

Female Participant

Does local government have obligation to report the onset of emergency to the state government?

Rhonda White

Yes.

Female Participant

At which level? The local community deals with small emergency by itself.

Rhonda White

Yes, they do. We have what we call at the state a Division of Emergency Management who is our kind of coordinating agency. They have what they call the State Watch Office. The local level reports any emergencies that happen locally to the watch office. They'll report the emergency and they'll say, "No, state assistance needed." But it's just a reporting. That's a 24-hour, 365-day reporting mechanism.

At the state-level, we can see what's happening at the local level and what their response looks like. Then, if it escalates then we have the beginning of the information to support them. Then, they have a set of how they would activate the state center based on the level of the emergency.

Female Participant

In a big scale of emergency, how to communicate, how to report the state level because in the Great East Japan Earthquake, we could not use telephone or fax, so there is no meaning of communication.

Rhonda White

Right. We have multiple redundant systems for communicating, but we have satellite radios in all of the local communities. The first responder agencies have those if the telephone or others are not working.

Female Participant

Also, some local government was flooded by tsunami, so reporting system didn't work.

Rhonda White

Right, right. The way that we think about that and Mike you can help me if I get this not exactly right, is that at the State Emergency Operations Center, they would activate and they would begin to gather information from the local level. If no information was coming from the local level then they would send out an assessment and a search and rescue type team to go see what happened to then be able to report back, is that basically the approach.

Mike

Exactly. I think if communication is not available in the local area, the state and federal partners would move into that area to do the assessments to make sure that we knew what condition we were responding to for responder safety as well as from the victims in the area.

Day 1

9:30 am – 10:20 am

Public Health & Medical Response

- **Local**

Dr. John Lanza (MD, PhD, MPH, Director of Escambia County Health Department, Florida)

We present an overview of what the local regional response is. I'll explain what regional is in a second. Briefly, we'll look at the terms of crisis versus consequence management; talk a little bit about local and regional organization. Rhonda has already talked about all-hazards preparedness, so we don't need to spend a lot of time on that. We'll touch on the issues that we have to deal with since 9/11, which is the terrorism or antiterrorism effort in the state of Florida.

I threw the picture up there of hurricanes because up until, let's see, what the date, 14th, we have 16 more days when we have to worry about hurricanes and you have to worry about typhoons in Japan. We started to think about that, tornados and other things.

We'll briefly talk about vulnerable populations. We have an issue that we have in our state with the one of the – if not the largest senior citizen population in United States, planning and response issues, training and exercise issues. As Rhonda also touched, on the need to have partnerships, but specifically partnerships at the local level so that everything works.

Presentation Overview

Regional/Local Preparedness & Response

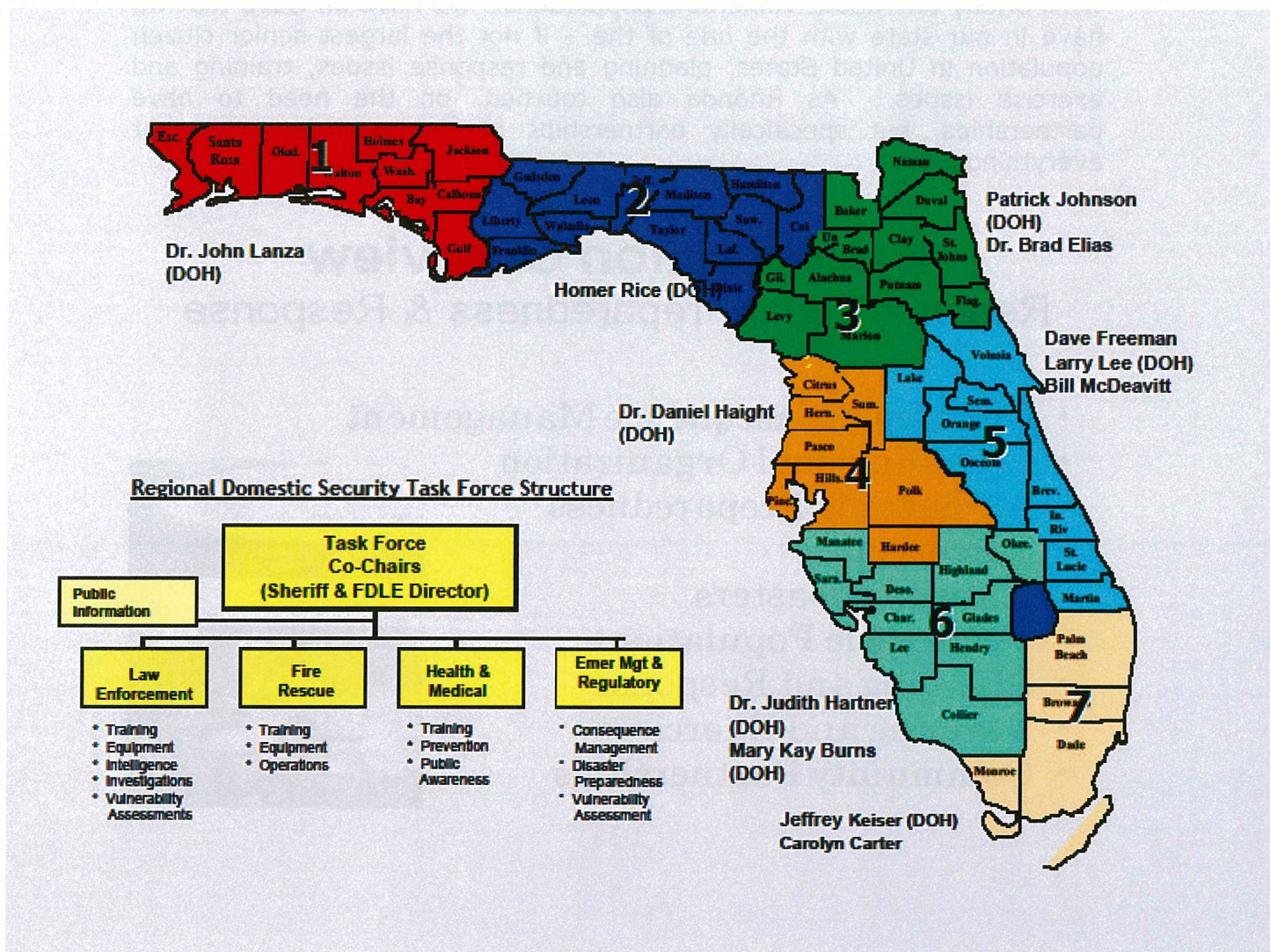
- **Crisis vs. Consequence Management**
- **Local/Regional Organization**
- **All-hazards Preparedness**
- **Terrorism**
- **Natural Disasters**
- **Vulnerable Populations**
- **Planning and Response**
- **Training and Exercises**
- **Community Partnerships**



From the federal to the state level, in the State of Florida, we're broken down into seven regions. They're called Regional Domestic Security Task Force regions and that's an organization under the Florida Department of Law Enforcement and the Division of Emergency Management. The blue over here is Tallahassee. The red over here is me. Our region over in, I'm the public health and medical co-chair for Region I, which is the 10 counties in the different time zones, Central Zone in the state of Florida.

We have, like I said, total seven of these regions and the various disciplines – law enforcement, fire rescue, health and medical, emergency management and public information – were broken down into an organization that has those representatives where we meet regularly to decide these specific issues of our particular region and bring those issues to the state level.

The individuals, who represent these different disciplines, obviously live in a county, one of the 67 counties. In that way, we're at the very grassroots, the lowest level, and we bring information, questions, and ideas to the region and then to the state and sometimes they get some federal attention. This is basic setup of what all-hazards preparedness in the state of Florida.



Female Participant

The smaller part is a county.

Dr. John Lanza

Oh yes, I'm sorry. Yes, like for example, this is Collier County, one of the 67 counties in the State of Florida. This is Region VII; it's made up of 4 counties. My region over here, Region I, is made up of 10 counties. As Rhonda said, every county has emergency management – emergency response, preparedness response capability, has an Emergency Operations Center, has an emergency manager. It has a health department which in my county, and I'll get to that in a second, I am the incident commander for something called ESF-8, Emergency Support Function-8, in my county.

Female Participant

Each county has several cities and towns?

Dr. John Lanza

Yes. Some of them. I've two cities in my county. There are probably 20 or 30 indeed. It depends.

Female Participant

The lowest level of emergency preparedness is a county?

Dr. John Lanza

Correct. Basically, the lowest level is the county. I think Miami – don't then have three EOCs, Miami-Dade?

Female Participant

Yeah, and then the cities, some of them...

Dr. John Lanza

The larger cities have their own Emergency Operations Center. But most of the counties just have one, which is the County Emergency Operations Center.

Susan Bulecza

It's coordinated at the county level.

Dr. John Lanza

Right.

Susan Bulecza

The emergency manager that's at the county level coordinates for that. Then they may, depending on the size of the county and the number of cities, break that down into smaller sub-coordination that everything then gets brought back to the county level for coordination.

Dr. John Lanza

This is how we do it in this state. Other states do it differently. Did I say something, like...?

Rhonda White

No, no. I was just going to say that by law, the county is responsible, but that they could coordinate in a multiple way. We have about a third of our counties that are rural that have very small populations. They have a very different situation than the larger counties.

Female Participant

But, in the case you say the community level, it means county.

Dr. John Lanza

Most of the time, when I say community, it means county.

It is like a state, okay, big area. Bring it down to the, once again, the regional and local area. We talked about the seven regions that were indicated in different colors in the previous picture, talked about my Region I being made of 10 counties. Within the 10 counties, my staff, my public health and medical staff, consists of what we call regional emergency response advisor, who has responsibility of responding to, for example, white powder incident, the so-called presume the anthrax incidents across the 10-county region.

I have a regional planner and a coordinator that looks at the issues across the 10 counties area. I also have a planning and training coordinator of 10-county area. I have a vulnerable population coordinator who deals with senior citizens, the children, those who are in wheelchairs, those who have specific medical conditions. She is responsible for those kinds of issues over the 10-county area. I have six local planners who are at the county level. They are either in one county, where they're responsible for doing the public health and preparedness response planning for the individual counties or shared counties in my region.

Regional/Local Planners

- 7 RDSTF Regions in Florida
- Region 1 is a 10 county area
- 1 Regional Emergency Response Advisor (RERA)
- 1 Regional Planner Coordinator
- 1 Regional Training/Exercise Coordinator
- 1 Vulnerable Population's Coordinator
- 6 County Level Planners

We do work under NIMS, National Incident Management System, and ICS, Incident Command System that is a requirement in the United States if you will receive any of the federal funds. We are under all-hazards disaster management, but not saying, as Rhonda said, this deals with capabilities. We're capable in the general sense of responding to almost any type of disaster that's imaginable.

But, it doesn't mean that responses can be exactly the same for each type of incident that might be out there. There's always going to be some vulnerability from responding to an earthquake and a tsunami to chemical attack or something like that. The basic components are the same, but the actual response materials that might be needed to respond with the people might be a bit different. But that's why we have training and education to allow us to be able to do that because we have to look at the various issues that could happen and we train towards those issues.

An all-hazards approach to emergency management ensures effective and consistent response to any disaster or emergency that threatens the citizens and communities of a state. The foundation of the all-hazards approach is the concept of Comprehensive Emergency Management (CEM). The four phases of CEM are: mitigation/prevention, preparedness, response and recovery.



Photo courtesy of FEMA

Female Participant

What is the background of your staff?

Dr. John Lanza

Well, we're a public health department at the local level, at the county level. We have physicians. We have dentists. We have lots of nurses. We have epidemiologists. Well, we used to have lots of environmental health staff and clerical staff. We have MDs, doctors of dentistry. We have one Ph.D., lots of registered nurses, lots of sanitarians, environmental health specialists. We have a broad base – lots of MPH people also.

Female Participant

They have fundamental knowledge about health.

Dr. John Lanza

Yes, absolutely. It's required by law actually that health departments be out there responsible, so providing surveillance monitoring for health situations that might come in, might occur in the community. Also, that's associated with biologicals. But with 9/11, we have significantly expanded the responsibilities of local health departments to the all-hazards concept and what we've been discussing so that now we've had training in chemical, biological, nuclear, radiological, not so much explosives. That's really more law enforcement, but white powder incidents, the anthrax situations, we have lot of – 500 incidents in my county alone of white powder since November of 2001. Lots of experience with that.

Female Participant

Dr. Lanza, do you have any community outreach workers or health...?

Dr. John Lanza

Everyone is.

Female Participant

Okay, everyone. They'll all serve that role of health education and community outreach.

Dr. John Lanza

Right. I tell my staff that they are the voice of the Department of Health and Escambia County Health Department, in our community in that there is nothing ever informal. It's always – they always can be quoted if they're out there, so, they have to be sure they know what they're talking about.

We have our emergency planners who are out in the region and the community. We have nurses, for example, in every school in my county who provide health education. I have the health educators out in the community putting up billboards. We're having a syphilis outbreak right now, for example. We have the billboards throughout the community. We, on radio, a little bit on TV, are putting the health message out to the community. When H1N1 was out there, we within Region I developed a consortium and blocked time on the radio and billboards put up the H1N1 message to everyone, wash your hands, stay away from the sick, and those sorts of things. A lot of local community efforts to improve health and prevent health issues from occurring.

Susan Bulecza

Dr. Lanza, are you going to talk about how their day job translates into a response role so that they can understand what their – that they have their day job that they're doing the preparedness and how that translates into what they may do there in an actual response?

Dr. John Lanza

Well, yes. Everyone in my health department responds during a disaster in terms of emergency. Everyone has a job. Everyone has a responsibility which may not be what their daily job is. We'll talk about

our Incident Command setup, just in a few more slides. We talked about – and there's the oil spill, some pictures, the national media was down there for many weeks following what was going on, and we had massive cleanup efforts on our beaches, and this goes to H1N1.

We have, at the local level, Emergency Operations Center and in that center, there're various emergency support functions. There're 17 or 18 depending on who you talk to. The one that deals with public health and medicine is so-called ESF-8, Emergency Support Function-8. There's one for law enforcement. There's one for fire. There's one for utilities. There's one for sheltering. We're all in the same structure, the same building during disasters, and the way that we communicate and ask for federal or state help or with federal help meals ready to eat, or water, or whatever big issue that we had after Hurricane Irene was infant formula because the regular way of getting food into the community was blocked off. We had to get special ways of getting infant formula to the community.

We also have Incident Command setup at the health department and at the special needs shelter, where people who are vulnerable populations or specific health needs go to a special need shelter. We have those in most of the counties that are in the state of Florida, not only the functional needs issues, but we also have teams of County Health Department employees and other staff that forms strike teams that go out into the community to perform specific functions, but can also go to other parts of the state to perform specific functions, and I'll show you those in a second here.

Natural Disasters

- **ESF-8 Emergency Operations Center**
- **Health Department Incident Command**
- **Special Needs Shelter**
- **Strike Teams**



Of course, public health has a lot of responsibilities before a disaster but they also have specific responsibilities after a disaster, which basically goes to assessing the health of the community or the community that the teams are sent to. More specifically, at the county level, we deal with supporting the health and medical objectives preparedness, response, recovery, and mitigations as I've talked about.

Public Health Issues After *Any* Disaster

- Assessment of Health and Medical Care Delivery
- Rapid Assessment of Community Health/Medical Needs
- Delivery of Health and Medical Care
- Pharmaceutical Supply
- Potable Water, Safe Food, and Sanitation and Hygiene
- Injury and illness Surveillance
- Vector Control
- Solid Waste
- Hazardous Materials
- Registry
- Mental Health
- Sheltering and Housing
- Mass Congregation
- Handling of the Deceased (humans and animals)
- Staffing
- Rumor Control
- Public Service Announcements/Media



Public Health
Prevent. Promote. Protect.

After a disaster we coordinate health and medical response and we secure additional health and medical assistance from another local counties, surrounding counties from other regions in the state, from one of the other six RDSTF regions or from the federal component. During two large storms, we got VA, Veterans Administration, doctors and nurses coming into my county and other counties that I've been employed to, to provide health and medical care.

Again, back to ESF-8, at the local level – that's a picture of my health department actually. We got the Blue Angels to fly by. I am the Incident Commander in my county. In most of the counties, it's is the Director Administrator of the County Health Department is in-charge of public health and medical ESF-8 within their county. We have lots of support agencies that either sit at the same table in this very large room or are available by phone or two-way radio or however we can stay in contact, including the American Red Cross, the local transportation agency, because we have to coordinate with the transportation agency to get the vulnerable persons to a shelter, I mean a general shelter or a specialty shelter.

EMS is emerging medical ambulance, essentially. ECUA is the water authority. Our medical examiner will take care of casualties. Of course, all hospitals have contact that we deal with regularly and the school district, most of the shelters are located in schools in my county and in many other counties. We have to have a close correspondence with the school district.

Local Lead and Support Agencies ESF 8

- Primary agency: Escambia County Health Department
- Support agencies: Red Cross, ECAT, EMS, ECUA, District 1 ME, Local Hospitals, and School District



Female Participant

Do you have regular meeting with them?

Dr. John Lanza

Yes.

Female Participant

How often?

Dr. John Lanza

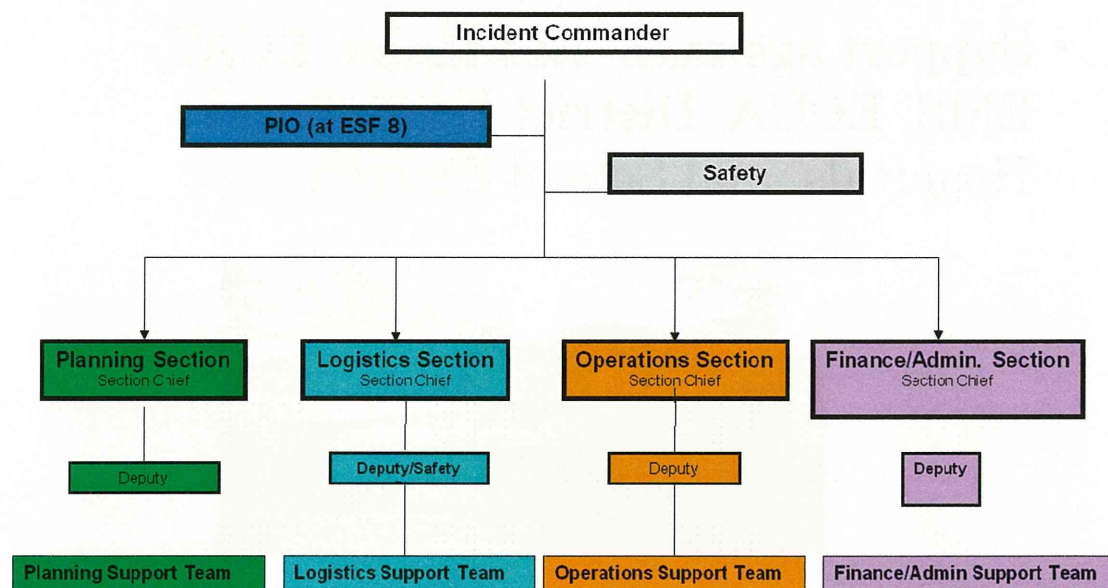
It's usually before – we base everything around hurricane season, June 1 through November 30th. It's usually before June 1. We have meeting in Emergency Operations Center to familiarize people with how the Emergency Operations Center works, also, because there is tremendous new staff that belong to these organizations.

There're usually telephone calls every couple of months during hurricane season. We're mainly activate or available for regular meetings during

the hurricane season. Not that we wouldn't respond if something happened outside of the hurricane season, but that's our main emphasis here. Okay.

Escambia County Health Department, based on the National Incident Management Systems, NIMS, has instant Incident Command System that provides commanding management control for all public health and medical operations in my county through the Escambia County Health Department. As I've said, we're organized under ICS way of looking at things, in which you have an incident commander and various different sections, planning, logistic, operations, plans administration, down to various types of support teams.

ECHD Command Center Structure



We have this in our main campus, our main building, and we use this system to operate the – to run the operations at the emergency ops. I don't have my Incident Command setup at the Emergency Operations Center. I have a liaison at Emergency Operations Center because it works out better that way. This setup manages all 400 of my employees. We all work, of course, for the county emergency manager, but I have a separate system of Incident Command under that.

I know it's complicated but it all works. We've tested it out many, many times. The last time we had a major use of Incident Command was H1N1. We met every single day for about 3 or 4 months to see how the operation was going; especially after we had vaccination materials so that we could send the teams out to where they needed to go to provide vaccinations. It's a system that works for us. It's a federal mandate that all – everyone, actually all levels use Incident Command. Yes.

Female Participant

There is one incident commander in each county.

Dr. John Lanza

Well, in each county, since everything is structured around Emergency Operations Center, the emergency manager of that county is the overall incident commander. But, each of – and under him are, in most counties at least, are the emergency support functions, ESFs, and the various organizations that are under the ESFs. Many of those organizations, like us for example, work under Incident Command and it all sort of comes up from the bottom to the top and we all ultimately report to that one manager at the county level.

For example, a hospital would have a similar source setup and that one person then at hospital gets the information, talks to the Emergency Operations Center, the ESF-8 desk, and ESF-8 desk then talks to the emergency manager of that county. They all report to him or her. A hospital might have this setup also. A large power company might have a similar sort of setup, not exactly the same, but similar. One person then talks to that person at the Emergency Operations Center who then talks to the emergency operations manager for that county any issues and problems or anything like that because information goes both ways. It's very, very important and very complicated, very organized system and it works. It really does.

I talked about the strike teams as part of the preparedness and specifically the response. We have a number of different strike teams from each of the regions. The first one is the special needs strike team, consists of a number of different individuals, but basically, they're either available at the local level or more significantly available to go someplace else, usually within the state of Florida, but it could be another state also to work the special needs shelter for the vulnerable populations.

We have epidemiology strike teams that handle all different types of disease surveillance issues and outbreak investigations. There're always those kinds of issues. You think about Haiti and cholera that developed various issues dealing with the water quality, food quality in Japan, also would be handled by the epidemiology teams.

Also, they would work closely with the environmental health teams who would go out, look at specific issues in buildings associated with wastewater and clean water supplies. We have teams already setup that could go any part of the state. They're from all parts of the state, but they can go to any other part of the state or other states within our region to help out if there's a problem.

Regional Strike Teams

• SpNS

- **Type 2 Team, 8 Members**
- **Handles the daily operations of a Special Needs Shelter. May activate and/or demobilize a shelter.**

• Epidemiology

- **Type 1 Team, 8 Members**
- **Can handle disease surveillance, outbreak investigation, data analysis, quarantine/isolation, phlebotomy.**

• Environmental Health

- **Type 3 Team, 8 Members**
- **Can inspect 40 locations/day. Can handle food/water/sanitation issues**

A lot of what we do is planning. The eight or nine paid planners that we have work with a number of different plans that will be responsible for developing or updating each year public – Project Public Health Ready is a federal – it's a national program, not it's not federal, it's a national program that allows each county, specifically each county health department to meet certain specific criteria so that everyone is on a similar level of preparedness. I don't say most, but many of the counties in the state of Florida. Do you know where we are? I know it's over 30.

Female Participant

Around 50.

Dr. John Lanza

Fifty, we're up to 50 now – of the counties have to pass this basic threshold for preparedness. This is a good way of seeing between the assets inventory of your – capabilities inventory of your county to see what is available, what would like to use if there was disaster, and it's something that for the Department of Health has been working with counties for many years now.

We also have something called State Working Groups, which are groups of experts that get together and do planning on a more global level, and use funding provided by the federal government, DHS, Department of Homeland Security funding to bring money down to the local level, and law enforcement, health and medical, fire. In fact, I'm leaving this evening to go to meeting in Daytona Beach on the East Coast to vote on some of the projects that we've been dealing with over the past year. Also, there's lots of coordination with the community partners. I have already alluded to as far as planning goes.

Planning

- Project Public Health Ready
- State Working Groups
- Coordination with Community Partners

Types of plans, we've already sort of talked about that. One of the things we didn't talk about was risk communications. I've been reading some of the media reports from Japan about lethal cars been contaminated with radiations and things like that. It's a lot of risk communications issues that I've seen associated with that, but prior planning and prior education would help a lot and will be everyone's concerns. But anyhow, plans deal with epidemiology, laboratory provision of medications, and immunizations. Strategic National Stockpile which is 12 separate stockpiles of various types of medications and supplies that can go to any part of United States within 12 hours or so after a disaster. Environmental health response plans; disaster behavior health plans, that's mental health plans; quarantine; continuity of operations to make sure that the operations continue no matter what happens; and volunteer management.

Types of Plans

- Agency and Risk Communications
- Epidemiology
- Laboratory
- Mass Prophylaxis and Immunizations
- Strategic National Stockpile (SNS)
- Mass Fatality Management
- Environmental Health Response
- Disaster Behavioral Health
- Quarantine, Isolation and Social Distancing
- Continuity of Operations (COOP)
- Surge and Volunteer Management

Community partnerships; Medical Reserve Corps is the Department of Health and Human Services program. There are over 800 or so local units of the Medical Reserve Corps in which we have voluntary doctors, dentist, veterinarians, pharmacists, nurses, anyone, basically who is interested in helping out if there is event or incident in the community. They'll come out and provide assistance. They were available H1N1. We've had some community events such as [Unclear] weekends and other things like that in which the Medical Reserve Corps could be available to provide assistance if necessary.

We already talked about the regional RDSTF, the Regional Domestic Security Task Force, within our community and across the state. Emergency management, we talked about emergency manager in each of the state. Laboratory system within the Florida Department of Health and the Department of Agriculture is set up to work with the locals, especially in disaster response issues or these incident response issues, white powder issues and those sort of things.

Hospitals, 206 acute care hospitals, 193 that have contracts with the Department of Health who receive supplies, who've work closely with them over the past 10 years to get the hospitals up to speed or capable of being ready for any type of disaster. I already talked about the Medical Reserve Corps. I have one in my county. I'm the director of that. It's very useful to have locals involved with emergency response in their own community. You have a buy-in automatically to be available to help if something happens.

Community Partnerships

- Medical Reserve Corps
- RDSTF
- Emergency Management
- Labs
- Hospitals
- Be Ready Alliance for Community Emergencies
- Red Cross
- EMS, Fire, Police, etc.
- Mental Health

Day 1
10:30 am -
Public Health & Medical Response
● **State**

Susan Bulecza (RN, MSN, CNS, PHCNS-BC, Preparedness Director, Florida Department of Health)

What I'm going to talk about now is the kind of the overview at the state level. What we do? You heard Dr. Lanza talk about where the real work gets done is at the local level with the response and everything and they work. This is kind of at the state level how we help support and coordinate resources to help support at the local level. This is just a real kind of overview.

Really at our level, we had three functions, prepare the public health and healthcare system, prepare the response system and then be able to respond. That's really the core components for us, core functions for us.

Core Functions

- 1. Prepare the Public Health & Healthcare System**
- 2. Prepare the Response System**
- 3. Respond**

As the Department of Health, we have two roles in the state when it comes to preparedness and response. Those roles are defined in statute. There is the public health statute which is 381 and talks about all things public health, and then there is Chapter 252, which is the state emergency management statute that defines what agencies are to do what authorizes or requires the state Comprehensive Emergency Management plan and defines then the roles for the support agencies during an event.

For the public health side, we have to, as an agency, be able to continue those critical public health functions during anytime of an event. To do that we have to have what we call our emergency operation plans within our agency. That is for how, as a Department of Health, we need to be able to respond.

In 252, the emergency management statute, the Department of Health is identified as the state lead agency for ESF-8, public health and medical. Just like Dr. Lanza is the lead in his county for ESF-8 at the county level,

we as the agency are the lead in for the state for public health and medical. We have to help develop those plans that support that function. It can get to be a real challenge when we have both, trying to maintain our Department of Health for critical missions and then that broader scope of the public health and medical system ensuring that it's able to meet the needs of those that are most at risk.

Department of Health

- Delivery of Public Health Services
- Chapter 381, F.S.
- DOH Emergency Operations Plans
- Coordination of Health Care System
- Chapter 252, F.S.
- State CEMP, ESF8 Public Health & Medical Annex

The way that we put a lot of emphasis on the preparedness, and the way we do that is through our strategic plan. We have a Public Health and Health Care System Preparedness strategic plan that provides the goals and objectives to help us as a state. This is not just an agency strategic plan. This is in the state of Florida. How do we go about being prepared to meet the needs of citizens, visitors, the healthcare system, and the responders during an event? It's organized by capabilities. It aligns to the Florida Domestic Security Strategy, which is the bigger for the state about domestic security, which is moving into an all-hazards focus to the task force, the regional task force that Dr. Lanza talked about. There is an overarching strategy that helps guide that activity.

Our capabilities are organized off of the national target capabilities, which are defined in the National Response Framework. There were some links there in that earlier stuff that I sent you that were links to this. The plan, there're four cross-cutting themes for that plan. One is meeting the needs of our vulnerable populations; developing a competent and trained workforce, and that's not just in the department but all across the health and medical continual; building sustainable processes so that we can sustain the capabilities that we build; and then, monitoring and measuring our progress so that we can begin to address the question of how prepared are we.

- **2011-13 Public Health & Healthcare System Preparedness Strategic Plan**
- **Organized by Capabilities**
- **Aligned to the Florida Domestic Security Strategy**
- **Founded on National Target Capabilities**

There're not broader a copy of the strategic plan there. We had six calls within the strategic plan. The first one is prepare. Look at that. Goal 1 is about preparing the public health and medical healthcare system for all-hazards, whether they're natural or manmade.

Goal 2 is focused on incident management, and within each of these goals, there are capabilities that are aligned with that goal. The incident management one is to ensure that their systems and personnel are available to effectively manage all-hazards; gets back to what Dr. Lanza was saying as far as the training and exercising that we do.

Surge management is about having the health and medical system be able to meet the needs, whether they have to increase capacity. Our hospitals have – one of the things that we've worked with our hospitals is having the ability to surge up 20% above what their normal everyday operation is. For some hospitals that means bringing in extra staff, utilizing space within the hospital that's not normally part of clinical care. They've structurally outfitted areas like large conference rooms that in an event that if they needed extra space, they can bring in beds. They've got oxygen piped into that. They've got electrical setup to manage hospital equipments so that they can create that additional surge capacity. That's one way that hospitals have addressed how you go about surging.

Then, the countermeasure and mitigation one is ensuring that we have appropriate and effective countermeasures to mitigate health consequences of an event. Do we have the right types of antibiotics? Do we have the right equipment to manage PBE [ph], those kinds of things to be able to treat people effectively regardless of what the event is and also to protect our responders.

Then goal 5 is the detection, surveillance and investigation. That is really about do we have systems in place that are able to detect early something that's abnormal within this system, that we are able to monitor and track, and then to how do we go about investigating whatever may have popped up so that we can either confirm or say, "No, this isn't what this is," but do we have the right systems in place?

Then, community resilience because, again, everything is at the local level and the better prepared they are at the local level, the more able a community is to recover from and respond to an event that individual preparedness build to make community preparedness which builds to make state preparedness. It really is all the way down to that individual level. We work to try to increase that community resilience. That's one of the areas that we still have some opportunities to improve on, that getting to people and building that culture of preparedness all the way down to the individual level is hard when they are looking at, do I enough money to put food on the table this week? Now, you want me to have a stockpile. It's how to change that mindset and be able to show them ways that they can build a stockpile and not have it significantly impact their day-to-day ability to provide resources to their families and in the community.

- Goal 1-Prepared
- Goal 2- Incident Management
- Goal 3- Surge Management
- Goal 4- Countermeasures & Mitigation
- Goal 5- Detection, Surveillance & Investigation
- Goal 6- Community Resilience

These are the capabilities and I'm not going to into these in great detail. But, each of these capabilities aligns under one of those goals. I know that Jeff has got to speak too of the capabilities at the national level. What we've done is take that and align our work to it. We are aligned from the state level up to the national level.

These are rest – you see there is a fair number of these that have health. We have a direct role in or there is a health component in. For us, preparedness priorities really center around – at the state level, the radiological preparedness I think that the response in Japan heightened our awareness as a nation. If we had a similar event, were we are ready to be able to manage that?

I think we learned an awful lot, both at the federal level and at the state level when we looked at that to say what do we have in place? How would we manage this? We learned from your experience even at a distance. It caused us to stop and go, what is it we need to do? We realized we have some opportunities to better manage or to better develop our plans and address things.

Public Health & Healthcare Capabilities

- Risk Management
- Planning
- Training & Exercises
- Information Sharing & Dissemination
- ESF 8
- Interoperable Communications
- Responder Health & Safety
- Mass Prophylaxis
- Isolation & Quarantine
- Epi Surveillance & Investigation
- Laboratory Testing
- CBRNE Detection
- Emergency Triage & Pre-Hospital Treatment
- Medical Surge
- Medical Logistics
- Volunteer Management
- Fatality Management
- Environmental Health
- Community Health Care System Resilience
- Community Preparedness
- Mass Care
- Critical Infrastructure Protection

Catastrophic planning is always critical for us, looking at, all right, if we have a significantly large population, we have an event that comes in and completely decimates an infrastructure in an area. What's the most effective way to manage that and how do we manage the population? How do we stabilize that community? What are our priorities for moving people out or do we try to stabilize everybody locally? It really is an issue for us because it is done a little differently than what we approach other – and then community resilience like I already said.