt of this failure was born disproportionately by our nation's most vulnerable citizens, including our seniors and the disabled.

Just a few days after Hurricane Katrina struck, the Majority Leader asked the Homeland Security and Governmental Affairs Committee, which I chair, to conduct an investigation into the government's preparation for an response to Hurricane Katrina and to make recommendations that would help ensure that America is better prepared the next time a disaster strikes—whether it be predicted, as it was in the case of Hurricane Katrina, or a terror attack for which we have no warning. The committee's Ranking Member, Joe Lieberman, and I agreed to take on this task in a thorough and bipartisan manner.

Over the past seven months, our committee held 22 hearings, where we heard from 85 witnesses, our staffs conducted more than 325 formal interviews, and reviewed over 838,000 pages of evidence. Our findings over these seven months of hard work resulted in an exhaustive report titled *"Hurricane Katrina: An Nation Still Unprepared."* The findings of our investigation are reflected in the very name of our report.

Throughout our investigation, we found clear evidence of failures of planning; failures in decision-making; a failure to create a coordinated national response system, and most of all, a failure of leadership at all levels of government.

One of the most troubling findings of our report was the failure to evacuate nursing homes in Louisiana. This undoubtedly led to the loss of dozens of lives of an already vulnerable population.

As a consequence, one of the key recommendations in our report calls on the Department of Homeland Security to ensure that State and local governments have evacuation plans that address the special challenges posed by hospitals, nursing homes, and individuals with special needs, like the elderly. The report also recommends that the State agencies responsible for licensing hospitals and nursing homes ensure that those facilities have evacuation plans and audit them annually, including an evaluation of the availability of transportation resources.

Mr. Chairman, this morning's hearing will help to highlight the special challenges that the elderly face during a national disaster. It will help us in our effort to build and maintain a true national emergency planning and response system that is sensitive to the needs of our most vulnerable citizens.

PREPARED STATEMENT OF SENATOR MEL MARTINEZ

I would like to thank Ranking member Kohl for having this hearing. It is important to focus on the unique needs of the elderly in times of natural disasters. I feel strongly that my state of Florida and Governor Bush illustrate the way local and state governments most effectively prepare for crises and the proper role of the federal government. As senator from a state that has experienced seven hurricanes and two tropical storms in the last 2 years, I urge you to consider the successes and challenges Florida faces when a natural disaster occurs.

Florida's Department of Elder Affairs (DOEA) and its CARES (Comprehensive Assessment and Review for Long-Term Care Services) staff respond following hurricanes and natural disasters to assist Florida's elders throughout the state. CARES staff are trained and certified in completing assessments, evaluating medical needs and providing placement recommendations for clients.

CARES staff respond following natural disasters providing discharge planning services in Special Needs Shelters (SpNS) to ensure the safe placement of residents. CARES staff also aid Assisted Living Facilities, Nursing Homes and Emergency Operations Centers (EOC) with placement of elderly residents.

CARES staff contact existing clients to ensure their safety and assist local service providers in the delivery of food and water. During the 2004 hurricane season, approximately 92 CARES staff completed 5,354 hours of service responding to Hurricane Charley, Frances, Ivan and Jeanne. In 2005 hurricane season, approximately 48 CARES staff completed 1,321 hours of services responding to Hurricane Katrina and Wilma.

I am especially looking forward to the testimony today from Ms. Amy Aiken, the Assistant Director of the Miami-Dade Office of Emergency Management, and having her elaborate on some of the things that the state is doing in regards to emergency preparedness and have been doing ever since Hurricane Andrew hit back in 1992.

Again, I thank the committee for its time and attention to this matter and look forward to the testimonies before us. Thank you.

PREPARED STATEMENT OF SENATOR KEN SALAZAR

I would like to thank Chairman Smith and Ranking Member Kohl for holding this important hearing. Hurricane Katrina illustrated to us all that current planning, infrastructure, and leadership in the event of a national emergency is far from where it needs to be to adequately protect our citizens.

We must move forward to improve our ability to effectively prepare for future disasters, we must learn from the mistakes of the past, and we must pro-actively seek real solutions to those mistakes to ensure they are not repeated. This hearing is an important opportunity to identify the specific needs faced by seniors during a natural or manmade disaster, consider recommendations, and assess the progress that has been made thus far in learning from past mistakes to ensure that our seniors are properly taken care of in the event of future emergencies.

As we know, the special needs of senior citizens pose distinct challenges for any national emergency preparedness and response plan.

In emergency situations, seniors face a terrible risk of being injured, trapped in their residence or perishing as a result of disasters. Among those who did not survive Hurricane Katrina, 75% were 75 years and older, and 65% of those who died at the Astrodome in Houston were 65 years and older.

Transportation is one of the difficult issues that must be addressed. In the event of an evacuation, transporting senior citizens in a manner that is timely and safe can make the difference between life and death. We know from Hurricane Katrina that nursing home operators were faced with making a difficult determination of whether to evacuate, and if so, how and when. What tools could be provided so that operators in similar situations in the future are better equipped to act in the best interest of the seniors in their care?

Almost every year, my home state of Colorado experiences forest fires that create risks for our Seniors living in affected communities.

With limited resources, it is often difficult to assist and rescue our elders living in remotes ranches or homes in the Rockies. However, with planning and preparation, we can ensure that the manpower, vehicles, plans, and other necessary resources are readily available to these Seniors.

Seniors also have diverse medical needs that must continue to be met during a disaster. As Ms. Cefalu's testimony will indicate, in the wake of natural disaster in the Gulf, nurses and doctors were called upon to treat and diagnose seniors without a knowledge of the patient's medical background, current diagnoses, or what medication or treatments the patient requires.

As the gerontologists on this panel will confirm, a one-size fits-all structure for medical treatment does not meet the specific medical needs of senior.

Emergency response plans must include first responders and medical professionals who are trained in geriatric medicine. Dr. Bitondo's testimony of treating elderly Katrina evacuees at the AstroDome in Houston is an example of how people with medical needs can be organized to ensure that seniors, who often require geriatric specific treatments, receive appropriate care from someone trained in geriatric medicine.

America has a duty to protect and care for ALL of its citizens in the event of a national disaster: rich and poor, healthy and sick, young and old. Over the next 25 years, the number of Americans over the age of 65 is expected to double.

As the United States continues to age, it is our responsibility to ensure that federal and local response and preparedness plans are tailored to meet the specific needs of our seniors.

I look forward to hearing from today's panel and to working with my colleagues to ensure our country is prepared to meet that responsibility.

Dear Senator Kohl,

I very much enjoyed the opportunity to meet you at the breakfast in your office on May 17th. We had our picture taken together, I wondered how it turned out.

Thank you for alerting me to the Committee Meeting on: Caring for Seniors in a National Emergency: Can We Do Better? It was one of the most worthile meetings I have ever attended. Thanks to your aide, Cecil Swamidoss, for suggesting I attend the hearing. It made my visit to Washington one of my most worthwhile trips ever.

Please tell Cecil I much appreciated his kind invitation to attend the hearing. I would like to have the following comments added to the testimony for your May 18th meeting:

I have had five years of experience as Disaster Chairman for the American Red Cross in Neenah, Wisconsin. I am currently President of the Residents Council at Evergreen Retirement Community in Oshkosh, Wisconsin. My major problem today is: "How can we improve Disaster Preparedness for Seniors at the Evergreen Retirement Community in Oshkosh?

I would like to submit the following comments:

1. We have an immediate need to improve our protection of elderly from the high winds and rain of destructive tornadoes in northeawstern Wisconsin.
2. Small prefabricated low cost tornado shelters ("Safe Sheds") are needed now to protact our elderly residents and other vulnerable adults.
3. The prefabricated 6'x 6' shelters would cost about $3000 each at current prices. Each shelter would provide complete protection for 3 or 4 adults during the worst destructive moments of the quick-moving tornadoes we are currently beginning to experience.
4. We are in need of emergency funding to provide funds to purchase about six of these small prefabricated tornado shelters. Could contingency funds (about $20,000) be provided through FEMA to fund this low cost, complete protection?
5. Other ideas that came from this Committee Hearing:
    a. We need to develop emergency power capability provide for those sections of a community that that has no way to produce emergency power due to storm damage.
    b. We need to develop a simple, inexpensive, integrated and efficient system for tracking elders and other vulnerable adults that can be used at state and local levels.
    c. We need to provide special training for frontline workers and other first responder about the unique needs of frail adults.
    d. The personnel charged with overseeing elderly and vulnerable adults shoud maintain a clear line of cell-phone communication with disaster central command.
    e. There is a need to train persons with disabilities in how to be better prepared to deal with emergencies.

I hope you can add the above comments to the May 18th record.

William Dunwiddie

(Statement for the Record)

STATEMENT FOR THE

SENATE SPECIAL COMMITTEE ON AGING

ON

CARING FOR SENIORS IN A NATIONAL EMERGENCY: CAN WE DO BETTER?

May 18, 2006

WASHINGTON, D. C.

For further information, contact:
Kirsten Sloan/Rhonda Richards
Federal Affairs Department
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AARP is pleased that this Committee is holding a hearing specifically on meeting the needs of older adults in national emergencies or disasters. Last year, we all witnessed the devastation wrought on our fellow Americans by Hurricanes Katrina and Rita. An estimated 1,330 people, many of whom were elderly, were killed as a result of Hurricane Katrina.

One of the many steps that AARP took in response to this disaster was convening a diverse group of government officials at federal, state, and local levels; emergency preparedness and response experts; relief organizations; and aging and disability advocates to identify lessons learned and share promising practices. The goal of the conference, held on December 1, 2005, was to bring the right stakeholders together to explore workable strategies for the future to better protect older persons in both the community and long-term care facilities.

Accompanying this statement is the executive summary and report from the conference, **We Can Do Better: Lessons Learned for Protecting Older Persons in Disasters**. AARP would like to submit the executive summary and report into the record for today's hearing. One key finding in the report is that roughly 13 million persons age 50 and older say they will need help to evacuate in a natural disaster, and about half of these individuals will require help from someone outside of their household.

The Executive Summary and report condenses the key lessons learned from the conference, as well as provides insights on the special vulnerabilities of older persons during disasters and concrete examples of promising practices from other sources. The report focuses on three broad areas: planning and communications; identifying who needs help and what kind of help, including registries, tracking, and medications; and evacuating older persons, including transportation and sheltering. One overarching lesson is that there is a pressing need to integrate the needs of vulnerable older persons into existing emergency planning efforts at the federal, state, and local levels. This report offers valuable insights that could be applicable to many kinds of disasters, whether they are natural or manmade. It is important to note that this report focuses on preparedness and response and not longer-term recovery efforts.

AARP hopes this report will serve as a resource to the members of this Committee and other policymakers as you examine how to improve our country's emergency preparedness and response system, so that it can better serve older adults and all Americans during disasters.

WE CAN DO

BETTER

LESSONS LEARNED *for* PROTECTING OLDER PERSONS IN DISASTERS

REPORT *and* CONFERENCE SUMMARY

AARP®
The power to make it better.™

The AARP Public Policy Institute, formed in 1985, is part of the Policy and Strategy Group at AARP. One of the missions of the Institute is to foster research and analysis on public policy issues of importance to mid-life and older Americans. This publication represents part of that effort.

The views expressed herein are for information, debate, and discussion, and do not necessarily represent official policies of AARP.

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WE CAN DO BETTER

Hurricanes in the Gulf Coast region; tornadoes in Missouri; floods in Tennessee; blizzards in Maine; wildfires in Texas, California, and Arizona—natural disasters affect many parts of the country each year. In addition, concerns about potential terrorist attacks continue. In each emergency, and in every phase of each emergency, vulnerable older adults face challenges that are different from those of their younger counterparts.

It has often been said that disasters reveal underlying weaknesses in how a country operates. The searing images of older persons affected by hurricanes Katrina and Rita in the Gulf Coast region in September 2005 sparked the writing of this report and the conference upon which it is based. Along with the millions of other Americans watching the news during that month and even as we go to press, we at AARP are convinced that our nation surely can do better in protecting older persons in disasters.

On December 1, 2005, AARP convened a diverse group of more than 100 government officials at federal, state, and local levels; emergency preparedness and response experts; relief organizations; and aging and disability advocates to identify lessons learned and share promising practices. The goal of the conference was to bring the right stakeholders together to explore workable strategies for the future to better protect older persons in both the community and nursing homes.

This summary presents highlights from the AARP conference, an extensive literature review, and data from a short survey of persons ages 50 and older conducted by Harris Interactive on behalf of AARP in November 2005. It addresses three major topics as they relate to older persons: (1) planning and communications; (2) identifying who will need help and what kind of help, including registries, tracking, and medications; and (3) evacuating older persons, including transportation and "special needs" shelters.

These topics span two phases of disaster events—preparedness and response. The recovery phase of disasters, while critically important and currently under public scrutiny in the aftermath of Hurricanes Katrina and Rita in the Gulf Coast, is beyond the scope of this report.

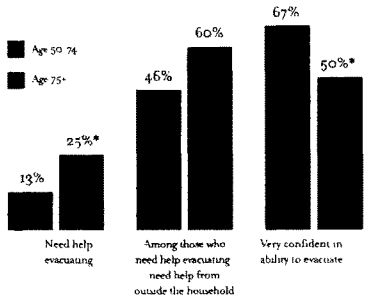
For practical tools and examples of promising practices that should be helpful to policy makers at federal, state, and local levels; nongovernmental organizations; and older persons, family caregivers, and persons with disabilities, please see the full report at www.aarp.org/better.

A WAKE-UP CALL

An estimated 1,330 people, many of whom were elderly, were killed as a result of Hurricane Katrina. The vast majority of fatalities were in the New Orleans metropolitan area, with substantial numbers in Mississippi as well. In Louisiana, roughly 71 percent of the victims were older than 60, and 47 percent of those were over 77. Most of these victims died in their homes and communities; at least 68—some of whom were allegedly abandoned by their caretakers—were found in nursing homes. As of February 17, 2006, 2,096 people from the

Gulf Coast were still reported missing. For the older persons who survived, the emergency response problems often resulted in inappropriate displacement, deterioration in health and functioning, or other harms, even though these are harder to quantify.

HELP NEEDED EVACUATING IN EVENT OF NATURAL DISASTER, BY AGE, 2005



Source: Harris Interactive® on behalf of AARP, nationwide telephone survey of 1,648 U.S. adults age 50 or older, November 10-20, 2005

*Difference from 50-74 is statistically significant at 5%

To frame the day's discussion in December, AARP CEO William D. Novelli said, "These catastrophic events have taught us we have to pay greater attention to evacuating, identifying and ensuring the safe return of thousands of frail older adults living on their own or in care facilities." Mr. Novelli emphasized that the goal should not be to assign blame, but rather to develop workable plans that will prevent the most vulnerable members of a community from the being the most likely to suffer.

"The recent tragedies are reminders that disasters imperil us all, but there are especially serious threats to older Americans and people with disabilities," Mr. Novelli said. "Let's act with resolve now to minimize the needless loss of life when the next disaster strikes."

AARP Director of Policy and Strategy John Rother emphasized that a key purpose of the conference, which signals AARP's concern about finding ways to better protect older persons in disasters, was to bring the right stakeholders together.

AARP worked with Harris Interactive to survey people age 50 and older about their self-perceived ability to evacuate their homes in a natural disaster, reported Mr. Rother.

A key finding is that about **13 million persons age 50 or older in the U.S. say they will need help to evacuate, and about half of these individuals will require help from someone outside of their household**. This proportion increases with advancing age.

Women, minorities, people living alone, and persons with lower incomes or less education are more likely to need help evacuating and are less confident in their ability to evacuate.

KEYNOTE: PRINCIPLES OF PREPAREDNESS

Tom Nelson, AARP's COO, introduced the keynote speaker, Georges Benjamin, M.D., executive director of the American Public Health Association, who suggested several areas of focus to improve emergency preparedness. For example, Dr. Benjamin urged individuals to be prepared to "shelter in place" for at least 72 hours, and to become engaged in developing plans for themselves, their families, their workplace, and their community. He also encouraged community organizations to plan how to care for their most vulnerable clients. "It is essential to develop working relationships with stakeholders before a disaster strikes," Dr. Benjamin emphasized.

> "We have to practice our plans and then share and evaluate what we do."
>
> GEORGES BENJAMIN

Dr. Benjamin stressed that it's best to build on existing systems that will be familiar during a crisis. Two areas requiring special attention are communications and logistical support. "You need to have a Plan B, and a Plan C, and Plan D, but you should practice Plan A," Dr. Benjamin said. "Plan A needs to be understood and predictable."

To improve responders' ability to treat patients, Dr. Benjamin called for the creation of a national electronic health record system. In the meantime, he suggested people make a list of their medications, allergies, and conditions and keep it with them at all times.

Perhaps one of the most important principles is to turn lessons learned into lessons applied. "We have to practice our plans and then share and evaluate what we do," Dr. Benjamin said. "Too often, we spend millions of dollars on drills, and then put the information on the shelf."

PLANNING FOR A PANDEMIC

The push to improve disaster planning has gained even more momentum in the face of a potential flu pandemic. The concerns are well founded, considering 36,000 Americans die every year from the regular flu—and many others die of pneumonia—even though effective vaccines exist.

H5N1, the bird virus causing concern today, is lethal to both humans and birds, but, thus far, it hasn't been easy for people to catch, Dr. Benjamin explained. "But we are concerned that this virus—or one like it—could mutate and become a worldwide infection that could be easily spread."

"We're in the early days of planning for pandemic flu," Dr. Benjamin said. "Many states have plans, but it's very important for communities to become engaged in the process and talk to their local and state health officials."

Dr. Benjamin outlined three possible scenarios should the pandemic flu strike: (1), where there is an adequate supply of an effective vaccine and antiviral agents that can be efficiently distributed; (2), where there is a limited supply requiring a public discourse on priorities; and (3), where no remedies exist, and the nation must cope with many of its systems interrupted for an extended period.

One key challenge will be how to address the millions of Americans who don't have health insurance, particularly since many of them are caregivers. "We need to look at the distribution system now, prioritize groups that serve vulnerable populations, and make sure the people who take care of us don't end up spreading disease," Dr. Benjamin said. "The middle of a disaster is not the time to try to decide on priorities."

PLANNING AND COMMUNICATIONS

To identify ways to improve planning and communications during emergencies, AARP's John Rother moderated a panel including William Lokey, chief of FEMA's Operations Branch Response Division and the federal coordinating officer in Louisiana during Hurricane Katrina; Hilary Styron, director of the National Organization on Disability's (N.O.D.) Emergency Preparedness Initiative; Judy Johnson, campus administrator of Covenant Village, Plantation Village; and Michael Weston, disaster consultant, and the former and founding director of Disaster Planning and Operations for Florida's Department of Elder Affairs.

> "Emergency preparedness requires engagement at several levels."
>
> WILLIAM LOKEY

Emergency preparedness requires engagement at several levels, explained William Lokey. He outlined five layers of responsibility: the individual, the caregiver, local authorities, state agencies, and the federal government.

A policy debate is currently underway about whether the federal government's response capabilities should be expanded—and, if so—how such an expansion would be funded, Mr. Lokey said. "Hurricane Katrina went far beyond anything this nation has dealt with in the past, and the response wasn't as fast or robust as general expectation thought it should be."

Looking forward, Mr. Lokey offered four key themes for better preparedness:

- Educate the public to take care of themselves.
- Train first responders in the skills they need to respond to disasters that can be anticipated.
- Create a plan that outlines promises for what type of response the public can expect when disasters strike.
- Get acquainted ahead of time with the people who will need to work together when a disaster strikes.

Mr. Lokey closed by emphasizing, "Planning is great, but you have to carry out the plan." He called on the public to promote accountability by calling hospitals, nursing homes, and community leaders to ask what they have done to become prepared.

"Many individuals with disabilities want to prepare for disasters, but they're not finding information that is effective and appropriate to their needs," said Hilary Styron. She offered telling statistics from a 2004 survey the N.O.D. conducted of state and local emergency managers. For example, only 42 percent said "yes" when asked if they provide information to elderly or vulnerable populations on self-preparedness.

> "Many individuals with disabilities want to prepare for disasters, but they're not finding information that is effective and appropriate to their needs"
>
> HILARY STYRON

Ms. Styron also shared observations from N.O.D.'s report on its Special Needs Assessment for Katrina Evacuees (SNAKE) project, which deployed field teams to capture a snapshot of service delivery to those with disabilities, seniors, and medically managed persons affected by the hurricane.

- A total of 85.7 percent of community-based groups surveyed that provide services to older people and those with disabilities did not know how to link with their emergency management system. Many thought they could get in touch with FEMA or their local emergency management office by calling 911.
- In many of the shelters, there were problems assessing whether a person had special needs, and no durable medical equipment stockpiles were on hand.

"We need to change the way we plan from focusing on specific events to looking at broader processes and systems," said Judy Johnson, who shared lessons learned as administrator of a continuing care community during the hurricanes in Florida. She stressed the importance of thinking beyond the individual facil-

ity level, to the community, the region, or even the state.

In planning for disasters, Ms. Johnson recommended assuming a worst-case scenario where all systems are interrupted, including water, fuel, power, and communications. "You need to think about the impact, not only on residents, but on staff as well," she said. "How do they get to work, and how are they coping from a physical, economic, emotional, and structural standpoint?"

Michael Weston recounted an experience in Maryland following Hurricane Isabel, where, although only 12 percent of the population was over age 60, seniors represented about 40 percent of those who registered as in need through FEMA. To give staff more insight into how to serve this population, he conducted "Aging 101" training, which included making staff members try to complete the registration process with modifications that affected their vision, hearing, and motor skills.

Among the recommendations made at the conference and in the literature related to planning and communications:

Special Risks Faced by Older Persons

Government emergency planning documents or processes at any level—federal, state, or local—rarely mention the needs of vulnerable older persons. Yet older persons face special health and other risks with advancing age. For example, older persons are likely to be disproportionately vulnerable during disasters because they are more likely to:

- have chronic illnesses; functional limitations; and sensory, physical, and cognitive disabilities than are those of younger ages.
- take multiple medications, rely on formal or informal caregivers for assistance, and, especially at advanced ages, experience general "frailty."
- live alone, often in isolated rural areas.

- Establish *clear lines of authority* among federal, local, and state governments as well as with private sector entities, including nursing homes, with regard to emergency management, especially evacuations of older persons.
- Engage in *integrated/coordinated planning* that begins at the neighborhood/facility and community levels but reaches to the state, regional, or even national level. Develop strong relationships and partnerships before disaster strikes.
- Provide *public information on emergency preparedness to older persons and persons with disabilities* that is appropriate to their needs and in accessible formats. As part of these focused education efforts, include information about the need to evacuate if an order to evacuate is given and what can happen if one does not do so.

- Educate older persons and others to have *emergency supplies ready to "shelter in place" for three to six days* without power or being able to go out for food, water, or medicines, and to make a personal plan to meet their special needs, such as temporary back-up power for home dialysis.
- Train emergency management personnel in the needs of older persons and train aging network personnel in emergency management procedures; practice plans regularly and include older persons and persons with disabilities in *emergency drills and training exercises*.
- Create a *team* that mirrors the management structure of the federal National Response Plan to support the needs of older persons and persons with disabilities. One component of this team would be a permanent, designated liaison who would report directly to the Principal Federal Officer (PFO).
- Provide *more funding* to the U.S. Administration on Aging (AoA) to develop and implement its emergency management responsibilities on behalf of older persons.
- Use a combination of methods for *public emergency notifications in alternative formats*, such as both audible and visual cues to reach populations with sensory and cognitive disabilities, and develop close working relationships with the media to publicize the availability of hotlines in alternative formats.

IDENTIFYING WHO NEEDS HELP AND WHAT KIND OF HELP

The second panel, moderated by Julie Cohn, AARP regional director, featured discussion of the difficult challenges involved in locating persons who urgently need help, many of whom are older and have disabilities, and determining what types of health and rehabilitative services and other supports they need in the aftermath of disasters. The panel included Janegale Boyd, president and CEO of the Florida Association of Homes for the Aging; Scott Gardner, of the Alzheimer's Association; Chris Cahill of the Veterans Administration in New Orleans; and Aye Khaine, of the Services to the Alone and Frail Elderly (SAFE) Program of Catholic Charities of the Archdiocese of Galveston-Houston.

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>
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"When you're in a desperate situation, with no electricity and resources, you become the mother of invention," said Janegale Boyd, sharing several successes and lessons learned over the last 15 months in Florida, which experienced eight hurricanes during that period.

Ms. Boyd urged all case managers who

work with older adults to develop a disaster plan for each of their clients. If seniors don't have somewhere to go during a disaster, they need to be placed on the special needs shelter registry, which is maintained by the Florida Department of Health.

From a policy standpoint, Ms. Boyd called for a notification hotline that would allow health care and elder care facilities to begin evacuations before the general public. "There needs to be a prioritization for health care facilities to be notified, so they can begin evacuating before everyone else is on the road."

One of the most pressing problems resulting from the hurricanes was lack of medications, which led to many seniors ending up in emergency rooms. "We need our national payers to work on a plan that will allow for dispensing of at least a two week supply and emergency refills," she said, adding that dialysis is a serious concern as well.

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Scott Gardner underscored that "First responders must have at least a basic understanding of Alzheimer's disease, because they're going to encounter persons who have it." He cited statistics that 10 percent of people over age 65 currently have Alzheimer's disease or a related disorder, which equates to about 4.5 million Americans.

"Alzheimer's disease affects much more than memory," Mr. Gardner said. "It affects a person's language and his or her ability to speak coherently. Folks are often disoriented, not only to place and time, but even as to whom they are."

Chris Cahill offered an overview of the VA's structure, which is organized into 23 Veterans Integrated Service Networks (VISNs) that provide regional coordination. All of the components within a VISN share resources, computer systems, and disaster plans. There are even VISN-wide drills.

With respect to patient identification and tracking, the VA has a consolidated records system, Mr. Cahill explained. The system uses bar codes, so providers can instantly access a patient's medical history, medication records, and any special needs information.

Developing such a system doesn't have to be a drain on resources—even for small, independent providers, Mr. Cahill stressed. For example, two nursing homes that provide mutual aid during an evacuation also might join together in

"Developing such a system doesn't have to be a drain on resources—even for small, independent providers."

CHRIS CAHILL

purchasing new technology to ensure that their systems are compatible.

When evacuees from New Orleans began arriving at the Houston Astrodome, it quickly became evident that there were many frail seniors who did not have anyone to advocate for them, explained Aye Khaine.

Khaine, along with other members of the Care for Elder Partnership, quickly joined together to develop the SWiFT (Seniors Without Family) screening tool. The tool allowed health professionals, such as licensed social workers and nurses, and volunteers to assess needs by asking about evacuees' medical conditions, medications, activities of daily living capabilities, cognitive abilities, and major needs. Based on that assessment, seniors needing assistance could be separated into three priority levels and referred to appropriate sources of help.

Among the recommendations made at the conference and in the literature related to identifying who needs help and what type of help:

- Make *identifying, registering, and tracking* older persons who cannot evacuate on their own a high priority in local communities.
- Have aging services staff work with clients to develop *individualized emergency plans*, and coordinate this work with local emergency management personnel and those responsible for special needs registries.
- Encourage voluntary use of *"special needs" registries*.
- Pay special attention to the needs of *persons with dementia* and take advantage of special programs, such as the Alzheimer's Association Safe Return Program.
- Use *special tools* being developed to quickly assess needs of frail older adults who have been evacuated to settings in the community.
- When preparing for disasters in nursing homes, ensure that residents and their *medical information, including medications*, can be identified during and after evacuation.
- Move toward *a national electronic health record that protects individual privacy*, learning from experiences of the U.S. Department of Veterans Affairs, which has a consolidated records system that uses bar codes and captures medical history, medications, and the like.
- Invest in *better technology* to track individuals during emergencies, such as using "smartcard" chips, while protecting individuals' privacy and confidentiality.

EVACUATING OLDER PERSONS: HOW AND TO WHERE?

Bentley Lipscomb, AARP's Florida state director, moderated the final panel, which focused on the lack of specific evacuation plans for older persons in the community and in nursing homes. Among the key practical issues are how to transport older persons and persons with disabilities safely and provide accessible shelters that are appropriately equipped and staffed to meet essential needs. The panelists were Natalie Jones Best, emergency transportation coordinator for Washington DC's Transportation Department; Captain Henry Lopez of the DHSS Health Services Resources Administration; Keith Robertory of the American Red Cross; and Linda Sadden, Louisiana state long-term care ombudsman.

"Our main focus is to make sure we fully use the transportation network to ensure vehicles are able to move from an incident area, and that our first responders have the road capacity to move resources into the city."

NATALIE JONES BEST

"The events of 9/11 served as a catalyst for our department, in terms of reviewing emergency plans and developing new ones," said Natalie Jones Best. "Our main focus is to make sure we fully use the transportation network to ensure vehicles are able to move from an incident area, and that our first responders have the road capacity to move resources into the city."

One challenge for the District of Columbia is that the cause of a mass evacuation would mostly likely be a terrorist attack with little or no warning. This reality makes it particularly important to consider the needs of special populations, such as seniors, students, or people with disabilities, who are less likely to have their own transportation, Ms. Best said.

Capt. Henry Lopez, team leader for the San Antonio metropolitan area in the aftermath of the hurricanes, saw firsthand the challenges of serving thousands of unexpected evacuees. His mission was to ensure that evacuees were placed in suitable housing and received appropriate health care. One of the key challenges was trying to reconstruct patients' medical histories, particularly for those who did not speak English.

The mission expanded dramatically when Hurricane Rita threatened Texas. Over 16,000 people were evacuated into San Antonio overnight and began showing up at the shelters, Capt. Lopez explained. He recounted a 3 a.m. phone call, when he learned that six buses with 320 "special needs" residents

had arrived unexpectedly to a public shelter in a high school gym. Working with local agencies, his team scrambled to provide assistance and gather the necessary resources and medical supplies. Based on his experiences, Capt. Lopez observed, leaders must be prepared to improvise in a disaster, as well as having well-thought-out plans.

Keith Robertory stressed that the Red Cross cannot operate a facility during a disaster that would require licensure during non-disaster times. He said it is the responsibility of the local public health agency to ensure care and sheltering of populations with special medical needs.

While the definition of "special needs" varies by state, Mr. Robertory generally viewed the term as describing people needing assistance with activities of daily living, continuous health support, life support, significant nursing care, custodial care, or post-operative skilled care. "Special needs are not special diets; artificial limbs; visual, speech, or hearing impairments; or individuals who use wheelchairs and can transfer themselves," he noted.

Red Cross shelters can serve as alternative locations for a medical or special care facility if certain criteria are met, Mr. Robertory added. There must be a space separate from the general shelter population, and the staff of the evacuated facility must be present to provide care.

Mr. Robertory's comments sparked a strong reaction from Ms. Styron of the National Organization on Disability. She argued that, in the reality of a disaster, the Red Cross will become a shelter of default for people with special needs, and it must be better prepared to assist them. Mr. Robertory responded that the Red Cross is open to ideas and is willing to work with groups representing aging and disability populations.

In the aftermath of the hurricanes, many older adults are struggling with depression without needed support, said Linda Sadden."We really haven't addressed the mental health aspect yet."

Ms. Sadden voiced concerns about the trauma many seniors experienced when being transferred from facilities. In Houston, for example, one nursing home housing evacuees had already reported 20 deaths. "I'm not sure we know the answer yet as to whether we should have mandatory evacuations for individuals."

Among the recommendations made at the conference and in the literature on evacuating older persons in both community settings and nursing homes:

- Plan at the community level to provide *accessible transportation* for persons with mobility limitations or low vision or for others unable to transport themselves.

- Include plans for transporting *emergency supplies* and appropriate labeling of medications when evacuating nursing home residents.
- Coordinate plans with *transportation vendors for nursing homes residents* with other facilities and community groups to avoid having too many providers relying upon too few vendors.
- Plan for *transportation for long-term care facility staff* as well as truck rentals to get water, food, and medical supplies to facilities.
- Require long-term care facilities, under federal and state licensing standards, to have *well-developed, feasible, and practiced emergency plans for residents* that are on file with the state; these plans should include evacuating residents, transporting medical records and properly labeled medications and supplies, and providing for care outside the facility.
- Adopt *"special needs" shelter legislation* at the state level that provides for appropriate registration, transportation, staffing, and discharge policies. In addition, special needs shelter policies should provide for coordination with community-based aging and disability organizations.
- Address barriers to the *accessibility of public shelters* by persons with disabilities, and the credentialing of health personnel so they can gain access to shelters and other evacuation sites.

CONCLUSIONS

One overarching lesson drawn from the conference, Harris Interactive survey results, and literature review is:

Integrating the needs of vulnerable older persons into existing emergency planning efforts at federal, state, and local levels is a pressing need. These plans encompass all phases of preparedness and response, including plans for evacuation and recovery. Simply adding the words, "older adults," in planning documents to a list of other vulnerable populations whose needs should be addressed is a necessary first step, but it is far from sufficient.

In addition, over the course of the conference, five key challenges emerged. These issues pertain not only to older persons but to vulnerable populations of all ages. The challenges are to:

- Clarify the roles of the many different entities with responsibility in emergency management, including federal, state, and local governments. Important deliberations are needed about "who should do what and when." Such discussions must also take into account the growing role of nonprofit organizations and corporate partners.
- Provide public education around emergency preparedness. More must be done to reach older persons; persons with disabilities; non-English speakers; and those living in rural settings or institutions or alone in the community.

- Improve coordination and communication. Part of the solution is to build relationships before a disaster strikes and to develop better mechanisms to promote integrated planning.
- Improve identification and tracking—of both people and health information—which will require policy changes and a shift in public attitudes. Such changes will need to include appropriate data security safeguards.
- Appropriately define and address the "special needs" of vulnerable populations. While there is much debate around roles and responsibilities, everyone agrees that planning for vulnerable populations can no longer be an afterthought.

"Probably the greatest challenge moving forward will be to keep emergency preparedness for older persons and persons with disabilities high on the public agenda," observed Dalmer Hoskins, AARP's managing director of policy, in concluding remarks at the conference. "It is a much bigger job than any single organization can undertake, and it touches every sector of our society. The question is how to work together."

BILL NOVELLI

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