

**EMERGENCY PREPAREDNESS, AGING AND SPECIAL
NEEDS: PREPARED VS. SCARED!**

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BEFORE THE
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UNITED STATES SENATE
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EMERGENCY PREPAREDNESS, AGING, AND SPECIAL NEEDS: PREPARED VS SCARED!

WEDNESDAY, JUNE 24, 2009

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

The Committee met, pursuant to notice, at 11:20 a.m. in room SD-562, Dirksen Senate Office Building, Hon. Mel Martinez presiding.

Present: Senators Martinez [presiding] and Kohl.

OPENING STATEMENT OF SENATOR MEL MARTINEZ, RANKING MEMBER

Senator MARTINEZ. Good morning. We'll call the hearing to order and thank the Chairman for allowing us to hold this hearing today.

We are pleased to have an excellent group of witnesses with us. So, I want to thank all of you for joining us as we discuss how emergency preparedness relates to seniors, and those seniors living with special needs, particularly. We're looking forward to hearing perspectives of some of our Federal, State, and local partners about the unique needs of elderly Americans to better prepare for when a disaster strikes.

As we begin the 2009 hurricane season, I am reminded how older Americans are often the hardest hit when Mother Nature is at its worst. A prime example of this occurred during Hurricane Katrina, where nearly half of all storm-related deaths involved residents 75 years and older, and the average age for fatalities was 69. In hurricanes and other disasters, no Americans should be in endangered by virtue of their age, living situation, or physical situation. As we have learned, threats vary from State to State, from regional to region. Whether it's a flood, blizzard, earthquake, fire, or even a pandemic emergency, responders at every level ought to be prepared to assist our most vulnerable citizens.

We know from past experiences with natural or manmade disasters that all Americans, especially those with special needs, suffer when there is a lack of preparation, information, and coordination. That's why we as public servants, have a responsibility to help inform the general public about the value of being personally prepared.

For seniors and seniors living with special needs, this includes having something as simple as a communications plan, an emergency kit, an extra pair of reading glasses, or even a hearing aid. Such a preparation may mean the difference between life or death.

Emergency responders in my home State of Florida have taken significant steps to address these unique needs of seniors. It is not an overstatement to say that our model can serve as a model for our nation. One innovation sets up the incident command center model in nursing homes. Those go a long way in ensuring nursing home employees are trained in emergency preparedness procedures and can coordinate a response in the event of an emergency. It will also help to avoid mistakes like those made during Hurricane Katrina, where many long-term care providers were simply untrained and unprepared.

Another concern has been what to do for seniors in the event of a national pandemic. We have all read about the H1N1 swine flu outbreak. Although the elderly were not at great risk, we must be prepared for the upcoming flu season, where seniors are among the most vulnerable, along with the possibility of a return of a mutated H1N1 flu strain.

In many instances during pandemics, caregivers may be more vulnerable to the flu than patients, so we must ask ourselves—how do we ensure that there are enough doctors, nurses, aides, and other medical personnel in the event that these caregivers are infected?

Most seniors do not receive formal care in their homes, communities, or in the 24-hour facilities. For these elderly, and for those living at home and in need of a long-term care, the State Units on Aging and Area Agencies on Aging are invaluable.

Area Agencies and State units actively seek to reach all seniors to help them plan and prepare for a natural disaster. They are the key connector to the array of government and private entities offering senior services and recovery before, during, and after a disaster. In Florida, Area Agencies are on the forefront of innovation and planning, preparing, and responding to disasters and emergencies.

I'm proud to note that the Florida Department of Elder Affairs is seen as a model in disaster response and recovery throughout the country, and is often consulted by other State Units on Aging for guidance and experience. Florida has the highest proportion of elderly of any State, and also a high incidence of disasters and emergencies, so it is expected that Florida would have a first-rate preparedness and response system. But, each year, new threats emerge, and old threats largely remain. We must not forget the special needs of our seniors residing in any State facing natural, manmade, or public health emergencies.

I want to thank our witnesses for joining us today. I look forward to hearing your thoughts and ideas on innovations and challenges for emergency preparedness and response for seniors across the nation.

Now, I'd turn to Chairman Kohl for your comments, sir.

OPENING STATEMENT OF SENATOR HERB KOHL, CHAIRMAN

The CHAIRMAN. Good morning. I'd like to thank Senator Martinez for holding today's hearing on emergency preparedness and the elderly.

This issue has been of great concern to me since we learned of the many tragedies that occurred when Hurricane Katrina struck, now nearly 4 years ago.

One of today's witnesses will tell us that, when Katrina hit, only 15 percent of the population in New Orleans was age 60 or older, and yet 70 percent of the hurricane-related deaths were seniors. We did see then that more needed to be done to evacuate seniors and the disabled in the face of an impending disaster. As a result, I included provisions in the 9/11 Commission Act of 2007 to train public transportation workers to meet the evacuation needs of seniors during an emergency. While legislative steps such as these have been taken since 2005, more work remains ahead.

Last year, I released a GAO report on how prepared the Government is to evacuate vulnerable populations, such as nursing-home residents, in the event of an emergency. The study found that the Department of Homeland Security needs to improve requirements for evacuation planning by State and local entities that receive DHS funding.

Last month, I followed up with DHS Secretary Janet Napolitano, and, although progress has been made under the new administration, it still does not appear that emergency preparedness requirements have been strengthened.

As we all know, disaster can strike at any time. Just last week, parts of Wisconsin experienced heavy flooding, leaving some of my constituents stranded. We cannot hope to be ready for these kinds of emergencies tomorrow; we have to be ready today.

So, we thank you, Senator Martinez, once again, for holding this hearing, and we thank all of our witnesses for being here today. I think we all understand that it's clear that there's more work to be done.

Thank you.

Senator MARTINEZ. Thank you, Mr. Chairman.

Let me now introduce the witnesses we have with us today. Again, we're grateful that you all are here.

First, we have Dr. Richard Besser, M.D., the Director of the Coordinating Office for Terrorism, Preparedness, and Emergency Response, at the Centers for Disease Control and Prevention. Dr. Besser was the Acting CDC Director during the recent H1N1 influenza outbreak. His current office is charged with protection for the Nation from all threats to the public's health.

We also have with us Timothy Manning, Deputy Director of the National Preparedness Directorate for the Department of Homeland Security's Federal Emergency Management Agency, FEMA. Prior to FEMA, Mr. Manning served as Director of the New Mexico Department of Homeland Security and Emergency Management and homeland security advisor to the Governor.

We, next, have Doug Beach, Secretary of Florida's Department of Elder Affairs. On February 13, 2007, Governor Crist appointed Dr. Beach as the Secretary for the Department of Elder Affairs in Florida. He has worked on the Aging Network for more than 12 years,

most recently serving as the Chief Executive Officer of the Seniors Resource Alliance, the Area Agency on Aging of Central Florida, where we had an opportunity to work together.

LuMarie Polivka-West is Senior Vice President of policy of Florida Health Care Association. Ms. West is responsible for the planning and implementation of long-term care related policies and programs and staffing of the Quality Credentialing Program and serves as the principal investigator for a John A. Hartford Foundation Disaster Preparedness Grant.

Sandy Markwood is the Chief Executive Officer of the National Association of Area Agencies on Aging. She has more than 30 years' experience in the development and delivery of aging health, human services, housing, and transportation programs in counties and cities across the nation.

Welcome, all. We'll hear from you, Mr. Besser, first, your statements.

STATEMENT OF RICHARD E. BESSER, M.D., DIRECTOR, COORDINATOR OFFICE FOR TERRORISM, PREPAREDNESS AND EMERGENCY RESPONSE, CENTERS FOR DISEASE CONTROL AND PREVENTION, ATLANTA, GA

Dr. BESSER. Thank you. Good morning, Chairman Kohl, Ranking Member Martinez, and other distinguished members.

I am Dr. Rich Besser, Director of the Coordinating Office for Terrorism, Preparedness, and Emergency Response at the Centers for Disease Control and Prevention. I want to thank you for the opportunity to discuss our work to better protect the health of older adults during emergencies, such as the current influenza pandemic. Many of us have parents and grandparents who rely on the help of families and communities during emergencies. This help is critically important at this time.

The risk to older adults is serious. As was stated, more than 70 percent of the people who died in Louisiana as a result of Hurricane Katrina were older than age 60. Most died in their homes, in hospitals, or nursing homes. The increased risk faced by older adults occurs for a variety of reasons, such as health status, reliance on supportive services, and the need for assistance with transportation. More than 80 percent of older adults have at least one chronic condition, such as diabetes or heart disease. Disruptive medical and supportive services during emergencies put older adults with chronic conditions at especially high risk.

The Nation has made progress in protecting the health of older adults during emergencies. For example, during the 2008 hurricane season response, many nursing homes and hospitals were evacuated before hurricanes hit. A marked improvement compared to the evacuation that occurred during Hurricane Katrina.

I'd also like to mention some progress at CDC. We've developed guidelines on the H1N1 influenza pandemic for vulnerable populations, including older adults, and for the clinicians who care for them. We've also engaged with tribal nations to learn from them how to better reach older adults in their communities to prepare for an influenza pandemic. We support State and local public health departments in their efforts to protect older adults during

emergencies, such as through the Public Health Emergency Preparedness Cooperative Agreement.

Although we've made progress, more still needs to be done to improve our ability to assist older adults during emergencies. I'd like to highlight three main areas.

First, we must assure that healthcare is available. Public health emergencies can cause disruptions in healthcare system, leaving to negative health effects for older adults. We need to enable older adults and their caregivers to have the necessary medications to avoid exacerbations of chronic diseases and other conditions.

Moreover, emergency shelters need to have the necessary capabilities, supplies, and other resources to respond to the needs of older adults and other vulnerable evacuees.

Implementing electronic health records nationwide could help greatly. This could make it easier for older adults to identify their medications and renew prescriptions during an emergency, even if they're in a different city or State.

We need to focus on prevention and wellness. A healthy community will be more resilient to the negative impact of public health emergencies. Only about one-third of older adults are up to date on all recommended preventive services. Increasing the use of immunizations and other key clinical preventive services will make our older—will make our elderly population more healthy and better able to withstand and recovery from the added stress of a public health emergency.

Finally, we need to better address the needs of older adults in preparedness and response. Despite recent improvements, community healthcare delivery systems and supportive services still need to be better integrated into emergency planning efforts. Protecting the health of older adults during emergencies requires cross-sector partnerships, strong community engagement, and a committed focus on integrating the needs of older adults in all preparedness and response activities. Progress is difficult, because the economic crisis has led to job losses in public health departments and budget shortfalls among hospitals and healthcare systems.

In closing, preventing illness and disease are, not only essential components of health reform, but are also critical to our nation's overall health protection and preparedness efforts. As Dr. David Satcher, a former CDC director and U.S. Surgeon General, has noted, the same things that lead to health disparities on a day-to-day basis in the United States also lead to disparities in the negative impacts of public health emergencies, especially for older adults and other vulnerable populations.

We've made progress, but we still need to do more. I believe that our nation is only as prepared as our ability to care—to take care of older adults and other vulnerable members of our community. We look forward to working with you to continue to prepare the Nation to protect older adults during emergencies.

I want to thank you again for the opportunity to share this information with you today, and I look forward to questions.

[The prepared statement of Dr. Besser follows:]



**Testimony before the
Special Committee on Aging
United States Senate**

**Protecting Older Adults During Public
Health Emergencies**

Richard Besser, M.D.

Director, Coordinating Office for Terrorism Preparedness
and Emergency Response
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services

For Release and Delivery
Expected at 10:30am
June 24, 2009

Good morning, Chairman Kohl, Ranking Member Martinez, and other distinguished members of the committee. I am Dr. Rich Besser, Director of the Coordinating Office for Terrorism Preparedness and Emergency Response at the Centers for Disease Control and Prevention (CDC). I thank you for the opportunity to discuss our continuing work to better protect older adults, who are among the most vulnerable to the negative health effects of emergencies, such as the current influenza pandemic.

Public health threats are always present. Whether caused by diseases, natural disasters, or intentional acts, there are continual threats that can lead to public health emergencies. Being prepared to prevent, respond to, and recover rapidly from public health threats can save lives and protect the health and safety of the public and emergency responders.

CDC's Role in Public Health Preparedness

CDC plays a key role in preparing our nation for all types of threats to public health. CDC works with its sister agencies and offices within the Department of Health and Human Services, such as the Administration on Aging, the Agency for Healthcare Research and Quality, and the Office of the Assistant Secretary for Preparedness Response, to better address the needs of older adults during public health emergencies.

CDC's preparedness activities are an integral part of the agency's overall mission: collaborating to create the expertise, information, and tools that people and communities need to protect their health. CDC achieves this mission by building capabilities that can be applied universally to all hazards, whether due to biological agents, natural disasters or environmental exposures, chemical and radiological materials, or explosions. CDC is preparing for the possibility of responding to

more than one emergency simultaneously, such as an increase in the spread or severity of the pandemic H1N1 influenza virus and a hurricane.

Vulnerability of Older Adults during Emergencies

In 2008, the U.S. Census Bureau estimated there were nearly 54 million persons aged 60 or older, accounting for 18% of the total U.S. population; by 2025, this group is expected to represent 25% of the total population. Older adults are at a substantially increased risk of severe illness and death during public health emergencies. And this risk to older adults is serious. A 2006 study conducted by the AARP Public Policy Institute indicated that more than 70 percent of the people who died in Louisiana as a result of Hurricane Katrina were older than age 60. Most died in their homes, in hospitals, or in nursing homes.

This increased risk occurs for a variety of reasons related to health and disability status, reliance on home- and community-based health care and social services, and need for assistance with transportation. More than 80% of older adults have at least one chronic condition, such as diabetes or heart disease. Most chronic diseases require one or more prescribed medications. Response plans must consider the need for specialized medical equipment and uninterrupted access to medications for people with chronic conditions. Providing care for people with chronic diseases, especially older adults, has been a priority in hurricane response efforts, and is also relevant to any public health emergency where the health care system is disrupted or where people must evacuate their homes. During emergencies, extreme weather conditions, the absence of clean water and other essential services, and disruptions in the health care system put older adults with chronic conditions at especially high risk.

Progress in Protecting the Health of Older Adults during Emergencies

We have made progress in recent years toward strengthening the nation's ability to protect the health of older adults during emergencies, and we continue to learn from each emergency response. Public health preparedness to help older adults and other vulnerable populations, such as children, pregnant women, and other individuals who have special needs in the event of a public health emergency, requires strong community engagement and planning before an emergency occurs. Each community has different planning and response needs based on its demographics. Responders need to know who the most vulnerable populations are and what support they need to mitigate the adverse health effects of emergency events and their aftermath, such as overburdened health systems, closure of pharmacies, and loss of health records.

Recent planning efforts have focused on preparing for an influenza pandemic, but the progress made in collaborating across sectors helps improve preparedness and strengthens the ability to help older adults during all types of emergencies. For example, within each state's pandemic influenza operation plan, actions have been identified to increase the ability to help older adults during emergencies, such as forming community-wide planning coalitions to include hospitals, long-term care facilities, nursing homes, home health care agencies, emergency medical services, and other health care, supportive service, and response organizations. These planning efforts are crucial for older adults because they may have serious health problems that require specialized care; and they may be without either facility- or home-based care during emergencies due to a lack of health care workers, loss of power, diminished social services, or other problems.

Another improvement is the ability of CDC's Strategic National Stockpile to procure chronic disease medications to help emergency response. The Strategic National Stockpile is a national

repository of medicine and medical supplies to protect the American public if there is a public health emergency severe enough to deplete local supplies. During Hurricane Katrina, many people who needed chronic disease medications were evacuated and did not have enough medications with them or were not able to renew prescriptions. CDC was called upon to deliver medications for these individuals with chronic conditions, and was able to support those requests through various procurement methods to meet the demand. CDC's Strategic National Stockpile has strengthened this ability through partnerships with pharmaceutical distributors to quickly acquire and deliver medications to help older adults and others with chronic disease.

Supporting State and Local Preparedness and Response Efforts

CDC also supports state and local public health departments—the first responders in public health—in their efforts to protect older adults during emergencies. CDC's Public Health Emergency Preparedness cooperative agreement provides funding and technical assistance to 50 states, 8 U.S. territories and freely associated states, and four localities (Chicago, Los Angeles County, New York City, and Washington, DC). Supported activities include improving public health departments' ability to help older adults and other vulnerable populations during an emergency response. Examples of these efforts include:

- In Florida, creating the Interagency Special Needs Sheltering Committee, enhancing shelter infrastructure, staff development, and shelter supplies; and guidelines for improving shelter operations and discharge planning.
- In Wisconsin, obtaining feedback on emergency plans by hosting a series of focus groups for seniors with varying cultures, religions, and medical conditions, as well as long-term care agency representatives.

- In Kansas, implementing a web-based geographic information system (GIS) for tracking facilities, such as long-term care and assisted living facilities, as well as home health agencies that serve vulnerable populations.
- In Louisiana, developing a database and fingerprint recording system to identify Medicaid long-term care recipients who may need to evacuate to emergency shelters. With this system, authorized staff will be able to identify the recipient's emergency medical information, such as the primary care physician and current medications.
- In North Carolina, developing an agreement with the Division of Aging and Adult Services to provide pandemic influenza educational materials and thermometers to persons served in Area Agencies on Aging meal programs.

In addition, response during the 2008 hurricane season demonstrated progress in the ability to evacuate special needs medical patients, including older adults and their caregivers. Many nursing homes and hospitals were evacuated before hurricanes hit, a marked improvement compared to the evacuation that occurred during Hurricane Katrina. For the 2009 hurricane season, state and local emergency planners are anticipating the need to pre-evacuate older special needs individuals who may be in hospitals or nursing homes, or who live in the community.

CDC is also supporting state and local preparedness efforts through research and training. Protecting older adults and other vulnerable populations in emergencies is a research priority at CDC. CDC recently funded Preparedness and Emergency Response Research Centers to focus on this and other research priorities, such as improving emergency communications and preparing the public health workforce. For example, the center at Emory University will focus on improving disaster planning for nursing home, home health, and dialysis providers. This

assessment will help improve the preparedness plans of nursing homes and dialysis facilities and develop stronger connections between these facilities and state and local disaster planners.

In addition, the CDC-funded Centers for Public Health Preparedness, a network of schools of public health across the country, are working to improve emergency preparedness and response for older adults and other vulnerable populations. These Centers organize workshops, outreach programs, tabletop exercises, seminars, and online courses to better prepare public health professionals to serve these populations special needs in a response. The Centers are also implementing academic programs for graduate students and public health and healthcare practitioners on how to identify and address the needs of vulnerable populations during a disaster.

Older Adults and the Pandemic H1N1 Influenza Virus

On June 11, 2009, the World Health Organization declared the novel H1N1 influenza outbreak to be an influenza pandemic. Helping older adults during an influenza pandemic is a priority area for CDC's preparedness and response efforts. CDC has developed guidance on pandemic influenza for vulnerable populations, including older adults, and for the clinicians who care for them. Guidance documents are available at <http://www.cdc.gov/h1n1flu/guidance> and <http://www.pandemicflu.gov/plan/index.html>.

Current information indicates that older adults are at a lower risk of contracting the pandemic H1N1 influenza virus compared to children and younger adults. For seasonal influenza, older adults are at higher risk of complications from flu. So far, few cases of pandemic H1N1 influenza have been reported among older adults. At this time, we do not know what the risk of complications will be in older adults. However, we do know that certain chronic medical

conditions, which are common in older adults, increase the risk of complications from seasonal influenza and also appear to increase the risk of complications from the pandemic H1N1 flu virus. For example, we have found that persons with chronic cardiovascular disease and cerebrovascular disease (CVD) are at increased risk of experiencing an acute exacerbation of disease during influenza epidemics.

Factors that increase the risk for older adults during an influenza pandemic include economic disadvantage (e.g., having too little money to stockpile supplies), absence of a support network, needing support to be independent in daily activities because of physical disability, mental illness or difficulty seeing or hearing, medical conditions, or trouble reading, speaking, or understanding English. To educate older adults about what they can do to protect themselves against the pandemic H1N1 influenza virus, CDC will build on previous outreach efforts such as television interviews, print ads, and magazine articles that are specifically targeted to older adults, as well as strengthened engagement with associations such as AARP and the American Pharmacists Association.

To further address the vulnerability of older adults during an influenza pandemic, CDC collaborates extensively with partners. For example, CDC worked with the Association of State and Territorial Health Officials to develop guidance and conduct training on vulnerable populations for state, local, territorial, and tribal health departments. The guidance and training focus on identifying those at greatest risk from the consequences of an influenza pandemic in one's own community, including older adults, communicating with these individuals, and providing clinical and nonclinical services. More information is available at http://www.astho.org/?template=at_risk_population_project.html.

In another example, CDC engaged tribal nations to assess why many older American Indians and Alaska Natives would face additional challenges in a pandemic that make them particularly vulnerable. The combination of increased vulnerability from underlying health issues, barriers to accessing health care, and infrequent use of public assistance and other services suggests that typical methods of outreach and distribution of services may not be effective for reaching older adults in American Indian and Alaska Native communities. Based on these findings, CDC led a series of Tribal Engagement meetings in the spring of 2009 with tribal and community leaders to learn from them how to best reach their communities and train them in pandemic preparedness and developing emergency plans.

CDC continues to work to better understand the pandemic H1N1 influenza virus, including the severity, transmissibility, and infectiousness. Information from investigations is helping to strengthen CDC guidance—on antiviral use, non-pharmaceutical interventions, diagnostic testing, duration of exclusion from work or school for ill persons, other community mitigation measures, and interventions targeted at special populations, including older adults—and to inform our preparations for the upcoming influenza season.

Challenges in Protecting Older Adults during Emergencies

Although we have made considerable progress, more still needs to be done to improve our ability to assist older adults during emergencies. Further improvements are needed not only to protect the health of older adults, but also to avoid additional strains on hospitals and emergency medical services during an emergency. Several continuing challenges are described below.

Ensuring availability of chronic disease medications. Public health emergencies can cause disruptions in the health care system, leading to negative health effects for older adults with

chronic diseases. During emergencies, even people who have health insurance may not have access to their insurance information, the insurance may not cover them out of state, or they may have limitations on the coverage of extra prescription drugs to have on hand. The Strategic National Stockpile can rapidly procure critical medications to alleviate this problem during emergencies, but this is not a complete solution. We need to enable older adults and their caregivers to have the medications needed to avoid exacerbations of chronic disease.

Broadening the use of immunizations and other key clinical preventive services. Only about one third of older adults are up-to-date on all the preventive services recommended by the US Preventive Services Task Force. Further, only about two thirds of adults ages 65 or older received an influenza vaccine in the past year, and just over half received a pneumococcal vaccine. Regardless of the spread and severity of the pandemic H1N1 influenza virus, we need to encourage older adults to continue to get their seasonal influenza and pneumococcal vaccinations. Increasing the availability and use of clinical preventive services will not only have a positive effect on seasonal influenza vaccination rates, but also equip communities with infrastructure to handle larger scale vaccination or other medication-delivery programs that may be needed during a public health emergency.

Improving emergency shelters for people with special medical and supportive service needs. Further work could be done to ensure that shelters can be made more appropriate to the needs of older adults. Acute exacerbation of chronic diseases can lead to severe complications or even death and was a leading concern among medical personnel treating displaced persons after Hurricane Katrina in 2005. During the 2008 hurricane season, emergency shelters cared for evacuees with a wide variety of medical needs, including dialysis, complications from obesity, and Alzheimer's disease, but these shelters lacked nurses with the specialized skills needed to

provide care for these conditions. Emergency shelters need to have the necessary capabilities, supplies, and other resources to respond to the needs of older adults and other vulnerable evacuees. Moreover, current shelter assessment tools evaluate sanitation and hygiene, but they do not evaluate either the shelter's ability to provide specific levels of institutional care, medical care, or supportive services that older adults may need during emergencies or its ability to connect individuals with essential human services and supports that, if permitted to go unaddressed, could become medical needs.

Further integrating preparedness efforts for public health emergencies. Despite recent improvements, community healthcare delivery systems and community supportive services still need to be better integrated into emergency planning efforts. For example, through a series of workshops and meetings with stakeholders, CDC identified a lack of integration of long-term care facilities (LTCFs) with their community's pandemic influenza response plans. CDC is working with stakeholders to discuss ways to better integrate LTCFs into community healthcare delivery and response plans and to identify ways through which LTCFs and healthcare delivery and other supporting sectors within communities can improve their collaborative efforts, thus making the best use of limited resources during an influenza pandemic.

Implementing electronic health records. A wide implementation of electronic health records would help improve and streamline healthcare for all Americans. During emergencies, electronic health records would help older adults obtain their lists of medications and facilitate renewal of these medications. With electronic health records, it may be easier to access medical histories and information about preexisting conditions even if patients are receiving care from a different health care provider in a different city or state. This medical history is particularly important for older adults, as they are more likely to be taking multiple medications and have ongoing health

conditions that could affect treatment decisions. The number of hospitals and health care facilities with electronic health records is still small, but growing. It is crucial to ensure that the information needed by public health agencies to protect older adults and other vulnerable populations is included as electronic health record systems expand.

Making progress with resource and workforce constraints. The economic crisis has resulted in budget shortfalls at state, county, and municipal governments across the country. According to the Association of State and Territorial Health Officials, these shortfalls have led to the loss of over 11,000 public health workers in the past year, and further job losses are expected during the rest of this year. These losses exacerbate an already dwindling public health workforce. Furthermore, hospitals and health care systems are also experiencing budget shortfalls, which may reduce their ability to participate in activities that do not directly benefit their bottom line. Protecting the health of older adults during emergencies requires cross-sector partnerships, strong community engagement, and a committed focus on integrating the needs of older adults in all preparedness and response activities, all of which become more difficult with fewer resources. Nevertheless, we must remain committed to further improvements.

Conclusion

Preparing older adults for emergencies cannot be achieved by the federal government alone. Older adults and/or their caregivers need to be able to store and maintain an emergency supply kit in an easy-to-identify container in a location that is easy to get to in an emergency. Families and communities need to have a plan for how to care for older adults who live at home but have limited mobility. Health care and supportive service providers should include preparedness education in conjunction with routine care and self-management education for older adults and other persons with chronic disease and their families and caregivers. More information on what

older adults can do to prepare for an emergency is available at

<http://emergency.cdc.gov/preparedness/mind/seniors>.

The nation often views public health preparedness and health promotion as an “either/or” trade-off; either we focus on being ready for public health emergencies, or we focus on promoting health. However, these efforts are interconnected. As Dr. David Satcher, a former CDC Director and U.S. Surgeon General has noted, the same things that lead to health disparities on a day-to-day basis in the U.S. also lead to disparities in the negative impacts of public health emergencies, especially for older adults and other vulnerable populations. Reducing the burden of chronic disease in our country will help our population be healthier and more resilient during an emergency. Electronic health records will both improve quality of care and provide needed information for treatment in emergency shelters. We need to focus on the elements of preparedness and health reform that are mutually beneficial, and work to ensure that these efforts do not develop in a vacuum without realizing the shared benefits.

Preventing illness and disease are not only essential components of health reform but are also critical to our nation’s overall health protection and preparedness efforts. By focusing on prevention and wellness, we can not only stop diseases before they happen, but we can also make our homes, our communities and our families healthier, safer and stronger. Protecting our nation’s health has always been the focus of our work at CDC. This includes taking care of our most vulnerable. And I believe that our nation is only as prepared as our ability to take care of older adults and the other vulnerable members of our community.

Overall, we are more ready for an influenza pandemic or other public health emergency today than we have been at any other point in our nation’s history. CDC’s preparedness activities have

reached communities across the county, helping improve the nation's ongoing response to the current influenza pandemic. But we still need to do more. We look forward to working with you to continue to prepare the nation to protect older adults during emergencies. Thank you for the opportunity to share this information with you today. I am happy to answer any questions.

Senator MARTINEZ. Mr. Manning, we'll hear from you now.

STATEMENT OF TIMOTHY MANNING, DEPUTY ADMINISTRATOR FOR NATIONAL PREPAREDNESS, FEDERAL EMERGENCY MANAGEMENT AGENCY, WASHINGTON, DC

Mr. MANNING. Thank you. Chairman Kohl, Ranking Member Martinez, good morning.

I'm Tim Manning. I'm the Deputy Administrator of the Federal Emergency Management Agency. It's a privilege to appear before you today on behalf of FEMA and the Department of Homeland Security. We appreciate your interest in, and continued support of, emergency management and the unique disaster planning requirements for those with unique needs.

Throughout history, and throughout the history of emergency management, considerations for specific populations have been inadequate. From the 1930's, when disaster response was largely an ad hoc mission focused on the repair of damaged infrastructure, through to the present day, special-needs populations were often given insufficient consideration. This fact is evident in the 2003 California wildfires and the—when Hurricane Katrina devastated the Gulf Coast in 2005. During these events, a substantial number of individuals with special needs did not receive the appropriate warning, were unable to access shelters, went without medical intervention, or, at worst, perished. A subsequent review of emergency plans around the Nation concluded that a substantial improvement is necessary to integrate people with disabilities into emergency planning and readiness. Indeed, the needs of all populations of all people must be considered in planning and response.

Numerous lessons learned reported, that followed Katrina, also identified a large segment of the U.S. population that may not be able to successfully plan for, and respond to, an emergency with resources typically accessible to the general population. Our population is one that is diverse, aging, and focused on maintaining independence as long as possible. The popularity of living situations that provide an as-needed level of care in the least restrictive manner is fast becoming the norm, and consideration must, therefore, be given to people who may not be able to function independently under normal situations, but who may need assistance in an emergency situation.

FEMA's working hard to ensure that its own basic planning addresses special-need populations and that we are supporting and assisting States, tribes, and localities in this regard. We are also reinforcing the critical and enduring need for personal preparedness, encouraging individuals to adequately prepare themselves for disaster events, recognizing that better individual preparedness translates into better community preparedness and stronger resilience.

FEMA's directly engaged in activities that will address special-needs populations, including the elderly, in coordination with FEMA's Office of Equal Rights, DHS's Office for Civil Liberties and Civil Rights, and the National Advisory Council, as well as State, tribal, and local agencies. The FEMA disability coordinator has built a viable network to ensure that the needs of the elderly and persons with disabilities are addressed during and following disas-

ters. We are also developing disability and special-needs subject-matter teams to work with States during disasters in order to assure accommodation for people with disabilities and other special needs.

Citizen Corps is FEMA's grassroots initiative to actively involve citizens in the security of their communities through planning and personal preparedness. At the national level, Citizen Corps promotes inclusion and a focus on disabilities and the community by integrating these priorities into our homeland security policies.

Emergency management takes into consideration planning for the safety of every person in the community during and following a disaster. Taking into consideration populations historically considered vulnerable, at risk, or special needs, ultimately improves the overall community's post-disaster sustainability. FEMA assists States and localities with planning guidance for State and local preparedness efforts, and will shortly issue guidelines on these populations through its comprehensive preparedness guide number 301, Emergency Management Planning Guides for Special Needs Populations. This guide, developed in collaboration with the Office for Civil Rights and Civil Liberties, is currently available to all of the Nation's responders and communities as an interim document. It addresses many of the issues that will confront us in providing care to the elderly, ensuring that our plans and our procedures take all requirements, all needs into account.

Mr. Chairman, Ranking Member Martinez, Secretary Napolitano, FEMA Administrator Craig Fugate, and I are committed to advancing our Nation's preparedness. Our efforts must begin with personal preparedness and a process of individual thinking in consideration of basic steps that each of us must take to help prevent and prepare for the next disaster. All Americans must take responsibility for preparing themselves and their families and their communities for the next disaster. In times of crisis, government plays a critical role in coordinating the response-and-recovery efforts, especially in protecting and providing for our most vulnerable populations. A government's first responsibility is to ensure the safety and well-being of the public. We believe that that is the cornerstone of our strategy, moving forward, and, with the continued support of Congress, we believe that considerable progress is within reach.

Mr. Chairman, Ranking Member, thank you, and thank you, members of the committee, for allowing me to testify today, and I look forward to any questions you may have.

[The prepared statement of Mr. Manning follows:]

STATEMENT OF

HONORABLE TIMOTHY MANNING
DEPUTY ADMINISTRATOR, NATIONAL PREPAREDNESS
FEDERAL EMERGENCY MANAGEMENT AGENCY
U. S. DEPARTMENT OF HOMELAND SECURITY

BEFORE THE

SPECIAL COMMITTEE ON AGING

UNITED STATES SENATE

“Emergency Preparedness, Aging and Special Needs”

WEDNESDAY, JUNE 24, 2009

Introduction

Chairman Kohl, Ranking Member Martinez and other distinguished members of the Committee, I am Timothy Manning and I serve as Deputy Administrator of the Federal Emergency Management Agency (FEMA). It is a privilege to appear before you today on behalf of FEMA and the Department of Homeland Security. We appreciate your interest in and continued support for emergency management, and in particular for the unique disaster planning challenges posed by those with special needs.

Throughout the history of emergency management planning, considerations for special needs populations have been inadequate. From the 1930s, when disaster response was ad hoc and largely focused on the repair of damaged infrastructure, through the present day, special needs populations were often given insufficient consideration. This fact was evident in 2003 during the California wildfires, and when Hurricane Katrina devastated the Gulf Coast in 2005. During these events, a substantial number of individuals with special needs did not receive appropriate warning, were unable to access shelters, went without medical intervention or, at worst, perished. During the 2006 Nationwide Plan Review, a sample of emergency management plans from various regions in the United States were reviewed by subject-matter experts on disability and aging. The review confirmed that many of the 2006 emergency plans overlooked these populations. The review concluded that “substantial improvement is necessary to integrate people with disabilities in emergency planning and readiness.”

Numerous “lessons learned” reports that followed Hurricane Katrina also identified a large segment of the U.S. population that may not be able to successfully plan for and respond to an emergency with resources typically accessible to the general population. The current general population is one that is diverse, aging, and focused on maintaining independence as long as possible. The popularity of living situations that provide an “as needed” level of care in the least restrictive manner is fast becoming the norm. Consideration must therefore be given to people who may be able to function independently under normal situations, but who may need assistance in an emergency situation.

For example, in the event of a disaster, it is estimated that about 13 million individuals age 50 or older in the United States would need evacuation assistance, and about half of these individuals will require such assistance from someone outside of their household. There are well over one million people in the United States receiving home health care according to 2000 data cited by the National Center for Health Care Statistics. Populations such as these must be considered when emergency plans are developed to accurately assess the resources needed to adequately respond when a disaster strikes. The 2000 Census reported that 18 percent of those surveyed speak a language other than English at home. This statistic highlights the need to ensure the effectiveness of emergency communications. All of these examples serve to demonstrate that community emergency planning must go beyond traditional considerations.

FEMA is working hard to ensure that its own basic planning addresses special needs populations and that we are supporting and assisting states, Tribes and localities in this regard. We are also reinforcing the critical and enduring need for personal preparedness, to encourage individuals to

adequately prepare themselves for disaster events, recognizing that better individual preparedness translates into better community preparedness and resilience.

FEMA is directly engaged in activities that will address special needs populations, including the elderly. In coordination with FEMA's Office of Equal Rights, DHS Office for Civil Rights and Civil Liberties, and the National Advisory Council, as well as state, tribal, and local disability and special need agencies, the FEMA Disability Coordinator has built a viable network to ensure that the needs of the elderly and persons with disabilities are addressed during and following disasters. For example, FEMA:

- Developed a FEMA Handbook called "Accommodating People with Disabilities and Special Needs in a Disaster," to assist FEMA, state emergency managers, FEMA partners, and other stakeholders in accommodating people with disabilities and special needs in a disaster.
- Developed Go-Kits to be distributed to all the Regions to assist states with the evacuation and sheltering needs of special needs and disability populations in a catastrophic event. These Go-Kits are designed for people who experience hearing impairment, visual disabilities, cognitive disabilities, or mobility disabilities, as well as for children, and people with service animals.
- Developed with Mass Care a Functional Need Support Plan to share with the states to ensure that people with disabilities and other special needs are provided the accommodations in a shelter to ensure inclusion and independence.
- Developed plans for working with the Disaster Recovery Centers to ensure that the centers are accessible to everyone and are adequately staffed with interpreters.
- Collaborates with local disability and other special needs agencies in the field before and during all disasters, ensuring that the agencies are communicating with first responders, shelter managers, and impacted special needs populations to identify and address any gaps.
- Provides training and resources for emergency managers on how to develop and include plans to accommodate evacuation and sheltering concerns for people with disabilities and other special needs.
- Collaborates with federal and state exercise planners to ensure that the exercises include evacuation and sheltering methods for people with different types of disabilities and other special needs and engage persons with disabilities and other special needs as participants in the development and execution of exercises.
- Works through FEMA Public Affairs to ensure that all materials are in alternative formats, that materials are 508 compliant, and that interpreters are available.
- Developing disability and special needs subject matter teams to work with States during a disaster in order to ensure accommodation for people with disabilities and other special needs.

Community Engagement

Citizen Corps is FEMA's grassroots initiative to actively involve all citizens in the security of their communities through planning, personal preparedness, training, and volunteer service. The Citizen Corps mission is based on the principle that full citizen engagement – including active

participation by citizens with disabilities, children and the elderly – is of critical importance at all levels and in all areas of all-hazard emergency preparedness, planning, mitigation, response and recovery. As part of FEMA’s Community Preparedness Division, Citizen Corps will work closely with FEMA’s National Disability Coordinator.

Promoting active participation by organizations and individuals representing persons with disabilities is an important part of the mission for the 2,100 councils at the State, local, and Tribal levels who implement Citizen Corps. Working with local Citizen Corps Councils, representatives from the disability community are helping to strengthen community preparedness by developing emergency operations plans that address accessibility and inclusion in all aspects of planning, ranging from alert and warning systems to evacuation and shelter plans. Collaborative community efforts support campaigns for outreach, disaster preparedness education, and 72 hour kits for citizens who need assistance. Partner Programs like Community Emergency Response Teams (CERT) provide all-ability training for community volunteers.

At the national level, Citizen Corps promotes inclusion and a focus on the disability and special needs community by integrating these priorities into Homeland Security policies. Citizen Corps actively seeks and publicizes, through newsletters and other forums, examples of how state and local Councils and programs collaborate with organizations to strengthen community preparedness related to these needs.

Planning Assistance

Emergency management takes into consideration planning for the safety of every person in the community during and following a disaster. Taking into consideration populations historically considered “vulnerable,” “at risk,” or “special needs” ultimately improves the overall community’s post-disaster sustainability. In addition to active program support, FEMA assists states and localities with planning guidance for state and local preparedness efforts.

FEMA will shortly issue guidelines on special needs populations through its Comprehensive Preparedness Guide 301: *Emergency Management Planning Guide for Special Needs Populations*. This guide, developed in collaboration with DHS Office for Civil Rights and Civil Liberties, is currently available to all of our nation’s communities as an interim document on the FEMA website. It addresses many of the issues that will confront us in providing care to elderly and other special needs populations in the face of disaster, as well as the importance of personal preparedness.

Training

Training development and delivery for special needs populations and citizen preparedness have been and will continue to be FEMA priorities. The Department has supported the development of a variety of course curricula, including:

- Emergency Responders and the Deaf and Hard of Hearing Community: Taking the First Steps to Disaster Preparedness

This course addresses fundamentals associated with emergency preparedness and response as it relates to deaf, hard of hearing, late-deafened, and deaf-blind individuals and fosters a greater understanding between this community and the emergency responders that serve them.

- Responding to the Unique Evacuation and Shelter-in-Place Needs of Medically Dependent People during a Disaster Situation

FEMA is partnering with and supporting the Yale New Haven Health System in the development of a training program that will equip local and regional emergency planners and responders with homeland security related responsibilities to address the unique evacuation and shelter-in-place requirements of medically dependent persons residing in high occupancy facilities, including hospitals, nursing homes and assisted living facilities. Course content will focus on pre-event preparation, tactical operations for evacuation and sheltering-in-place during a disaster and strategies for returning individuals to their place of residence at the conclusion of the disaster. Approximately 2,000 will be trained via the instructor-led course and 33,000 in the online course. We expect this course curriculum to be available in early 2010.

Additionally, our Emergency Management Institute provides a variety of training opportunities, including:

- **Emergency Planning and Special Needs Populations field course (G197)** - This 2-1/2 day course is intended to provide those with responsibilities for providing emergency planning or care for seniors, people with disabilities, and/or special needs groups with the skills and knowledge they will need to prepare for, respond to, and recover from emergency situations. The target audience includes emergency managers, senior first response personnel, special needs coordinators, human services organization personnel, facility planners, community-based organizational personnel, advocacy group personnel, elected officials, public health personnel, and Voluntary Organizations Active in Disaster (VOAD) personnel.
- **Special Needs Planning Considerations for Emergency Management independent study course (IS-197.EM)** – This course is designed for emergency management and first responder personnel to enable them to better understand the special needs population and teach how to partner with persons with special needs as well as their support providers and organizations.
- **Special Needs Planning Considerations for Service and Support Providers independent study course (IS-197.SP)** – This course is designed for people who work with the elderly and people with disabilities, and will teach how to partner with local emergency management to better prepare for all phases of an emergency.

These are just a few examples of the kinds of specialized training that FEMA and the Department are making available nationally.

Exercises

Congress included, within the Post Katrina Emergency Management Reform Act of 2006, a requirement that our National Exercise Program “shall be designed to provide systematic evaluation of readiness; and designed to address the unique requirements of populations with special needs.”

To address this requirement, National Exercise Program Tier I and Tier II exercises, including the TOPOFF 4 Full Scale Exercise, have included special needs-focused objectives. Specifically, one of the objectives for TOPOFF 4 was to examine the handling of mental health and special needs issues arising during and after a Radiological Dispersal Device event that was at the center of the exercise scenario. This “special needs population” element was identified as a strength in the overall exercise design and has been incorporated in future National Level Exercises planning.

Conclusion

Secretary Napolitano, FEMA Administrator Fugate and I are committed to advancing our nation’s preparedness. Our efforts must begin with personal preparedness – a process of individual thinking and consideration of basic steps that each of us must take to help prevent and prepare for the next disaster. All Americans must take responsibility for preparing themselves, their families and their communities for the next disaster. In times of crisis, government plays a critical role in coordinating response and recovery efforts, especially in protecting and providing for our most vulnerable populations. Improved personal preparedness will increase the government’s capacity to ensure the safety and well-being of the American public. Communicating the importance of preparedness is a cornerstone of our strategy moving forward, and with the continued support of Congress, we believe that considerable progress is within reach.

Thank you, Mr. Chairman and members of the Committee, for allowing me to testify today. I am happy to answer any questions you may have.

Senator MARTINEZ. Thank you very much, Mr. Manning—Secretary Manning.

Now, we hear from Secretary Beach.

**STATEMENT OF DOUGLAS BEACH, SECRETARY, FLORIDA
DEPARTMENT OF ELDER AFFAIRS, TALLAHASSEE, FL**

Dr. BEACH. Thank you. Good morning, Chairman Kohl, Ranking Member Martinez. My name is Doug Beach. I'm Secretary of the Florida Department of Elder Affairs.

Thank you, I was looking for the button.

I appreciate this opportunity to discuss ways we can best serve older Americans before, during, and after a disaster.

As many of you know, earlier this decade Florida faced an unprecedented onslaught from nature. We had to contend with eight hurricanes and several additional tropical storms, all in a 14-month period. At that time, I served as CEO of the Senior Resource Alliance, which is the Area Agency on Aging, stretching from Orlando to Cape Canaveral. With communications, transportation, and just about everything else disrupted, our team had to scramble to address the special needs of elders. Working with Governor Crist for the last 2½ years as Elder Affairs Secretary, I have come to appreciate that no emergency is too small, no threat too remote, to dismiss it without doing some planning and preparation.

The latest numbers tell us that Florida is home to 4.4 million residents 60 years of age and older. We have the largest percentage of seniors of any State in the Nation. A common myth is that many of these Florida elders live in nursing homes, when, in fact, 95 percent of elder Floridians live in the community.

Plans and procedures designed to support emergency operations for the general population are not always appropriate for seniors. We encourage each elder to help by taking personal responsibility for his or her own safety. That's why, each year, the Department of Elder Affairs publishes a Disaster Preparedness Guide, which we've—I've given the staff, and they can hand out. The guide offers tips, procedures, contact numbers, and even a disaster supply checklist, so the elders we serve, and their caregivers, can create a plan for any kind of hazard.

It is vitally important for people to understand that they must be prepared to survive on their own for the first 72 hours of an emergency. Supplies and services may not be available until first responders complete their search and rescue missions and the community begins restoring critical services. For seniors, being ready for a disaster is a key part of maintaining independence. If elders and vulnerable populations are prepared ahead of time, they will be better able to cope and recover more quickly.

As soon as we determine that a threat is out there, the Department of Elder Affairs establishes regular contact with the 11 Area Agencies on Aging. The Area Agencies then work with their local networks, everyone working together to make sure the communities most likely to be impacted have the supplies and resources they need.

Additionally, the Department of Elder Affairs is part of the State Emergency Response Team, with a permanent seat in our State Emergency Operations Center. One crucial consideration for an

elder constituency is food and nutrition. Before a disaster occurs, Meals on Wheels clients receive a 3-day supply of packaged meals that are specifically designed for seniors. If evacuations become necessary, they are particularly difficult for seniors. When seniors are forced to go without power, they are put at a far greater risk than the average person. For that reason, every Florida county has a special-needs registry and special-needs shelters are in place to accommodate elders. Even self-sufficient elders may require special assistance during an emergency. A high-rise condo may remain structurally sound, but a power outage could mean the elevators don't function and the residents can't access medical care, appropriate nutrition, and medicine. Florida now requires that emergency generators be available to operate public elevators in all high-rise multifamily dwellings, including condos.

Once Florida enters a recovery phase, seniors will want to return to their homes, but will they be able to make their way to grocery stores, doctors' offices, and pharmacies? For that reason, the Department of Elder Affairs has developed a Rapid-Needs Assessment and Discharge Planning Form to help make these determinations. Elders can successfully transition back into the community as soon as possible, and as safely as possible.

In order to give seniors the greatest chance to come through a disaster, the best possible physical and emotional conditions, planners must consider their distinctive needs beforehand. Under Governor's Crist's leadership, Florida State agencies stand ready to assist emergency officials in each community as we constantly strive to improve Florida's Disaster Emergency Management Plans for elders.

I thank you for the opportunity to present this information today on behalf of Florida's elders, and I would be glad to answer questions at any time.

[The prepared statement of Dr. Beach follows:]

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DEPARTMENT OF ELDER AFFAIRS

STATE OF FLORIDA

STATEMENT FOR THE RECORD

E. DOUGLAS BEACH, Ph.D.

SECRETARY

ON THE EMERGENCY PREPAREDNESS, AGING, AND SPECIAL NEEDS

BEFORE THE

SPECIAL COMMITTEE ON AGING

U.S. SENATE

June 24, 2009

INTRODUCTION

Good morning Chairman Kohl, Ranking Member Martinez, and distinguished Members of the Senate Special Committee on Aging. I am Douglas Beach, Secretary of the Florida Department of Elder Affairs. I want to thank the Committee for inviting me here today to share our experiences and best practices in the State of Florida, and to discuss ways we can best serve older Americans in advance of, during and after a disaster or emergency.

Earlier this decade, Florida faced an unprecedented onslaught from nature, as we were forced to contend with eight hurricanes and several additional tropical storms in a 14-month period. Even as we worked to recover from the 2004 and 2005 storm seasons, 2006 brought Florida two more named storms that would test our state's capabilities to prepare, respond and recover. After something of a reprieve in 2007, last year brought a stern reminder that there is no such thing as a "minor" tropical event, as relatively mild Tropical Storm Fay brought significant flooding and destruction to our state. Then just last month we saw a clear example that it doesn't even take a named storm to disrupt lives, when several days of drenching rain caused major flooding and resulted in the displacement of more than 630 residents near Daytona Beach in Volusia County.

For me, these events are more than just a subject for theoretical discussion. Before I became Elder Affairs Secretary, I served as Chief Executive Officer of the Senior Resource Alliance, which is the Area Agency on Aging for a four-county area that stretches from Orlando to Cape Canaveral. I spent several weeks after both Charley and Frances helping to secure blue tarps on homes to replace roofs that had disappeared. Communication with our teams in the field became a real challenge when telephone and cell phone service was cut off, and we scrambled to address the special needs of elders among the millions of residents who had been impacted by the storms. I personally felt the anxiety as the eye of Hurricane Charley passed within 15 miles of my home and my family.

Working with Governor Charlie Crist for the past two-and-a-half years as Elder Affairs Secretary, our approach has been that no emergency is too small, no threat too remote to dismiss it without doing some planning and preparation for potential impacts on older residents. The recent outbreak of the H1N1 swine flu virus has shown us that we need to be ready for anything, in case vital programs and services for the elderly are disrupted.

Planning and training are important and can prepare us for an emergency, but in the end our success in response and recovery will be determined by our ability to creatively utilize available resources to meet the needs of the citizens who are affected. I am proud of the fact that in Florida, even though we have an extremely experienced and seasoned state emergency response team, we are constantly striving to further improve our plans. Governor Crist has charged us with continuously looking to develop innovative solutions that will enhance our effectiveness, better utilize our limited resources and eliminate any duplication of effort. Many of the lessons we learned and procedures we developed have become best practices.

Florida greatly benefited from the experience and leadership of Craig Fugate, who oversaw 23 declared state emergencies during his eight years as our state's emergency management director. Unfortunately for us, Craig's visionary leadership placed him in the national spotlight, and President Obama wisely asked him to serve as Director of the Federal Emergency Management Agency (FEMA). Craig was instrumental in establishing a permanent seat for the Florida Department of Elder Affairs at the state's Emergency Operations Center, and we look forward to his continued efforts to ensure that the needs of elders remain a priority in all phases of disaster preparedness and emergency management.

As we head toward the end of the first month of the 2009 hurricane season, I am pleased to have this opportunity to outline for you the ways in which the State of Florida prepares its elder population for emergencies, responds to elders during emergencies, and provides assistance to them through post-disaster recovery efforts.

PREPAREDNESS

In Florida, as in other communities across the nation that have been impacted by natural or man-made emergencies, we recognize that older adults have distinct needs that must be addressed at all stages: planning, preparedness, response and recovery. Many elders are slower to react to calls to prepare, they are more limited in their physical ability to respond, they have special medical needs, their transportation options may be constrained, and they may resist suggestions to evacuate because they don't wish to "abandon" their homes or pets, or they are unsure where to go.

In Florida, we have distinct areas of operations that focus on two separate segments of the elder population: those who reside in long-term care facilities and those who are able to age in place in Florida's communities.

Plans and procedures designed to support emergency operations for the general population may in some instances be inappropriate for seniors. For elders residing in long-term care facilities (such as nursing homes, assisted living facilities and adult family care homes), it is necessary to ensure that each facility has its own viable evacuation plan and that the facility's plan for sheltering residents in place ensures their safety and security while protecting their rights and dignity.

In advance of the 2009 hurricane season, the Department of Elder Affairs published this year's edition of its *Disaster Preparedness Guide for Elders*, a comprehensive guide filled with tips, procedures and contact numbers designed to foster a culture of preparedness in our state. I brought copies of this publication with me today to share with each member of the committee. More than a quarter-million copies of this guide are distributed in both English and Spanish, and it is also available online at <http://elderaffairs.state.fl.us/english/disasterguide/2009.pdf>. The guide is meant to be used by the elders we serve and their caregivers so they can create an all-hazard plan for

emergencies and disasters. The 2009 guide features information on potential disasters including hurricanes, wildfires, floods, tornadoes, severe weather, hazardous material incidents, pandemic flu and even heat stroke. The publication includes a Disaster Supplies Kit checklist, disaster safety tips, emergency contact information, tips on caring for a pet during a disaster, and safety tips for traveling during an emergency.

State researchers have determined that Florida is home to 4.4 million residents age 60 and older, and has the largest percentage of seniors of any state in the nation. Fewer than 5 percent of these elders live in nursing homes or similar care facilities, meaning more than nine out of ten elders live independently in single-family homes, condominiums and everything in between. It is important to understand that these resilient and independent citizens, like all Floridians, must take actions to prepare and plan before an event occurs. Being ready for a disaster is a key part of maintaining independence, and if elders and vulnerable populations are prepared ahead of time, they will be better able to cope and recover more quickly.

We in Florida have also found that the better we are able to educate the public about the level of services they can realistically expect to receive during and after an emergency, the better the response will be from the entire community. It is vitally important for people to understand that they must be prepared to survive on their own for the first 72 hours of the emergency, because supplies and services may not be available until first responders complete their search and rescue missions and the community begins restoring critical services such as police, fire, electricity, water, sewer, hospitals and telecommunications.

As I travel around our state to meet with elders, service providers and members of the network of aging service providers, I stress the importance of taking personal responsibility to have an emergency plan ready in advance. These emergency plans must support the particular needs of elders, including providing for:

- emergency supplies
- evacuation and sheltering plans
- funds to cover unplanned expenses
- transportation
- food, water and ice
- medications
- generators and fuel
- emergency contact information and a plan for communicating with family and friends
- plans for pets
- important documents, including prescriptions and living wills

In February 2008, Florida updated its Comprehensive Emergency Management Plan to encourage the integration of a coordinated federal, state, and local emergency response plan for elders in the event of public health emergencies, catastrophic events or disasters. The Department of Elder Affairs revised its support agency responsibilities under Appendix VI of the state's Comprehensive Emergency Management Plan to reflect its

role in coordinating with federal, state and local agencies, as well as non-governmental organizations, to address the needs of both elders residing in assisted living and long-term care facilities and those aging in place in residential communities. The Department also clarified its role as the primary liaison with the Area Agencies on Aging, Aging and Disability Resource Centers, Comprehensive Assessment and Review for Long-Term Care Services (CARES) state and regional offices, state and district Long-Term Care Ombudsman Program offices, the SHINE (Serving the Health Insurance Needs of Elders) program, and agency program offices to make certain that elders who currently receive services are contacted before and after an event to ensure minimal disruption to service delivery and a continuity of care.

RESPONSE

In dealing with Florida's elders, our response period begins as long as possible before emergency conditions actually exist. Not all emergencies and disasters can be foreseen, but the various components of Florida's aging network mobilize as soon as it becomes clear that a potential threat exists.

At the first opportunity, my Department's emergency operations office establishes contact with the eleven Area Agencies on Aging that cover the 800 miles from Pensacola to Key West. When the impending threat takes time to arrive, such as a tropical storm or hurricane, we establish daily conference calls with all the Area Agencies; when the threat is more immediate, such as a drastic freeze or flooding rains, we hold the conference calls with as much lead time as possible. The main function of these calls is to ensure that the areas most likely to be impacted have the supplies and resources they will need, to redeploy resources from one area to another, and to ensure that lines of communication are working properly. At the local level, the Area Agencies work with their lead agencies and service providers to fine-tune call-down lists and, where appropriate, contact elder clients individually to make sure they are aware of the impending threat and have taken the necessary steps to prepare.

One crucial aspect of emergency preparedness and response for an elder constituency is food and nutrition. Most seniors have substantially different dietary needs than younger persons. In some cases the difference is simply one of personal preference, reflecting physical and preference changes that have occurred over the years. In other cases, the difference is crucial and is directly related to the nutritional needs of the individual senior. With this in mind, before the disaster occurs local providers deliver a three-day supply of shelf-stable packaged meals to Meals on Wheels clients. And because of the physiological needs of elders, these cannot be just any meals – military-style MREs, or Meals Ready to Eat, contain far too much sodium to be considered safe for elders, so senior clients are provided with meals specifically designed for their nutritional needs.

Evacuations are difficult for anyone, but they pose special problems for elders. As I noted earlier, many elders have special medical needs that must be accommodated, many need special transportation assistance, and many simply resist leaving the homes that hold a

lifetime of accumulated possessions, mementos and memories. To many elders, pets are considered a member of the family, no less cherished than long-grown children, and these beloved animals must be accommodated. Additionally, many elders are convinced that their homes are safe, simply because they survived whatever nature threw their way in the past. This false sense of security, combined with uncertainty about shelters or other arrangements, can lead to a decision not to evacuate, putting lives needlessly in jeopardy.

Our Department works continually with the aging network and local and state emergency management officials to increase awareness of these issues and ensure that plans and operations take these concerns into account. This preparation ensures that when a disaster occurs, Florida's elder citizens are well prepared.

Even though elders with special medical needs are particularly vulnerable to unfavorable health outcomes during disasters, they often have limited information on where to go and who to turn to for assistance. Although special needs shelters are available in each Florida county to accommodate those with special medical needs, elders may be reluctant to use this option because they wish to remain independent or simply don't know about the facilities. Individuals whose well-being is dependent on an uninterrupted supply of electrical power are particularly at risk when power outages and fuel shortages occur during an emergency.

It is incumbent upon city and county governments and the aging network to educate the elder population about the availability of special needs shelters, to ensure that those requiring special medical assistance are identified by and registered with emergency managers, to provide transportation to the shelters as needed, and to have appropriate services, nutrition and medical assistance available at the shelters. Reverse 911 emergency calls have proven quite effective in reaching vulnerable populations and providing updated information. Public health departments can and should be equal partners with public safety and other critical agencies in local emergency management systems, as they are responsible and accountable for the health and well-being of all citizens – particularly those with special needs.

Local health agencies are responsible for identifying and triaging those with special needs; ensuring that they are transported to appropriate shelters; meeting their medical, mental health and social-service needs while they are in shelter; conducting post-event planning; and ensuring that they are safely returned home or to other appropriate locations.

Catastrophic events, public health emergencies and long-term power outages create problems not only for frail elders but also for those elders who under normal circumstances are aging in place and leading healthy and independent lives. These self-sufficient elders may require assistance during an emergency if they find themselves stranded in their homes, separated from family and friends and without regular services that support their independent lives. In Florida, many older residents of high-rise condominiums find that even if their building remains livable, the elevators are not functioning and they cannot access medical care, appropriate nutrition and medicine.

To address this and other concerns, the Florida Legislature enacted comprehensive emergency management legislation in 2006, following the state's experiences of 2004 and 2005. Among other provisions, this legislation (Chapter 2006-71, Laws of Florida) established a requirement that emergency generators be available to operate public elevators in new and existing residential multi-family dwellings, including condominiums, that are at least 75 feet tall. The emergency power generated must be sufficient to operate at least one public elevator for at least five days after the regular power supply is cut off. The emergency power must also operate any connected fire alarm system that also controls elevator operation, as well as emergency lighting in certain indoor public areas. If the owners of the building do not want to purchase a suitable generator, they can instead pre-wire the elevator and other required systems to accept a generator and contract for an outside vendor to supply a generator and fuel source.

To ensure the well-being of Florida seniors before, during and after an emergency, the Department of Elder Affairs maintains very important relationships with a wide variety of outside organizations. We work with the American Red Cross to spread the word about their *Safe and Well* website, a secure internet site that lets residents of affected areas reassure loved ones and friends that they are safe. The Department works with the Red Cross to address other needs, and also works with the Salvation Army, Volunteer Florida and faith-based organizations. These volunteer-driven partners provide invaluable assistance in making contact with elders and helping them with meals, debris removal, transportation and, later in the process, home repairs.

RECOVERY

Once the immediate emergency has subsided and Florida has entered the recovery phase, certain questions must be addressed regarding seniors. An elder's home may be habitable, but will he be able to get to the one grocery store in town that has re-opened? She may have electricity, but what if the facility that supplies her oxygen canisters has been destroyed? He may have a two-week supply of his diabetes medicine remaining, but what if his doctor evacuated to another state and doesn't plan to return home for another month?

Before elders who are in special needs shelters are discharged to return home or go elsewhere in the community, these and other questions need to be considered. The Department of Elder Affairs has developed a *Rapid Needs Assessment and Discharge Planning Form* to help discharge planners determine whether a special needs client has a viable discharge plan to transition successfully back to his or her pre-event residence, or whether that client needs help developing an alternate relocation plan. This form may be used at special needs shelters and Disaster Recovery Centers, or in conjunction with community outreach efforts. The goal is to determine the status of elderly and vulnerable populations impacted by the emergency and to assist them in obtaining services and resources so they can successfully transition back into the community. The Department

of Elder Affairs has been actively involved with the Special Needs Shelters Interagency Committee in our state, working closely with the leadership of the Florida Department of Health's Office of Public Health Nursing. The form has been used by federal, state and county officials in Florida, as well as by authorities in several other states including California, Texas, Mississippi and Iowa. In an effort to make these materials more accessible, we have posted them on our website at <http://elderaffairs.state.fl.us/english/pubs/EU/EUdisaster/RapidNeedsAssessmentPlanningForm.pdf>.

Sometimes, circumstances call for a level of response that goes beyond the routine process envisioned with this form. As noted previously, the Florida Legislature adopted comprehensive emergency management legislation in 2006. One of the legislation's provisions authorizes the Secretary of the Department of Elder Affairs to convene Multiagency Special Needs Shelter Discharge Planning Response Teams at any time he or she deems it appropriate and necessary, or as requested by the State Emergency Operations Center. The goal of the response team is to assist local areas when they are severely impacted by a natural or manmade disaster that requires the use of special needs shelters. These teams can be activated to provide resource and logistical support to help local jurisdictions transition clients from special needs shelters back into their communities, making sure appropriate services and resources are in place. The following State of Florida agencies have designated employees in local communities and regions to serve on Discharge Planning Response Teams:

- Department of Elder Affairs
- Department of Health
- Department of Children and Families
- Department of Veterans' Affairs
- Department of Community Affairs
- Agency for Health Care Administration
- Agency for Persons with Disabilities

After a devastating emergency, one of the greatest needs for all residents is housing. This problem can be especially acute for seniors, whose concerns can range from affordability to interior mobility to safety accommodations. In 2004, Hurricane Ivan alone damaged or destroyed more than 40 percent of the housing stock in Escambia County – more than 50,000 housing units in Pensacola and the surrounding area. With the onset of multiple hurricanes and storms, many elders throughout Florida have found themselves displaced, living in temporary and/or substandard housing, and using significantly more of their income and savings for housing-related expenses. Soaring insurance premiums and risk-based pricing associated with these disasters have become serious concerns in our state.

Florida's recent experience with multiple storms taught the clear lesson that there is a significant need for residents and communities to be better prepared to meet post-disaster housing relief and recovery needs in the future. Florida emergency management officials are currently studying whether distressed and foreclosed properties may offer temporary solutions to affordable housing shortages after an emergency. However, even if it is

determined that this is an option, inspections would be needed to determine whether the homes are safe and suitable for occupancy or whether they have fallen into disrepair.

Because many elders live on fixed incomes, they are often adversely affected by financial issues following a disaster, including the cost of rebuilding a home and difficulty in obtaining adequate insurance coverage with affordable premiums. The Department's Disaster Preparedness and Emergency Operations Office has become a strategic partner with our Communities for a Lifetime Bureau, which helps communities implement elder-friendly enhancements that actually benefit people of all ages. Participating communities engage in a self-assessment and planning process, addressing a variety of areas including universal design for housing, accessibility, health care, transportation and efficient use of natural resources. The initiative focuses on enhancing opportunities for people of all ages to continue living in their own communities for a lifetime. These initiatives help communities in their efforts to ensure the safety of elders and vulnerable citizens in the event of an emergency.

A final consideration regarding elders in the post-disaster phase is the unpleasant reality that some see opportunity in others' misfortune. Natural disasters often attract scam artists, and their favorite target is seniors. Many elders grew up in a more trusting time, and this makes them potentially vulnerable to price gouging or outright theft, especially for home repair or debris cleanup activities. The Florida Attorney General's Office and the state's Division of Consumer Services (part of the Department of Agriculture and Consumer Services) both activate price-gouging hotlines in the wake of emergencies.

A variety of other legal service programs in Florida can assist seniors at such a time, including services funded by Title III B of the Older Americans Act, the statewide Senior Legal Helpline, local legal aid and legal service programs and local pro bono programs. However, it is unfortunate that many legal needs of elders in Florida go unmet following a disaster; we will continue to develop resources to ease this concern.

CONCLUSION

Florida demographers recently projected that among Florida's 4.4 million residents age 60 and older, some 1.3 million have at least one disability. Many of those without such a disability are nonetheless afflicted with the routine infirmities of age. Vulnerable populations are particularly at risk during and after a disaster. In order to give seniors the greatest chance to come through a disaster in the best possible physical and emotional condition, planners must consider their distinctive vulnerabilities beforehand.

The Department of Elder Affairs continues to ensure that the interests of the elder population are represented in local emergency response agencies and at each county's Emergency Operations Center. In this way, federal, state and local agencies, as well as non-governmental organizations, can do their best to plan for and meet the needs of elders during public health emergencies, catastrophic events or disasters.

The Department also seeks the support and assistance of Florida's eleven Area Agencies on Aging and the entire aging network. Working in partnership, these entities strive to identify and share available resources in order to locate and contact elders who may require assistance during an emergency.

One of the most important roles of local government is to protect citizens from harm, including disasters and emergencies. Most public health and county emergency preparedness activities address the needs of the general population well, but research has shown that agencies are not as well equipped to anticipate and respond to the needs of those populations most at risk for adverse health outcomes. Much work remains to be done at the local, state and federal levels in our response to the special needs population.

The problem can be addressed by coordinating the efforts of state and local emergency response planners with agencies, health care providers and advocacy groups that provide services to elders and vulnerable populations in each community on a daily basis. Collaborative planning ahead of time results in an improved emergency plan, a better determination of resource needs, and more informed actions and decisions.

Our goal is to ensure that every elder in Florida has and understands the information he or she needs to adequately prepare for, cope with and recover from any emergencies that may occur. Local agencies and advocacy groups can help achieve this goal by better defining the vulnerable populations in their communities and coordinating efforts to ensure that resources are available to help elder residents before, during and after emergencies. Our Department and all of Florida state government stands ready to assist emergency officials in each community as we constantly strive to improve Florida's disaster and emergency management plan for elders.

As Governor Charlie Crist and I travel our great state, we often meet with officials at local emergency operations centers to offer our support, ask how we can help, and thank them for their efforts. We are constantly reminded of how fortunate we are to have so many committed men and women who dedicate their lives every day to serving the citizens of our communities. There can be no higher calling.

I thank you for the opportunity to present this information today on behalf of Florida's elders, and am available to answer any questions you may have.

Senator MARTINEZ. Thank you, Secretary.
Ms. Polivka-West, welcome, also, and we'll hear from you now.

STATEMENT OF LuMARIE POLIVKA-WEST, SENIOR VICE PRESIDENT OF POLICY, FLORIDA HEALTH CARE ASSOCIATION, TALLAHASSEE, FL

Ms. POLIVKA-WEST. Good morning. My name is LuMarie Polivka-West, and I'm Senior Vice President with the Florida Health Care Association. I also serve as Principal Investigator for the national effort funded by the John A. Hartford Foundation focused on hurricane and disaster preparedness and long-term care facilities. I am here today on behalf of the American Health Care Association, the National Center for Assisted Living, and the 1.5 million frail older Americans who reside in skilled nursing facilities, and the additional 1.2 million who reside in assisted living facilities, a group particularly at high risk during disasters.

Thank you, Chairman Kohl and Ranking Member Martinez. We appreciate this opportunity for a national forum to discuss the unique challenges faced by older adults in long-term care facilities during disasters.

Hurricane Katrina focused national attention on the disproportionate vulnerability and mortality of elders during disasters. When Hurricane Katrina hit, only 15 percent of the population at New Orleans were age 60 and older, yet data from Knight-Ridder found that 74 percent of hurricane-related deaths were in that age group.

Not all died from the disastrous flooding. Many died from the heat, where the lack of the electricity to long-term care facilities spoiled medications, dehydration, or otherwise negatively impacted critical medical treatments and care services. Some were evacuated without their life-saving medications, and some very ill, aged individuals were transported to other States while their medical records and medications were left on the tarmac.

In February 2006, the John A. Hartford Foundation responded to the events of Hurricanes Katrina, Rita, and Wilma by supporting a Gulf Coast Hurricane Summit that identified issues critical to improving future nursing home preparedness.

The grant aimed to improve disaster preparedness through the development of a Disaster Planning Guide and software, and through the training exercises for nursing homes and assisting living facilities, and the convening of annual hurricane summits with national dissemination of material and findings through the American Health Care Association.

Hurricanes Charlie, Gustav, and Ike forced nursing homes to ask an important question, Is total evacuation before hurricanes best for residents? Preliminary analyses from a National Institute on Aging grant with Brown University and the University of South Florida suggests that evacuation is difficult for nursing home residents. If the study results continue to indicate that nursing home residents may fare better staying in buildings that will not flood, the Federal and State governments should help with the hardening of physical plants to withstand the force of winds.

Due to the very vulnerable and complex populations that we serve, it is essential that we work together with policymakers to

better prepare ourselves for a disaster. I would like to highlight six broad areas for critical review and consideration and better preparing and responding to large-scale disasters and evacuations.

First, the National Disaster Medical System should be reconfigured to support the evacuation and care of nursing home patients, assisted living residents, and people residing in residential care facilities for the elderly and developmentally disabled.

Second, it is essential that we, as a Nation, finally expedite the development of interoperable electronic health records.

Third, the Stafford Act excludes for-profit nursing homes that provide 80 percent of the care for nursing home residents through publicly funded Medicare and Medicaid from receiving Federal financial assistance during and after disasters. As a result, three-fourths of our Nation's nursing facilities are not eligible for this critical and necessary Federal assistance, and, at many localities, for-profit nursing facilities may be the only long-term care provider available. Amending the Stafford Act through the Nursing Home Emergency Assistance Act of 2009 would allow all the long-term care providers access to disaster relief funding.

Fourth, we must address emergency communications and faulty assumptions that communications in public-service infrastructure would still be in place in the aftermath of a disaster.

Fifth, the Federal Government agencies need to work together in identifying requirements for long-term care facilities and their all-hazard approaches to disaster preparedness. For example, preparedness for the H1N1 influenza pandemic involves the CDC, OSHA, CMS, HHS, DHS, and the State Departments of Health.

Sixth, new protocols are necessary to improve communications and coordination between all providers and local State and Federal Governments with a national response framework as the guide for planned development at all levels. The long-term care community alone cannot protect or prepare effectively for disasters. We must be a part of a larger unified national response.

I would like to thank the committee for providing this opportunity to share our thoughts. I, along with the American Health Care Association, National Center for Assisted Living, and the Florida Health Care Association, look forward to continuing a positive, constructive dialog that results in the only statistic that matters: the number of lives saved by an intelligent, well-executed disaster plan that includes the needs of older adults and persons with disabilities in long-term care facilities.

Thank you.

[The prepared statement of Ms. Polivka-West follows.]



**STATEMENT
Of
LuMarie Polivka-West
Of the Florida Health Care Association**

***On Behalf Of The*
American Health Care Association & National Center for Assisted Living
And Florida Health Care Association**

***Before The*
U.S. Senate Special Committee on Aging
Hearing On
Hurricane and Disaster Preparedness for Long Term Care Facilities**

June 24, 2009

Good morning. My name is LuMarie Polivka-West, Senior Vice President with the Florida Health Care Association (FHCA) in Tallahassee, Florida. I also serve as the Principal Investigator for a national effort funded by the John A. Hartford Foundation focused on "Hurricane and Disaster Preparedness for Long term Care Facilities." I am here today on behalf of the 1.5 million frail older Americans who reside in long term care facilities every day – a group at particularly high risk during disasters. I want to thank Chairman Herb Kohl, Ranking Member Mel Martinez, and the other members of the Senate Special Committee on Aging for providing this important national forum to discuss the unique challenges faced by older adults in long term care facilities during disasters.

As a member of the American Health Care Association's Disaster Planning Committee, I see firsthand how disasters affect the long term care community. The 2005 hurricane season revealed that nursing homes and assisted living communities, unlike hospitals, were not incorporated into local and national emergency response systems. During hurricane planning, nursing home administrators did not have the same knowledge or guidance about when and if they should evacuate as hospitals did. Following several hurricanes during that season, utility services did not understand the special needs of the frail elderly and those with disabilities in nursing homes and assisted living communities, leaving them without electricity and telephone services because of a lack of prioritization.

Hurricane Katrina especially focused national attention on the disproportionate vulnerability and mortality of elders during disasters. When Katrina hit, only 15 percent of the population in New Orleans was age sixty and older, yet data from Knight-Ridder found that 74 percent of hurricane-related deaths were in that age group. These elderly citizens did not all die from the disastrous flooding. Many died from the heat,

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when lack of electricity to long term care facilities caused dehydration, spoiled medications, or otherwise negatively impacted critical medical treatments and care services. Some individuals were evacuated without their life-saving medications. Due to a lack of coordination, some very ill, aged individuals were left on tarmacs without identification, separated from medical records and medications, and transported to other states.

Many states lacked policies to prioritize long term care facilities for utility restoration. As a result, in most states, long term care facilities caring for elders with immediate needs such as oxygen and dialysis, requiring refrigeration for medications, and desperately needing phone service to link with medical providers had the same priority for utility restoration as the local convenience store. Despite the frail community they served, some skilled nursing facilities and assisted living residences were left without power for over two weeks. In stark contrast, hospitals in those same areas were prioritized for rapid restoration of service.

In February 2006, the John A. Hartford Foundation responded to the events of Hurricanes Katrina, Rita, and Wilma by supporting a *Gulf Coast Hurricane Summit* that identified issues critical to improving future nursing home preparedness. The grant to the Florida Health Care Education and Development Foundation aimed to improve disaster preparedness for nursing homes through three primary activities:

- The development of a disaster planning guide and software for nursing homes and assisted living facilities modeled after Florida Health Care Association's template and including new Centers for Disease Control guidance
- The creation of training "exercises" to test the readiness of nursing home and assisted living staff in a disaster, and
- The convening of annual hurricane summits with national dissemination of findings and materials in collaboration with the American Health Care Association and National Center for Assisted Living (AHCA/NCAL).

Along with the collaboration with AHCA/NCAL, the effort has included the strong support of partners such as the University of South Florida, AARP, the Florida Department of Health, and Federal collaborators participating in the Summits. The first Hurricane Summit, held in February 2006, brought together state long term care leaders of the Gulf Coast states and two federal partners, the Department of Health and Human Services' Office of Disaster Preparedness and the Office of the Inspector General.

The first Long Term Care Hurricane Summit identified a major problem – long term care providers were not incorporated into existing emergency response systems and plans – at the federal, state, or local levels. Long term care was an afterthought. Vulnerable medically frail elderly and disabled patients and residents were largely dependent upon the limited capability of each individual provider and their individual disaster plan, which was not coordinated with governmental emergency efforts. To resolve this problem, the 2006 and 2007 Hurricane Summit participants recommended that the National Response Plan incorporate long term care facilities in its unified, all-discipline, all hazards approach to disaster planning, response and recovery. This recommendation matches up with the Post-Katrina Emergency Reform Act, which charged the Federal Emergency Management Agency (FEMA) with responsibility for developing a coordinated and integrated national preparedness system.

In January 2008, the Department of Homeland Security issued the National Response Framework (NRF) to replace the National Response Plan. While the National Response Plan had no mention of special needs populations, the NRF minimally included individuals with special needs. Specifically, at several places in

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the NRF, it mentions “Individuals with special needs, including those with service animals.” However, “individuals with special needs” is an umbrella term, covering many diverse groups of people. Those individuals residing in long term care facilities remain undifferentiated at the national level in disaster planning to this day.

The American Health Care Association, National Center for Assisted Living, and the Florida Health Care Association believe that the NRF and national guidelines should more fully address the very disparate special needs population and should specifically identify fragile individuals who live in long term care settings. Without this expansion, the NRF does not correct problems that came to light in our national response to Hurricanes Katrina and Rita. During that extremely difficult time, although federal assets were directed to the disaster states, long term care received, at best, extremely limited federal assistance because long term care was not in the National Response Plan. Clearly, identifying long term care in national preparation and response policy is important both to ensure that federal assets are directed to long term care settings as needed and to ensure that state and local governments receive clear guidance on the importance of responding to the needs of this vulnerable population during times of disaster.

On a more positive note, we have been impressed with the Department of Health and Human Services Office of the Assistant Secretary for Preparedness & Response who, since Hurricanes Katrina and Rita, plan comprehensively and integrate long term care into their planning, gap analyses, and other preparedness activities.

At the state level, nursing homes and assisted living facilities caring for these vulnerable citizens are tasked with establishing and maintaining emergency or disaster plans for the care and protection of residents. But the plans become ineffective if the resources are unavailable and needs of these older adults are not considered by local and national disaster response systems.

When disastrous conditions arise, long term care facilities must take quick, decisive action to follow through on their plans. Emergencies can be relatively localized events like tornadoes and wildfires, or may encompass large geographic regions as in the case of earthquakes, hurricanes, and pandemic flu. The speed at which events unfold can vary greatly. Hurricane Katrina was tracked as a monster storm for two to three days prior to landfall, while Hurricane Wilma intensified explosively, catching many in south Florida off-guard.

While planning for every scenario is impossible, the disaster mitigation and response plans developed under the auspices of the John A. Hartford Foundation grant for nursing homes and assisted living facilities are comprehensive by design, incorporating extensive protocols and agreements to facilitate the appropriate sheltering-in-place whenever possible or if necessary, the guidance for safe evacuation. *The Emergency Management Guide for Nursing Homes* is nationally recognized as the most comprehensive emergency response template, and is recommended for use by the long term care profession at large.

Laws and regulations in most states now require comprehensive emergency planning to ensure the protection of long term care facility residents; their proper nutrition and hydration; adequate staffing before, during, and after an event; and maintenance of essential communications with both families and government officials. There are also requirements for the safe transportation of all of our frail, elderly and disabled residents in the event conditions warrant swift relocation.

Redundancy in disaster planning is critical, as it is a certainty that resources will be stretched thin by constantly changing conditions. Facilities are encouraged to enter into contracts with multiple vendors for

the provision of food, water, emergency power, and evacuation transportation. We learned this through the experiences of eight major hurricanes in 2004-05 and by bringing together the expertise across the southeastern states and our federal partners.

When Hurricane Charley made landfall on August 13, 2004, for example, it was not expected to turn into Port Charlotte, Florida as a strong, Category 4 storm with winds reported up to 180 miles per hour in Punta Gorda, Florida. Roofs were simply blown away from hospitals, nursing homes, assisted living facilities, and residential homes across a wide swath of southwest Florida, up through Orlando and northeast to Jacksonville.

Facility contracts with emergency transport collapsed as ambulances were used by hospitals for evacuation in southwest Florida, significantly decreasing the ability to safely transport nursing home and assisted living residents. Thousands of nursing home and assisted living facility residents were properly and effectively evacuated from the St. Petersburg and Tampa areas into central Florida around Orlando. Unfortunately, that is precisely the direction Hurricane Charley followed, damaging the facilities that had accepted the evacuees from Tampa and St. Petersburg. Consequently, the day after Hurricane Charley wreaked havoc and destruction throughout central Florida, emergency transport was desperately needed through the southern half of the state as well. We learned the importance of long term care facilities hardening their physical plants even more to withstand the force of such winds because of the gaps in evacuation transportation.

Hurricanes Charley, Gustav and Ike forced nursing homes to ask an important question: "Is total evacuation before hurricanes best for residents?" With funding from The National Institute on Aging, researchers from Brown University and the University of South Florida are examining nursing home residents' deaths and hospitalizations for facilities that evacuated residents versus those that sheltered residents in place. Preliminary analyses from the research grant, "Strategic Approach to Facilitating Evacuation by Health Assessment of Vulnerable Elderly in Nursing Homes" (SAFE HAVEN) suggest that evacuation is difficult for nursing home residents. If the study results continue to indicate that nursing home residents may fare better staying in buildings that will not be flooded, the federal and state governments should help with the "hardening" of physical plants to withstand the force of winds.

Unfortunately, under current law, for-profit long term care providers including those that provide "medical, rehabilitation, and temporary or permanent custodial care facilities...for the aged and disabled," are precluded from accessing funding available through the *Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act)*, which allows the President of the United States to declare federal disaster areas which enables authorities to access a wide range of federal aid. As a result, less than one third of all of our nation's nursing facilities, the 26.5 percent that are not for profit, are eligible for this critical and necessary federal assistance. Passage of the *Nursing Home Emergency Assistance Act* would rectify this disparity.

I spoke before the National Transportation Safety Board in August 2006 after the Wilmer, Texas bus accident that took the lives of 23 elders trying to evacuate from a Houston assisted living facility. My message explained how transportation during an evacuation is a resource-intensive undertaking. Cognitively-impaired and physically incapacitated residents of nursing homes and assisted living facilities cannot simply be "herded" onto buses and vans. Handicapped-accessible vehicles, equipped with wheel-chair lifts, are required to safely, comfortably, and properly transport the most fragile elders. Residents undergoing rehabilitation or suffering from a debilitating illness may require more specialized transportation in ambulances.

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Whichever form of specialized transportation is required, the equipment is expensive to acquire and maintain. Specialized vehicles are a high-cost item for any entity operating them – be they public health agencies, hospitals and nursing homes, or private ambulance companies. As a result – and this is among the most important points that I want to leave you with today – the number of available ground transport vehicles in any region is insufficient to meet the transport demand created by a large scale, mass evacuation. Capacity simply will not meet demand – and this is the issue at hand. It is for this reason that resources must be shared and the needs of older adults in long term care facilities must be part of the National Preparedness Guidelines, especially since the demographic projections show sharp increases in this population during the coming years.

For example, Duval County in Florida, which encompasses the City of Jacksonville, has a total capacity of 9,450 licensed beds, including all eleven hospitals, thirty nursing homes, and sixty-six assisted living facilities. Yet, there are only 107 ground-based, medical transport vehicles licensed to operate in Duval County that could be utilized to transport frail, ill, or injured individuals. Logically, as a solution, school buses, metro buses and private charter bus companies have the potential to provide an additional means of evacuation.

Clearly, the ability to implement an effective, smooth mass evacuation of patients from an impacted area remains an unresolved issue. The Region IV Unified Planning Coalition, made up of the emergency operations officers of all the states in Region IV, has developed a standard patient movement concept of operations in which “patient” is defined more broadly to include long term care residents. This patient movement concept could be, we believe, a model for the nation.

Facilities contracting with third-party, commercial transportation companies rely upon those companies to provide safe, properly maintained, and clean vehicles with trained, competent operators. Indeed, the burden of vehicle maintenance and legal liability is placed upon the licensed owner and operator, as defined and enforced by both federal and state laws and regulations.

At the threat of any major storm, Florida Health Care Association (FHCA), representing the majority of the state’s long term care facilities, is in continuous communications with representatives from the state Emergency Operations Center (EOC), Florida Department of Health, Agency for Health Care Administration, and Florida Power & Light, and coordinates volunteer members of the Association’s disaster preparedness committee to assist long term care facilities in every region in Florida. This is the model that is promoted for every state to follow to ensure that the needs of our vulnerable residents are integrated into and coordinated with relevant agencies.

FHCA has a comprehensive emergency preparedness page on its Web site and has a number of resources available to help facilities continuously enhance their disaster plans. Many of these have been developed by FHCA in partnership with the John A. Hartford Foundation, University of South Florida and the Florida Department of Health. These include:

- The Emergency Management Guide for Nursing Homes, which provides an overview of how to develop a comprehensive emergency plan, details for creating policies and procedures and a template for conducting training and exercises based on the Department of Homeland Security Exercise and Evaluation Program;

- The Comprehensive Emergency Management Software Application for Nursing Homes, which offers a step-by-step development of individualized emergency plans that reflect the facilities particular hazards and vulnerabilities;
- The National Criteria on Evacuation Decision Making, which identifies key decision-making markers that may be used in any emergency event, with a special focus on hurricanes and tropical storms;
- The Nursing Home Incident Command System, which is a uniform management tool modeled after the federal Emergency Management System that helps to integrate equipment, personnel, procedures, and communications operating within a common organizational structure;
- Year-round training on emergency preparedness, tabletop exercises and mock disaster drills;
- Resources on transportation, psychological first aid, volunteer support;
- Weekly emergency preparedness tips; and
- Resource links to important emergency resources.

Our goal is to keep facilities informed, up-to-date and disaster-ready by being proactive with these types of tools. The American Health Care Association and National Center for Assisted Living help disseminate relevant and appropriate information to long term care facilities across the nation and also actively work to educate the national membership to be disaster-ready.

To better prepare ourselves for any disaster, there are six broad areas to assess as we review, revamp, and recalibrate how to prepare and respond to large-scale disasters and evacuations:

- First, the National Disaster Medical System should be reconfigured to support the evacuation and care of nursing home patients/residents, assisted living residents, and people residing in residential care facilities for the elderly and developmentally disabled. The 2006 Government Accountability Office (GAO) study, *Disaster Preparedness: Limitations in Federal Evacuation Assistance Should Be Addressed*, found that this is a serious limitation.
- Second, it is essential that we, as a nation, finally expedite the development of interoperable electronic health records (EHRs). Our nation's lack of an interoperable electronic health information infrastructure that houses and allows access to personal health and medical information left evacuees of Hurricanes Katrina and Rita without sufficient records to allow caregivers to make appropriate and safe decisions about immediate care. It is safe to speculate that some lives may have been saved last year, and lives could be saved in the future, if our state and federal governments work together to make electronic health information uniformly available in the field, and not just an item on our public policy wish list.
- Third, the *Stafford Act* excludes for-profit nursing homes that provide care to the publicly funded Medicare and Medicaid residents from receiving federal financial assistance during and after disasters. As a result, less than one third of all of our nation's nursing facilities are eligible for this critical and necessary federal assistance. In many localities, for-profit nursing facilities may be the only long term care provider available and thereby should be provided with equal access to federal resources so that they may continue or resume care of their patients and others in the community. We support the *Nursing Home Emergency Assistance Act of 2009 (H.R. 1494)*, which amends the *Stafford Act* to permit all long term care providers – including private for-profit facilities – access to disaster relief funding to ensure that all vulnerable residents of long term care facilities have access to essential long term care services during natural disasters or man-made catastrophes.

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- Fourth, we must address emergency communications. The fatal weakness of many failed emergency plans is the assumption that communications and public service infrastructures would still be in place in the aftermath of a disaster. This may well mean that local health care providers and facilities, as well as local police, ambulance services, and others involved in search and rescue, will require satellite phone capacity, or broadband satellite Internet capacity, powered by generators. Who would pay for such capacity? This is a timely and necessary consideration and discussion point.
- Fifth, the federal government agencies need to work together in identifying requirements for long term care facilities in their all hazard approaches to disaster preparedness. The current novel H1N1 Influenza A pandemic provides an example of difficulties when federal agencies are not in sync. Long term care facilities prepare annually for seasonal influenza and also have been planning for a pandemic. Thus, when the H1N1 influenza A virus was identified in an employee of a large nursing facility in New York, the facility successfully prevented a wide scale outbreak and its patients were protected and safe. But nursing facilities are grappling now with confusing governmental regulations as they continue to plan for a potential pandemic this fall. Specifically, whether nursing facilities need to plan for N95 respirators for their employees is uncertain and confusing. In the early stages of the H1N1 influenza pandemic, there was a lack of knowledge about the transmission dynamics of the novel H1N1 virus and to be cautious, CDC recommended N95 respirators in long term care facilities even though long term care facilities normally do not use N95s and do not stock them. Now that more is known about how the H1N1 virus is transmitted, CDC is reconsidering its recommendation. The Society for Healthcare Epidemiology of America (SHEA) released a position paper in which they oppose the use of N95s for respiratory protection during routine patient care activities. SHEA notes that the inappropriate and widespread use of N95 respirators for all novel H1N1 patient care activities does not provide increased protection against the virus and may have an adverse impact on patient and healthcare worker safety. Yet, the Centers for Medicare and Medicaid Services (CMS) who regulates nursing facilities, has tasked federal and state surveyors with reviewing nursing home plans for N95 respirators. Use of the N95 sets off the OSHA Respiratory Protection Standard that requires fit testing and medical screening. The N95 equipment is complex and expensive with both reimbursement and its need uncertain.
- Sixth, new protocols are necessary to improve communications and coordination between all providers and the local, state, and federal governments with the National Response Framework as the guide for plan development at all levels. While the long term care community prides itself on its preparatory work and planning for emergencies, the long term care community alone cannot prepare effectively for disaster; we must be part of the larger unified national response.

The road ahead is no doubt challenging, but the important task before us is to objectively examine how local, state, and federal governments – working with transportation, health care and business groups – can better prepare for and coordinate disaster recovery efforts for our most vulnerable citizens, not just in Florida and the Gulf States, but nationwide.

I would like to thank the Senate Special Committee on Aging for providing this opportunity to share thoughts, experiences, and ideas. I, along with the American Health Care Association, National Center for Assisted Living and the Florida Health Care Association, look forward to continuing a positive, constructive dialogue that results in the only statistic that matters: the number of lives saved by an

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1201 L Street, NW, Washington, DC, 20005 – www.ahcancal.org

intelligent, well-executed disaster plan that includes the needs of older adults and persons with disabilities in long term care facilities. Thank you.

Senator MARTINEZ [continuing]. Now, we hear from you, Ms. Markwood.

STATEMENT OF SANDY MARKWOOD, CHIEF EXECUTIVE OFFICER, NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING, WASHINGTON, DC

Ms. MARKWOOD. Thank you. Good morning, Chairman Kohl, Ranking Member Martinez. My name—

Senator MARTINEZ. I don't think your mike is on.

Ms. MARKWOOD. Is it on now? Can you hear me? Great. It works? OK.

Senator MARTINEZ. There you go.

Ms. MARKWOOD. My name is Sandy Markwood, and I'm the Chief Executive Officer of the National Association of Area Agencies on Aging. n4a represents the 629 Area Agencies on Aging, or "triple-As," as we all them, and 246 Title 6 Native American programs that, today, and every day, are assisting millions of older adults and caregivers in communities across the country.

I want to thank the committee for inviting n4a to testify on the issue of emergency preparedness and the ongoing efforts of Area Agencies and Aging Services Network to meet the special needs of older adults in advance of, during, and after a disaster or an emergency.

As has been pointed out by the other panelists, AAAs have found that in disasters older adults have distinct needs that need to be present, and challenges that communitywide emergency planning and response efforts need to address. Each stage of an emergency during evacuations and emergency shelters or when returning to the community needs to be handled differently when dealing with frail older adults.

During a crisis, frail seniors may need extensive health supports and services to survive. Many times, their needs are too complex, serious, and individualized to be treated with a one-size-fits-all approach that shelters and relief organizations are able to offer as they work to serve the needs of the broader population. Volunteers and workers unfamiliar with older adults' needs may not recognize or know how to deal with the important signals that would indicate a senior's state of mind or their body. Addressing the needs of those with chronic conditions and dementia become particularly difficult in a disaster situation.

Providing continuity of services to older adults after disasters as they move from shelters to temporary housing also poses significant challenges. AAAs have experienced difficulty locating older adults who they know need gap-filling services due to regulations that prevent emergency response agencies from disclosing their new location once they've moved from a shelter to a temporary housing. AAAs have also found it difficult to assist disaster victims in making the transition back into the community, back into their home, due to lack of post-disaster resources available for such necessities as temporary housing, home repairs, and chore services.

Pulling your life back together after a disaster is difficult for anybody of any age, but for older adults, the challenges can be as life-altering and as life-threatening as the disaster itself.

During last year's deadly floods in Iowa, nearly 65,000 Iowans age 60 and older requested assistance. Some of these older adults required a wide range of supports beyond what FEMA and other entities could offer. What we heard from our members in Iowa is an example of the thousands of older adults that sought AAA assistance. A typical request would come from an 88-year-old woman who had lost everything in the flood. She would need help securing replacement prescription medications and other medical devices, navigating the disaster relief channels and paperwork, including handling personal financial affairs, especially if a family member wasn't present; managing her activities of daily living, particularly if her regular caregiver was displaced by the flood; and identifying appropriate affordable short-term housing until she can return home. Without this level of assistance, she would be forced to move into an unwanted and expensive institutional-care settings, many times located in another community, and, many times, for the rest of her life.

In order to succeed as the first line of response for older adults in disasters, the Aging Services Network must have better access to decisionmakers to be directly involved in long-range planning, to be at the table in order to coordinate emergency services, and to have adequate resources, as well as the technology and communication tools necessary, to adequately respond to the needs of older adults.

To strengthen national, State, and local efforts to address the needs of older adults in emergencies, n4a recommends that the following steps be taken:

First, we need to promote, Federal, State, and local information-sharing. There needs to be a consistent policy to ensure that FEMA registration information for the age-60-and-older population is shared with State units and AAAs in federally declared disaster areas.

Second, we need to make community-level special-needs registries a high priority. Federal grant funding should be established through the Administration on Aging to support community-level work by AAAs to develop emergency preparedness registry systems for older adults and special-needs populations, utilizing geographic mapping technology.

Third, we need to reinforce existing Federal policies to formalize coordination plans. Using the great experience of Florida as a national model, Congress should build on the emergency preparedness provisions added to the Older Americans Act in 2006 by requiring that the FEMA and other State and local emergency preparedness agencies formalize coordination plans with the Aging Services Network.

Fourth, create a DHS-AOA interagency education program. We need to encourage the Department of Homeland Security and AOA establish an interagency program that would facilitate cross-agency training opportunities and provide the on-the-ground orientation to both networks on how they can more effectively work together and better utilize each other's resources during disaster planning, response, and recovery efforts.

Also, finally, we need to urge Congress to fulfill the promise of the Older Americans Act by funding its emergency planning provi-

sions, directing resources to the Administration on Aging, State Units on Aging, and AAAs to support these critical efforts.

After the floods in Iowa, AOA only had \$50,000 of disaster aid to distribute to 11 flood-ravaged AAAs, out of the total disaster allocation of AOA of \$300,000. This just isn't enough resources to meet the need.

As Congress looks ahead to the reauthorization of the Older Americans Act in 2011, we encourage policymakers to strengthen the Older Americans Act Disaster Assistance Program.

Thank you, Chairman Kohl, Ranking Member Martinez, for holding today's hearing and for calling the necessary attention to the special needs of older Americans during times of disasters. I'd be happy to answer any questions.

[The prepared statement of Ms. Markwood follows:]



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TESTIMONY OF

Sandy Markwood

**Chief Executive Officer
National Association of Area Agencies on Aging (n4a)**

BEFORE THE

U.S. Senate Special Committee on Aging

“Emergency Preparedness, Protecting Aging & Special Needs
Populations”

June 24, 2009, 10:30 a.m.
562 Dirksen Senate Office Building
Washington, DC

Good morning, Chairman Kohl, Ranking Member Martinez and other distinguished members of the Committee, my name is Sandy Markwood. I am the Chief Executive Officer of the National Association of Area Agencies on Aging (n4a).

n4a represents our nation's 629 Area Agencies on Aging, or AAAs as they are known, and 244 Title VI Native American aging programs that serve older adults and caregivers around the country. As the local component of the Aging Services Network, AAAs and Title VI aging programs have successfully delivered aging services in every community across the country for more than 35 years, and provide assistance to over 8 million older Americans annually.

I want to thank the Committee for inviting n4a to testify on the issue of emergency preparedness, and the ongoing efforts of AAAs and the Aging Services Network to meet the special needs of older Americans in advance of, during and after a disaster or emergency.

Due to the demographic shift over the next 15 to 20 years and a corresponding increase in the percentage of older adults aging in place in their homes and communities, the challenge of addressing the special needs of older adults in disaster planning, response and recovery efforts will continue to grow in importance.

As we all know, the events surrounding Hurricanes Katrina, Rita and Wilma in 2005 served as a "focusing event" to draw attention to the disproportionate burdens that elders face during disasters and the need to better plan to address their special needs during response and recovery efforts.

Depending on a number of factors such as aging demographics and the prevalence of natural disasters, states have been successful to varying degrees in integrating the needs of the older adult population into their emergency preparedness plans. But one thing is clear: the most successful states and localities have ongoing, collaborative efforts between their emergency management and health and social services agencies and have involved the Aging Services Network.

The Special Needs of Older Adults in Disasters

There are a number of unique circumstances that must be taken into account when addressing the needs of older adults in times of emergencies or disasters. Drawing on her experience from the 2004 and 2005 hurricane seasons, in October 2005 testimony before this Committee, Leigh Wade-Schild, Director of the Area Agency on Aging of Southwest Florida, explained some of the challenges:

“The challenges [are] transporting older adults; providing appropriate health services and nutrition; meeting the special needs of people with limiting conditions such as hearing loss and dementia; emotional issues, complicated by separation from loved ones and caregivers; and a particular vulnerability to those who prey on older adults.”

By definition, disasters and other emergencies reduce any agency’s capacity to conduct business as usual. In order to succeed as the first line of response for older adults, the Aging Services Network must have better access to decision-makers, be directly involved in long-range planning, be at the table in order to coordinate services, and have adequate resources and technology and communication tools to adequately respond to older adults’ needs.

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

AAAs have found through their experiences in responding to disasters that older adults have distinct needs that present challenges to community-wide emergency planning and response. Each stage of an emergency—during evacuation, at emergency shelters or when returning to the community—needs to be handled differently when dealing with frail, older adults.

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

Aging Services Network's Role in Planning for and Responding to the Needs of Older Adults in a Disaster

As the hurricanes of 2004 and 2005 and subsequent disasters have shown, the Aging Services Network plays a critical role in responding to the needs of older adults during emergencies. Advanced planning, prevention, communication, and state and local partnerships have proven to be critical in helping to ensure the safety and well-being of frail older adults, especially those who are particularly vulnerable in a disaster or emergency.

The U.S. Administration on Aging (AoA) and the Aging Services Network actively work in partnership with other federal, state and local agencies, to help prepare for and respond to emergencies. AoA has worked with the Federal Emergency Management Agency (FEMA) to deploy personnel on human services mission assignments to ensure that seniors and individuals with special needs receive appropriate assistance. This leadership was evident during the response to the Iowa floods in 2008, when AoA called on experienced Aging Service Network staff from Florida to help provide the Iowa AAAs with valuable technical assistance during the disaster. To help reach affected older adults more quickly, AoA has gathered data and information to assess the status of special needs populations, in order to identify, track and prioritize assistance through the Aging Services Network.

In addition to its role in partnering with other federal agencies, AoA distributes disaster assistance funding to State Units on Aging (SUAs) and Tribal Organizations to help reimburse their additional service costs during federally declared disasters. This funding is available under Title III of the Older Americans Act on a set-aside basis. The total amount of funding available is specified under Section 310 of the Act as an amount from Title III equal to 2 percent of the appropriation for Title IV Program Innovations. In recent years, the amount of Title IV funding available has decreased dramatically, curtailing the amount disaster funds available in a given year.

In FY 2008, AoA drew upon this funding source to provide seven disaster assistance grants totaling nearly \$300,000 to six states including Florida, Iowa, Louisiana, Maine, Ohio and Texas. In areas of Louisiana hardest hit by hurricanes Gustav and Ike in September 2008, it was estimated that approximately 600,000 older adults age 60 and older were directly affected. All of the state's 36 AAAs reported some impact from the storms, and an estimated

575,000 older adults needed to be evacuated during the height of the two hurricanes. In December, AoA released \$60,000 to the Louisiana SUA to assist in relief efforts.

Last June, during the most devastating floods in Iowa's history, nearly 65,000 Iowans age 60 and older requested assistance. In response, AoA distributed a total of \$50,000 to 11 of the 13 AAAs to help defray the cost of providing gap-filling services such as case management, meals, transportation, chore services, home repairs, and adult protective services. During the floods and in the long recovery period that followed, older adults needed a wide range of supports beyond what FEMA and other entities could offer. For example, an 88-year-old woman who lost everything would need help:

- Accessing appropriate transportation during evacuation so she can get to shelter safely;
- Securing replacement prescription medication and other medical devices she relies on to maintain her health;
- Navigating the disaster relief channels and paperwork, including handling personal financial affairs if a family member is not available;
- Managing her activities of daily living, particularly if her regular caregiver was also displaced by the flood;
- Identifying appropriate affordable short-term housing until she can return to her home and ensuring that the disaster does not force her into expensive institutional care in the long run; and
- Obtaining other special assistance she needs to stay healthy and independent after the emergency.

Disasters wreck havoc in everyone's lives, to be sure, but the needs of older adults further complicate assistance efforts. The professionals who assist such older adults must continue to be involved in their lives during times of crisis or other emergency.

New Survey Results Shed Light on AAA Emergency Preparedness Planning Efforts

Based on preliminary findings from a June 2009 survey conducted by n4a and Scripps Gerontology Center at Miami University on emergency preparedness, 25 percent of the 59 percent of AAAs responding reported that they were located in a Planning and Service Area (PSA) that has been part of a federally declared disaster. Out of those responding, 94 percent rated their emergency preparedness plan effective or somewhat effective, and 97 percent of respondents said they review and revise their plans on an annual or more frequent basis. Sixty-five percent of AAAs reported that their emergency plan is part of a local, city, county or regional plan, while 44 percent reported their plan is part of a SUA plan or a statewide plan organized by the Governor. Twenty-six percent of respondents indicated that they were part of multiple emergency plans.

The survey also offers a sense of the types of information contained in AAA emergency preparedness and response plans. AAAs reported that their plans included the following items:

- Provisions for the elderly and disabled including those who may be homebound, live alone and have other special needs (77 percent);
- Processes for documenting essential information useful for emergency responders in prioritizing essential activities in a disaster event (69 percent);
- Guidelines for citizens to develop their own plan, disaster kits and emergency contact information (59 percent);
- Plans for obtaining back-up food, water and other essential supplies that would be readily available if needed (55 percent);

- Provisions for public education (49 percent);
- Enlistment of volunteers to help with planning, training, communications and general assistance in times of emergency (37 percent);
- Collaborative arrangements with nursing homes in the PSA (31 percent);
- Collaborative arrangements with other AAAs in neighboring areas (27 percent);
- Collaborative arrangements with assisted living facilities in the PSA (25 percent); and
- Arrangements for handling pets (20 percent).

Additionally, the survey indicates that AAAs include the following provisions in their plans to continue providing services during a disaster:

- Information about locations with large concentrations of elders (71 percent);
- Contact information for caregivers of frail elderly (69 percent);
- An emergency operations plan if the location of the AAA is directly affected by a disaster (64 percent);
- A contingency plan if the home-delivered meals program is unable to operate for several days (62 percent);
- A system for knowing the location of frail individuals who are relocated during a disaster (52 percent);
- A registry for clients who require ongoing assistance (40 percent);
- A transportation plan for frail individuals who need assistance relocating from their homes (40 percent);
- Geographically mapped information including locations that could serve as service delivery points during the recovery period (19 percent);
- Provisions for obtaining and dispensing prescription drugs (17 percent); and
- Geographically mapped locations of frail individuals or clients who require ongoing access to electronic equipment essential to their health (15 percent).

Importance of Long-Range Planning and Interagency Coordination Efforts

Recognizing the importance of coordinated planning efforts, in the 2006 Amendments to the Older Americans Act, Congress included new provisions that require state and area plans to “include information detailing how [SUA and AAAs] will coordinate activities, and develop long-range emergency plans, with local and state emergency response agencies, relief organizations, local and state governments, and any other institutions that have responsibility for disaster relief service delivery.”

In order to fulfill this mandated planning role, AAAs must be at the table when federal, state and local governments draft emergency plans. AAAs represent a vulnerable population whose special needs are not always appropriately supported in times of crisis. The Aging Services Network offers key essentials in emergency situations, including access to qualified staff, supplies and other resources, as well as direct ties to the community. Emergency and relief personnel should be prepared and directed to work in concert with AAA staff and volunteers so that older adults are provided appropriate, flexible and responsive assistance. This cannot happen unless AAAs are directly involved in the long-range disaster planning process.

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

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

For example, the Heritage AAA in Cedar Rapids, Iowa, which covers a rural seven-county area including Iowa City, staffed Disaster Recovery Centers following the floods last year. The AAA played a key "second responder" role working with clients by providing one-on-one assistance and case management services. The AAA also worked with clients at special needs shelters in their area. Each county has their own agreements for transportation services between Emergency Preparedness agencies and local providers.

In an effort to promote greater coordination, the Heritage AAA has created a disaster planning work group that includes local aging providers. They require all providers to have an emergency plan in place in order to receive funding from the AAA. The AAA has worked in Linn County, Iowa, to update the county emergency registry, which provided critical information during the floods last year. Additionally, the AAA recognizes one of its most important roles is conducting pre- and post-disaster awareness campaigns to educate residents about preparing for emergencies and the resources available to older adults and persons with disabilities with special needs.

During a tornado threat last year, the Weld County AAA in Colorado did door-to-door checks of vulnerable older adults and contacted providers to ensure continuation of operations, and

then focused on client assessment and assistance following the emergency. Unfortunately, the AAA reported that some emergency shelters were not adequate for older adults and there were no special needs shelters available. To improve this situation, the Weld County AAA is participating in a special needs work group, which is meeting regularly to look at ways to create a special needs registry similar to other counties, as well as developing plans for special needs shelters. Current challenges include developing connections with Emergency Preparedness agencies and understanding their institutional culture. The lack of coordination of transportation providers between agencies and the need for adequate resources to support coordination activities have also been identified as barriers.

In Florida, the Area Agency on Aging of Palm Beach and Treasure Coast has worked with its provider network and older volunteers to advance emergency readiness work following the 2004 and 2005 hurricane seasons. In partnership with the Board of County Commissioners of Palm Beach County and its Emergency Operating Center, the AAA has assigned two individuals to each of the County's six newly designated "emergency operating areas" to advance community response time and work. The AAA has also worked with County officials to identify leadership within senior communities to coordinate emergency planning and response activities and to develop and maintain a registry of at-risk elders.

Building on the concept of neighbor helping neighbor, the AAA also developed an informal emergency notification door hanger project. Following a disaster event, the senior or person with a disability simply hangs the door hanger on his or her door or in a visible window, signaling to community responders whether help is needed or not. To date, more than one million of the emergency door hangers have been distributed throughout the AAA's five-county service area. In recognition of its community-based coordination role, the AAA has

also been assigned a permanent seat at the Emergency Operations Center to assist in responding to emergency requests for food and water needs from the older population.

Key Challenges

Providing continuity of services to older evacuees as they move from shelters to other temporary housing is a significant challenge. AAAs have experienced difficulty locating older adults who need gap-filling services due to regulations that prevented the emergency response agencies from disclosing their new location once they had moved from the shelters to temporary housing. AAAs need to have access to their older adult clients in order to ensure that they get the services that they need. For example, older adults have encountered problems physically accessing Special Needs Shelters and FEMA temporary housing (e.g., stairs to a trailer's door may be too difficult to climb for an older adult with limited mobility).

Obtaining adequate resources in a timely manner has been a challenge to effective emergency planning and coordination, and consequently to responding to the needs of the aging population during disasters. AAAs need federal, state and local government financial assistance in order to actively participate in long-range emergency planning and to put in place the communications infrastructure required to better respond to the needs of older adults during disasters.

AoA has limited disaster funds and the nature of the government's fiscal year—which ends right in the midst of hurricane season—makes distribution that much more difficult. This is further complicated by the fact that older adults continue to need assistance in the aftermath of disasters, when initial resources may have dried up. Additionally, FEMA funds have been slow to reach agencies and as result have delayed payments to local providers. To the

degree that the process for receiving federal funding can be streamlined to allow AoA and FEMA to more quickly distribute funds to state and local aging agencies, it would enable AAAs to more easily obtain services from local provider organizations and secure critical relief supplies for older adults. In particular, AAAs have found it difficult to assist disaster victims in making the transition back into their homes due to a lack of resources available for temporary housing, home repairs and chore services.

Policy Recommendations

State and local government agencies continue to examine and refine their emergency plans to identify potential gaps and areas of weakness—many of which were so painfully brought to light in 2005, but have still been observed in subsequent disasters. These local reviews are likely to produce the most substantive policy changes to address the needs of the elderly and special needs populations.

However, there are some specific steps that can be taken at the federal level that would help to promote coordination between agencies and allow them to better serve the needs of older adults during disasters.

The demographic shift resulting from the aging of the baby boomers reinforces the need for communities of all sizes to begin to address a range of community planning issues that will have a direct impact on the aging population. **To help facilitate communities' overall preparedness to meet the needs of the growing aging population, n4a proposes the following:**

- 1) **Promote Federal, State, and Local Information Sharing:** There needs to be a consistent policy to ensure that FEMA registration information for the age 60 and older population is shared with SUAs and AAAs in federally declared disaster areas.

- 2) **Make Community-Level Special Needs Registries a High Priority:** Federal grant funding should be established through AoA to support community-level work by AAAs to implement emergency preparedness registry systems for older adults and special needs populations that utilize geographic mapping technology.

- 3) **Reinforce Existing Federal Policy to Formalize Coordination Plans:** Congress should build on the emergency preparedness provisions added to the Older Americans Act in 2006 by requiring that FEMA and local emergency preparedness agencies formalize coordination plans with the Aging Services Network, and specifically SUAs and AAAs.

- 4) **Create a DHS-AoA Interagency Education Program:** We encourage the Department of Homeland Security and AoA to establish an interagency program that would facilitate cross-agency training opportunities and provide on-the-ground orientation to both networks on how they can more effectively work together and better utilize each others resources during disaster planning, response and recovery efforts.

- 5) **Provide the Necessary Emergency Planning Funding:** Finally, we urge Congress to fulfill the promise of the Older Americans Act emergency planning provisions by appropriating funding to SUAs and AAAs to support these critical endeavors as authorized under Title IV Program Innovations. As Congress looks ahead to the reauthorization of the Older Americans Act in 2011, we encourage policymakers to reassess the OAA disaster assistance program

under Section 310 and consider changes that will allow AoA to provide more substantive and timely aid to the Aging Services Network in times of disaster.

Conclusion

Thank you, Chairman Kohl and Ranking Member Martinez, for holding today's hearing to call attention to the special needs of America's seniors as we continue to examine how to enhance federal, state and local disaster preparedness efforts. I would be happy to answer any questions you may have.

Senator MARTINEZ. Thank you all very, very much for your enlightening testimony. We will have some questions now.

I want to begin with Dr. Besser. If we could ask you, where are we on the H1N1? What are the prospects for the fall? I think, in general, we would all, since we have you here, like to know about this, for general population. Then if you could, more specifically, speak to the potential for it to impact seniors since the virus didn't seem to be affecting seniors particularly, what are the prospects that it might come back in a different form? Just where are we with the whole thing?

Dr. BESSER. Thanks very much for that question.

Yeah, each Friday we report our domestic case totals, and, as of June 19, there were more than 21,000 cases reported here in the United States, and 87 deaths. I mean, as you know, on June 11, the World Health Organization put us into phase 6 and declared a global pandemic, which was really not an indication that this is any more severe, but an indication that this is a virus that is spreading easily, it's a virus for which people don't have much in the way of immunity, and it's a virus that we expect to continue to cause disease around the world.

We base a lot of our assumptions on what's taken place in pandemics in the past, but it seems that the influenza virus is extremely cagey and tends to outsmart us when we think we understand what's happening. We would have predicted that, as the weather has gotten hotter now, that the virus would have gone away and that we would—that we'd be looking toward the fall for a return of this virus. In actuality, we are still seeing a fair amount of influenza activity around the country. As you've been reading in the press, there have been a number of outbreaks at summer camps that are causing a lot of difficulty in those institutions.

There is some promising information in the area of elderly individuals, and that is that it appears that there is some protection. As we look at who has been most impacted by this strain, we are seeing the—primarily, disease in younger individuals. Only 1 percent of the cases are in persons 65 years and older; 4 percent of the hospitalizations have been in that age. We don't know if it's from repeated immunizations over people's lives or exposure to strains of influenza over the course of their lives, but there is some degree of protection.

What we've seen from previous pandemics is that viruses can change. An influenza virus is—the reason we need a shot every year is that there tends to be some change in the virus each year, and we need to be protected in that manner. We're working with the World Health Organization and other international organizations to try and see what is happening to this virus during the flu season that's taking place now in the Southern Hemisphere. That will help guide a lot of what we recommend for the fall.

There are a couple of things that we clearly recommend for seniors for the fall. That's to get their annual flu shot, to make sure, as well, that they have their pneumonia shot. Each year, only two-thirds of seniors get their flu shot, and slightly more than half get their pneumonia shot, or have had a pneumonia shot. Those are things that, regardless of whether there's a pandemic, are very important to do. Each year, on average, 35–36,000 Americans die

from influenza, and that's primarily an issue in those with underlying medical conditions and the elderly. So, even if this pandemic does not affect the elderly disproportionately, it's very important that the elderly are protected against seasonal flu.

Senator MARTINEZ. So, at a minimum, if we can take a message from your comments for seniors specifically, get a flu shot and get a pneumonia shot, particularly this season.

Dr. BESSER. Yes, sir. Yeah, those are very important. Then, understand where you need to get your information. Because it may be that this virus changes in the Southern Hemisphere, and it may be that seniors are one of the groups for whom the new vaccine might be recommended. At this point, studies are going to be done to look at a new vaccine, and then the administration will determine whether or not to recommend vaccination for either high-risk individuals or others.

Senator MARTINEZ. Thank you.

Secretary Beach, if we can turn to other types of disasters, I know we've, in Florida, as you testified, dealt with the hurricane problem, also—I believe it was Ms. Markwood—talked about the floods. Can we focus on those issues now and what level of preparedness you think exists across Florida that the Nation could also look to as a model, or benefit from?

Dr. BEACH. I think one of the things that we do in Florida that's particularly unique is, we do a lot of practicing. We bring together folks—tend to be two or three times a year, typically led by county Emergency Operations Centers, bringing—make sure that all the partners for disability groups, senior groups, and the like, have a plan in place, can identify who the special-needs folks are on their registry, and, most importantly, have a way to coordinate with some of the outreach organizations.

When you were mayor in Orlando, Orange County, you put together an Interim Commission on Aging, and one of the things that came out of that Interim Commission on Aging was a 2-1-1 system for Brevard, Orange, Osceola Counties. The advantage of 2-1-1 was how we could disseminate that information over a broad number of people very, very quickly. I think once you coordinate the 2-1-1 system with aging and disability resource centers, which are funded at the Federal level, which we have in each Area Agency on Aging in Florida, it enables us to get the process jumpstarted and at least have a plan in place before anything happens.

Senator MARTINEZ. Ms. Polivka-West, if we can ask you—fit into the picture of both the potential for a flu pandemic situation that could impact seniors, as well as just plain natural disasters, how are we doing? The whole issue of command management for nursing homes, and how are those going to impact our preparedness in the future?

Ms. POLIVKA-WEST. Well, again, I would use the model of Florida, in terms of an all-hazards approach to disaster preparedness planning and response and recovery. At the heart of that is the inclusion of long-term care in the State's emergency response system. This is what we recommend for the national—the Federal system to include—long-term care, the vulnerable populations that reside in skilled nursing facilities and assisted living facilities, as a part

of the national response framework. They are not included, at this time.

So, I go back to how we're doing—our disaster preparedness planning in Florida—for example, for the hurricane season, that we've now begun. We have started our drills. We work with our local Emergency Operations Centers at the—each local level. We have a seat at the table with the EOC. At the State level, we have a desk. That's Florida Health Care Association's desk—at the Emergency Operations Center. This started with Craig Fugate, when he was at—with the Emergency Management Operations. We work very closely with our Emergency Support Function 8, the Health Desk, and we coordinate with other parts of the emergency management system.

But, what we've learned, after the hurricane season of 2004 and 2005, is that we had to be there, because that was the way we got to the power companies for power restoration. Long-term care is not a prioritization for power restoration. We have the same priority as the convenience store. So—unlike hospitals—and so, we have to be there. We have to tell them what kind of vulnerable populations we have on ventilators, on oxygen. They have—our frail, vulnerable elders have to be served. So, we know we can do it in Florida, we know we can do it at the rest—with the rest of the country, but we have to do it State by State at this point, because we are not a part of that national response framework, at this time.

Although I would like to give credit to HHS's Assistant Secretary for Preparedness and Response, because they have included us through the American Health Care Association in their gap analysis and planning.

Senator MARTINEZ. That's great. I don't think there's any question that having a desk at the EOC makes an incredible difference. I think—

Ms. POLIVKA-WEST. It does.

Senator MARTINEZ [continuing]. It really has been—in my former experience as mayor, you can really see a difference when someone is at the desk and they are part of the whole operation. It makes a difference.

Mr. Chairman, I think I'll cede to you and maybe come back for a question or two.

The CHAIRMAN. Mr. Manning, you spoke about the importance of personal preparedness among seniors prior to a disaster. Can you describe some of the things that seniors living at home need to do to be prepared?

Mr. MANNING. Thank you, Mr. Chairman. Certainly.

Having a prepared and—having a population that is expecting a disaster, that has taken those steps around their home and in their community and working with their neighbors to ready themselves for a disaster can lead to a community that is more resilient and may not require the assistance of government in the first place. If we can prevent a disaster from becoming—a bad event from becoming a disaster, then we've solved the problem before we even gotten there.

Some of the specific things that can be done around the home include having a—having—something as simple as having commu-

nication plans among homeowners—I mean, among the household members, among neighbors in a higher density living environment, where people understand that, once they’ve assured that they themselves are OK and that their spouses, their family members are OK, that their first responsibility should be: check on their neighbors. As we can develop planning and a capacity of community within a neighborhood, that is something that will go a long way toward providing a more robust community resilience.

Other things that could be done in a home is having—we’ve said over and over again, having 3 days of food and water, having supplies prepared in your home, in your facility, so that you don’t need to require—you don’t require the assistance of government, in the short term, which may not be able to get there. But, it’s important to also recognize that many people aren’t able to do that, that having—saying having food and water for 3 days is a good thing, but many individuals aren’t exactly sure where they’re going to get dinner tonight, much less where—having 3 days on hand. We have to keep—we, those that plan for disasters, have to keep that in mind, as well.

The CHAIRMAN. Thank you.

Ms. Markwood, whether it’s providing a ride to the pharmacy or delivering meals, local aging service providers are on the front line, meeting the needs of seniors. You recommend that DHS and the Administration on Aging work together to include local entities in planning for emergencies. Can you speak a little bit more about that?

Ms. MARKWOOD. Senator Kohl, what we see is the need for all of the coordination—and I do believe that Florida is a terrific model, because you’ve had to be, because you’ve experienced so many disasters—it’s bringing together Homeland Security, bringing together emergency planning and preparedness with Health and Human Services to make sure that those critical needs are met. Oftentimes, that takes cross-training.

Again, in looking at emergency preparedness organizations, they have to meet the needs of the broader-based population. What you’ve heard today in the panel is the needs of older adults, especially those frail older adults, is different, and it needs to be—there needs to be cross-training to make sure that they can recognize the needs of older adults, not only those physical needs, but also recognizing the dementia, and there other issues, cognitive needs, that are there, as well, and also to do the cross-training and coordination so that those needs get met. In looking at that, it is important to make sure, as well, that resources are shared among those agencies at the local level.

Ultimately, it comes down to what happens on the ground at the local level, and there needs to be cross-training and coordination to make sure that the needs of older adults are met in those situations.

The CHAIRMAN. Thank you.

Ms. Polivka-West, we all understand that, during mass evacuation times, the readiness and availability of vehicles to transport seniors is critical, and, without it, we can’t get the job done. Would you talk about that and what your thoughts are on whether we’re prepared and how we deal with that?

Ms. POLIVKA-WEST. We consider transportation to be our Achilles heel in disaster preparedness for long-term care. In fact, we've helped two transportation summits at the national level with the motor carriers—the American Bus Company, Trailways—the major carriers with the American Health Care Association and National Center for Assisted Living—to address the problems, in terms of the lack of transportation when it's needed. Because of competing priorities with populations to be served, we know, through Hurricane Charlie, what happened when that went through Port Charlotte. All of the ambulances were taken by the hospitals; there were none left for other assisted living facilities or nursing homes. So, we had to pull in transportation from the northern part of the State, and it took many hours to get them down into South Florida. So, we learned from those experiences, that we had to have a template for transportation providers. We have to have redundancy in transportation planning. We have to—we advise facilities to have three providers with contracts, and to ensure that they renew those contracts each year. But, even then, we know there could be problems, because—and you never have enough transportation potential for a huge disaster. We know this. So, that's why we're focusing on hardening facilities, the physical plants. We wish that you would get the banks to let up on some of that money that we've given so that we could have some physical plant hardening with facilities—that's just an aside—in terms of disaster preparedness.

But, the profit margins are very lean with long-term care providers, because they get primarily Medicare and Medicaid funding. But, these plants, these physical plants, need to be hardened in order to shelter in place as much as possible so you don't need transportation for evacuation, except when you know you've got surge zones that you have to protect or during—if the—for example, if you have earthquakes and you have to move populations, you're going to have to have transportation to be aware of what the needs are of our vulnerable elder adults. We're doing that through the American Health Care Association, the transportation summits that started in Florida 3 years ago.

The CHAIRMAN. Thank you.

Mr. Chairman.

Senator MARTINEZ. Well, I want to come back to the health issue, and maybe just ask you, Dr. Besser, but others on the panel, perhaps to comment.

If a health emergency were to arise that really impacted seniors, how do all of these various agencies that are here today and all the things that we've done to prepare for natural disasters, how prepared are we to deal with a health emergency, as opposed to a natural disaster or—a typical natural-disaster type of emergency?

Dr. BESSER. We have taken an all-hazards approach to preparedness, as was mentioned earlier. There has been an enormous investment over the past 5, 6 years, in public health emergency preparedness. This has led to great improvement in the ability of public health to engage with the various communities.

We know that, in the setting of an emergency, whether it's a natural disaster, whether it's a new emerging infection or whether it's something deliberate, the coordination that takes place at the local level is a key success factor. What the resources that have gone to

public health have allowed is for public health to make those introductions now, to be part of planning at the local level. We're hearing about some planning efforts that need to be enhanced. That's true across the country.

One of my concerns, in terms of that, is that we hear from public health that the economy is leading to massive layoffs in public health. Over 11,000 people, according to the Association of State and Territorial Health Officers, are losing their jobs at the State and local level in public health. That will have consequences in the setting of a disaster.

We partner with the American Red Cross. We work very closely with FEMA and others in DHS on planning. But, the work that we do at the national level is only as good as the systems that are in place at the local level.

Florida is clearly a gold standard, and that's because they have the opportunity to exercise every year and respond every year because of hurricanes. Other parts of the country don't have that experience and really rely on the resources that they get to do the exercising, the planning, the improvements in their plans on a regular basis.

Senator MARTINEZ. Thank you.

Any other comments? Yes, Secretary Beach?

Dr. BEACH. Thank you. We do a lot of tests to see how responsive we'll be. As an Area Agency on Aging Director, we did a pandemic flu test of the EOC, Emergency Operations Center, in Brevard and in Orange County. As Secretary, we've also had a dry run on a terrorist attack in Tallahassee, as well as a pandemic flu issue in the State of Florida. What we find out—much of it came through Craig Fugate's leadership—but, we find out, just by going through those tests, those dry runs, so to speak, and making sure that everybody's coordinated, at the end of the day. We know that 10 minutes into an emergency, most of our plans will go out the window. But, in any case, at least we're—we've planned, and at least we have some sort of idea as to what we want to do and how we want to do it.

Senator MARTINEZ. Well, one last thing I would say is also in terms of Florida's success with natural disasters, it's relying on the local situation for the first 72 hours, because, you know, Federal response is always going to be coming after. I know you and I talked yesterday about the importance of that, and I wonder if you might comment on that, as well.

Dr. BEACH. Yes. During Fay, the Surgeon General and I traveled up and down the East Coast from Port St. Lucy all the way up to Jacksonville, and we went to each of the EOCs, the counties that it affected during that tropical storm, terrible flooding during that tropical storm. The EOC directors were very kind to us, but we got the feeling that they kind of wanted to elbow us out there, because they had some pretty important business to do and we were in the way.

But, at the end of the day, what we find in Florida is that, during preparation, the State Unit on Aging, Federal partners, are very, very important in the preparation stage. But, once the 72-hour period comes into play, it's all county folks and first responders, as well as local providers, in how they get out there. Then,

after the first 72 hours, then we can come in with, not only our State resources, but Federal resources, to try to do the cleanup and make sure that everybody is in the right place at that time.

Senator MARTINEZ. Do you have anything else?

Well, thank you all very, very much. I think one of the real takeaways, for me, is the fact that nursing homes are not prioritized in restoring power. I think that's something that really ought to be highlighted as a flaw in the system, because when you restore hospitals, obviously they should be at the top of the list, but very close thereafter should be nursing homes. That ought to be way ahead of the convenience store down the street.

We require generators now at our gas stations in Florida. Obviously, there are other places that also should probably have power to be able to take care of themselves for the first 24 hours or so. So, that's another consideration, as well.

But, this is all very important, and I appreciate all of you highlighting it to us. For us Floridians, this is the beginning of hurricane season, so this always highlights for us the need for personal preparedness, for people to take matters into their own hands, have a personal plan of how they would cope with an emergency. Then, beyond that, for all our governmental agencies to continue to do the great job that they do.

As we talk about our national situation, I do hope that we will keep an eye on the H1N1 and hope that this fall we will not be in a bigger problem, but also preparing ahead of time, and having, particularly, seniors get a flu shot and a pneumonia shot sounds like good advice, as well.

OK, well, thank you very much.

This concludes the hearing. We're adjourned.

[Whereupon, at 12:17 p.m., the hearing was adjourned.]

