

## GUEST COMMENTARY

### Are we prepared for the cost of preparedness?

By Elizabeth A. Davis, J.D., ED.M.

For years, the federal government and emergency managers have repeated a simple yet critical mantra: Individuals and families must prepare themselves for emergencies and disasters. The American Red Cross, FEMA, state and local governments, and other disaster organizations have preached the importance of personal preparedness, assembling emergency “go kits” and planning for self-evacuation.



The belief that people will pack up the car and head to Aunt Mildred’s house or catch the next flight to a safer location whenever an evacuation order is announced is a regularly accepted — yet usually incorrect — assumption.

Despite the increased focus on emergency preparedness awareness and education over the past few years, emergency managers have failed to collectively and vocally state a simple fact: There is a cost to preparedness that many of our citizens just cannot bear.

This cost, and a weakening of the social service system in the United States, greatly impacts those financially vulnerable during emergencies and disasters and has resulted in an increased potential of death and a lasting, detrimental effect on the economy and on people’s ability to rebuild their lives.

#### Double punishment

The aftermath of the hurricanes that hit the Gulf Coast last summer grimly illustrates this point. Hurricane Katrina affected the poorest states in the United States (Louisiana alone has a poverty rate of 22%), and many of the 1,400 who were killed and the thou-

sands who were left homeless and without adequate services were elderly, black and poor citizens.

For those in Louisiana who had the means to evacuate and grab their gallons of water on the way out the door, leaving their homes may have been more an emotional burden than a financial one. As for those citizens who were hardly getting by financially and had to choose between buying baby food and diapers or stockpiling supplies such as extra food and water, their decision not to evacuate should have come as no surprise.

As much as we and the government push for personal preparedness and individual responsibility, emergency preparedness in general and evacuation in particular are just not options for some people, because of economic considerations.

This inequitable situation places a terrible burden on the poor. While a basic level of safety should be available to all, those financially unable to prepare for or evacuate before an emergency or disaster are usually victimized twice. Not only do they suffer the effects of the disaster, but they often get blamed for not preparing or evacuating in the first place. This criticism is particularly cruel, since in actuality we have priced lower-income individuals and families out of preparedness and ultimately their safety and security.

While individuals receiving public assistance or with low incomes can’t be expected to devote limited resources to preparing for emergencies, even people with middle-class incomes may not be able to afford basic preparedness measures. For a single mother raising three children making \$40,000 a year, purchasing a preparedness kit for the family is most likely not at the top of the shopping list. Owning a car that would enable the family to evacuate may also be a luxury.

According to Terrol Williams, a Kat-

rina survivor who testified at the Senate hearings, the situation was “more of a socio-economic issue than race.” She further stated that government failed to take into account that poor residents had no way to evacuate.

#### Pay now or pay later

Poor residents weren’t the only population not able to evacuate. The Kaiser Family Foundation, Harvard School of Public Health and Washington Post conducted interviews of displaced survivors in Houston and found that more than 40% of those who did not evacu-

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ate were either physically unable to leave or caring for a disabled person. In addition, survey results found that 34% of Katrina victims were trapped in their homes, and 50% of those who were trapped waited three or more days to be rescued.

In the aftermath of the Gulf Coast disaster, the public has been asking many questions about why there was such widespread death and human suffering. Was it lack of preparedness and response on the government side? Were people forgotten because of race, disability and age? Was there malfeasance from the administration on down the line?

No matter the answers, what bridges these issues are socio-economic factors that continue to place millions of our citizens at risk and that need to be addressed and rectified before the next disaster hits our nation.

With an increase in the number of poor, uninsured or under-insured citi-

zens nationwide and additional federal cuts to Medicare and Medicaid on the horizon, emergency managers and politicians have an obligation to better help individuals be prepared for the next disaster and to assure the American people that there are real, viable solutions to the preparedness and evacuation problem.

In the six months since the Gulf Coast hurricanes struck, the federal government has provided more than \$6.3 billion directly to victims through FEMA's Individual and Households Assistance Program and has spent an additional half a billion dollars on temporary hotel rooms for evacuees.

As there is significant funding available for post-disaster assistance, perhaps the government should allocate significant funds to help its citizens *prepare* for disasters.

Perhaps money spent on personal or family preparedness products and efforts should be tax-deductible. Perhaps companies that make products found in preparedness kits (such as water, canned and other packaged food, flashlights, and blankets) should be encouraged to donate their products in exchange for write-offs. Perhaps the Stafford Act should be amended to provide funding to help citizens evacuate and secure shelter

before a major disaster.

Whatever the solutions, they must be implemented as soon as possible. It's completely unacceptable that American citizens remain in harm's way simply because they can't afford to get out of the crosshairs. **HPP**

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## CONFERENCE REPORT

### International Joint Operations Command Conference 2006

Under the theme of "Risk, response and reality," the 2006 International Joint Operation Command Conference held in London over two days in January was attended by more than 140 delegates from 40 countries.

Asst. Commissioner Ron Dobson of the London Fire Brigade introduced the first session, "New Realities — 7/7." All speakers in this session emphasized how regular training and working together with other agencies paid off on the day London's public transport was attacked.

Steve Smith, area manager for the London Fire Brigade, noted that there was a shortage of stretchers for the number of casualties and that first aid kits were overwhelmed. Crews also thought there could have been better lighting on scene, but this was offset by the feeling that casualties would have been further distressed by seeing the true extent of the devastation around them.

Steve Sale, assistant chief ambulance officer of the London Ambulance Service, emphasized that first responders can, and should, provide vital initial information about a situation for commanders, saying that although there is a temptation to get "stuck in," observation and assessment of the scene are of paramount importance.

He also highlighted scene management issues and pointed out that the ambulance service is unlike the other two emergency services: "We don't stay on the scene. We need constant access for our vehicles and cannot be blocked in."

Superintendent Roger Gomm of the Metropolitan Police outlined the complexity of the response, given the uncertainty of how many bombs had gone off. From the very beginning, police were keen to find evidence, amid extremely

tough conditions: "It was a very challenging crime scene with heat, gas, dust and vermin."

He also described the casualty phone line, which in its first 13 hours took 101,807 calls from around the world. This also assisted with the investigation process once people were reported as missing.

The main threat, he concluded, "that of complacency, has not gone away."

Asst. Commissioner Stephen House of the Metropolitan Police described how the July 7 bombings created the largest operational challenge for the agency since it was founded 176 years ago: "This was the first time in our history that we invoked mutual aid."

He discussed interagency issues, resilience mortuaries, public perception, call handling and, importantly, the return to normality. "I went round all the bomb scenes on July 8 and was amazed at how quickly London wanted to recover. This was a triumph. It tells the terrorists that they may have killed 52 innocents, but they haven't stopped us."

"But as we have learned, so have our enemies," he warned. "The cycle of learning is hugely complex, the debrief cycle takes too long, and terrorists are learning and developing more quickly than we are."

The presentation on Hurricane Katrina by Bob McKee of Texas US&R Task Force 1 highlighted the need for staff training and a cooperative, coordinated emergency response between local and state agencies.

McKee raised the issue of whether provision should be made for people to take their pets with them during an evacuation. During Katrina, pets were not allowed and some peo-

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## Situation Report

ple chose to stay with their animals, but pets were allowed to evacuate before Hurricane Rita. “This decision saved lives.”

It appears that it was sometimes difficult for those in charge of the response to grasp the needs of the teams on the ground. “There was no understanding of what was in the water,” McKee said. “We asked for showers for responders. We put in four or five separate requests, and these were refused, because showers were not seen as a priority.”

Meanwhile, crews were working waist deep in heavily contaminated water and having to change their clothes several times a day. Resources on the ground must be needs-driven and not determined purely from above.

A session on “Horizon scanning: Response to future risks” concluded the conference. Tony Pearce, director of emergency management and security at Australia’s Office of the Emergency Services Commissioner, spoke of how disasters such as Hurricane Katrina and the July 7 bombings have changed the way governments see emergencies.

He described Australia’s catastrophic disaster review, which predicted disaster management capabilities against four events: a major east coast tsunami, striking approximately 350 km of New South Wales’ coastline; a major West Australian earthquake, affecting Perth and the wheat belt; a Category 4 cyclone with storm surge hitting the city of Cairns and surrounding areas; and an influenza pandemic.

One of the most prominent subjects during the proceedings was the media. While participants took care to highlight the positive aspects of media involvement during major incidents, such as helping to publicize pictures of suspects after the London bombings, the voracious demands of 24-hour news are viewed with increasing negativity, even alarm.

One speaker reported that on July 21, “We saw live on a television channel an assault by our officers on a block of flats to arrest some suspects,” while he wondered whether the terrorists had their television on.

“If so, they would have known exactly what was going on ... our officers’ positions and what arms they were carrying.” He emphasized vehemently that “this cannot be allowed to happen” just because a news organization wants a scoop.

Another aspect is that the media can put huge pressure on politicians to comment or even intervene during a disaster or terrorist attack, which is how the media can end up driving an event.

Conversely, one speaker highlighted the difficulties of trying to satisfy simultaneous demands for the same information from government departments that “don’t work together and know little about the work of local agencies; they are weak at coordinating information flow. During emergencies, we receive many requests for the same information from different government departments and ministers.”

More damning perhaps, was the comment: “Despite the limitations of their training, government departments tend to interfere in the management of an emergency, and their uncoordinated demands for information can be very disruptive.”

— *Emily Hough, Editor, Crisis Response Journal*  
<[www.crisisresponsejournal.com](http://www.crisisresponsejournal.com)>

CONFERENCE REPORT

## ER One Institute: Hospitals on the Frontline

“Lessons learned” was the theme throughout a two-day conference at Georgetown University in Washington, D.C., in January. The ER One Institute <www.er1.org> at Washington Hospital Center presented its third annual conference, “Hospitals on the FrontLine: Adapting to a New Global Reality. Hospital Planning and Training for Conventional Mass Casualty Incidents,” highlighting techniques and guidelines established by international, national and National Capital Region hospital emergency preparedness experts.

Featured in the lessons learned discussion was Yuri Millo, M.D., director of the Simulation and Training Environment Lab at the ER One Institute. He suggested that in the United States, “So far we have invested significantly in gadgets, as this is the easiest way to spend our money, however during disasters what will make the difference is qualified manpower. This is our best natural resource, and we need to invest in it by education and training to deal with predictable and unpredictable events.”

James Ryan, M.D., of the Leonard Cheshire Centre of Conflict Recovery, University College London, <www.ucl.ac.uk/lc-ccr/> agreed on the need for better planning and training, rather than investing in specific gadgets.

On July 7, 2005, the day of the London subway and bus bombings, Ryan learned that well-trained personnel make the difference, and he suggested that a simple, but efficient, management plan is most effective in both training and reality. As for another attack, he said, “It’s not a question of if, but when.”

Echoing these statements was Shmuel Shapira, M.D., M.P.H., deputy director general of Hadassah Medical Center in Jerusalem. With casualties from terrorist attacks being unfortunately a usual experience at his hospital, Shapira emphasized that a simple plan and regular training are essential to effectively manage a hospital during a real mass-casualty incident.

“Hospital disaster plans should be flexible,” said Jeffrey Hammond, M.D., M.P.H., FACS, of the Ad Hoc Committee on Disaster and Mass Casualty Management of the American College of Surgeons, who added, “The planning process can be more important than the plan itself and needs input from all hospital sectors.”

In addition to discussions on hospital training and exercises, two panels, one for hospitals, the other for regional participants, led “town hall”-style discussions on issues such as barriers to effective hospital planning and training, using external resources and technology to improve training and exercises, and competency- and scenario-based training tools and outcomes.

— *Shawna Blair, ER One Institute*

