

## Preparedness Priorities

- Radiological Preparedness
- Catastrophic Planning
- Community Resiliency

Then, what we really have to focus on are the people because if we don't have people impacted, do we really have a disaster? Our focus is on the priorities to, who are the priority, what are priority populations, who are those most at risk for adverse health outcomes. Of course, everybody can be at risk. However, there are those who are more at risk and so really we need to priorities that. We have to have our capabilities in place that meet the needs for people. We need to be able to maximize our limited resources because you've heard today, we've talked about the shrinking budgets and ability to sustain, so, we really have to be able to maximize and utilize our resources very effectively.

Then, we have to be able to build and measure what it is we're doing and then test that through exercises. Are these realistic what we're putting – what is in place and is it reality? Then, we have to be able to document it and demonstrate it through our capabilities. When we talk about vulnerable populations – and I'll talk tomorrow in greater detail about vulnerable populations, but in general, well – it's on the system, so I don't know what it is.

## Meeting the Needs of Survivors and Responders

- **Focus on Priorities**
- **Capability Based**
- **Maximize Limited Resources**
- **Measures and Tests Realities**
- **Documents Resources and Capabilities**

Being able to identify those most at risk, we've developed population profiles by each county that help us to begin to quantify that, understand what the nature of peoples' vulnerabilities are for these at risk populations. What makes them vulnerable? Are they vulnerable all the time or are there certain circumstances that make them more vulnerable? We need to be able to make sure that their needs are integrated into planning. We can't just do planning based on a generic population. We have to start peeling that population back and look at those individual groups and make sure that whatever their needs are, get integrated into our planning process so that we are able to address their needs during an event.

Then, we have to make sure we have everybody at the table. Looking at who serves the different populations and make sure they're at the table and we're coordinating with them because they can be force multipliers for us. When you have an event, if they are serving this population already and we've got them engaged and have them in support of our plans, then they can be there to help respond to their populations and it becomes a force multiplier for us on the public health and medical side.

We have to be able to identify what are their gaps and being able to serve the populations. Then, we have to develop contingencies for addressing those gaps and that's probably one of the more challenging is being able to kind of see that, okay, if this happens what – it's playing the 'what if' game. If this happens, what about this and being able to have all of those contingencies here, hoping you don't need them, but you've already identified them so that you just go right to them whenever you have an event.

## Vulnerable Populations

- Identify those most at risk
- Understand nature of vulnerabilities
- Ensure integration of needs into planning
- Enhance coordination with partners
- Identify resource gaps
- Develop contingencies for addressing gaps

Again, when we talk about our ESF-8 function, we've talked a little bit about that now on the resources and its all-hazards and it's defined in the state emergency management plan. We have an ESF-8 appendix that really defines what our missions are, and it's so that we have an integrated approach to the whole public health and medical system.

## ESF 8 Purpose

- **The purpose of Florida Emergency Support Function 8 (ESF 8) is to coordinate the State's Public Health and Medical resources, capabilities, capacities, and response in an "All Hazards" environment during natural or man-made disasters. (State CEMP)**
- **To develop an integrated and comprehensive statewide ESF 8 Public Health and Medical response SYSTEM**

These are our major partners. As I said, the Department of Health is the lead agency, but we don't do this in isolation and we certainly can't do it by ourselves.

We work very closely with other state agencies and other entities, such as the Florida Hospital Association, our Department of Elder Affairs, Agency for Persons with Disability. These are all key partners for us and they have representatives when we are active at our state emergency response center, they're part of our team and they're there to help support.

## ESF 8 Major Partners

- Department of Health (Lead)
- Agency for Health Care Administration
- Department of Elder Affairs
- Agency for Persons with Disabilities
- Florida Hospital Association
- Department of Agriculture
- Department of Children & Families

It's all public health and medical. That's the beauty of it is that you say that and when you look at what these agencies – even just by their names, you can see that they have some relationship either to public health or to healthcare on a day-to-day basis. What they do as an agency, for example, the Florida Renal Care Association, they're focused on the dialysis. That's their role in a day-to-day. That's the community they serve. That's the population that they serve.

Florida Nursing Association; if I go back, these are our major partners; Department of Children and Families, their day-to-day world encompasses foster children, it encompasses behavioral health services throughout the state. They have a multitude – what else do they have?

**Rhonda White**

The child abuse

**Susan Bulecza**

Child abuse, they're focused around children and families; Agency for Persons with Disabilities are focused primarily on persons who have developed mental disabilities; those with mental retardation, Prader-Willi syndrome, extreme autism. Those are the types of clients that they serve. You can see that all of these people have an interest in health and so they're aligned under ESF-8 public health and medical.

## ESF 8 Major Partners

- Florida Health Care Association
- Florida Home Health Care Association
- Florida Association for Homes for the Aging
- Florida Nursing Association
- Division of Emergency Management
- Florida Renal Care Association
- Florida Primary Care Association
- Florida Pharmacy Association
- Federal Partners (HHS, FEMA/NDMS, VA, CDC)
- Other Local/State Partners

## ESF 8 Key Support Partners

- **ESF 4 & 9 EMS deployment and SAR**
- **ESF 5 Information & Planning**
- **ESF 6 Mass Care**
- **ESF 7 Resource Support (Logistics)**
- **ESF 10 Hazmat**
- **ESF 11 Food & Water**
- **ESF 13 Military Support**
- **ESF 14 Media Relations**
- **ESF 15 Volunteers & Donations**
- **ESF 16 Law Enforcement**

These are our core missions. We have 11 core missions as ESF-8 and I won't go through in reading all of these, but you can see that they're very diverse, support local assessment and identification of needs; support sheltering of persons with special needs. In Florida, we have two types of shelters. We have general population shelters, where everybody can come to. Then, we have the special needs shelters. Special need shelters are for those persons – and we have a definition, it's very broad, a person – but it's they are at greater risk and so they have no other place to go because we want to say that the shelters should be their last place of resort.

But for the special need shelters, we have put things in there to provide a higher level of care to support these individuals because they generally have fragile health conditions, they may be very elderly, and oftentimes they have chronic illnesses that put them at greater risk and so they're not well served in a general population shelter. Many of our general population shelters are not air conditioned. In fact, a majority of them are not. Our special needs shelters are climate controlled. They have air conditioning. They have backup generators that are sufficient to power, oxygen concentrators, to power other electrical equipment that they may need.

That's what we – and I'm going to give you some – I've got a little notebook of some stuff about our special needs shelters that I'll give you. But when we talk about it, special needs shelters are for those individuals who are more fragile from a health or medical perspective than what should be in a general population shelter. This does give them an alternative that's a little bit better able to care for them. Most of our special needs shelters have cots that can be – the heads can be raised so that somebody that has respiratory compromise or something can be in an elevated situation when they're in bed. It's to be able to provide for those needs.

## ESF 8 Core Missions

- Support local assessment & identification of needs
- Coordinate & support stabilization of healthcare system
- Support sheltering of persons with special needs
- Support & coordinate patient movement
- Monitor, investigate & control potential or known threats & human health impacts through surveillance, medical countermeasure and non-medical interventions
- Monitor, investigate & control human health threats & impacts from environmental origin
- Develop, disseminate, and coordinate public health & medical information
- Coordinate resources to support fatality management
- Monitor and coordinate resources to support disaster behavioral health services
- Support Responder safety and health
- Provide public health & medical technical assistance & support

### **Susan Bulecza**

Now, these are individuals who are in their home. They're not in facilities. In Florida, healthcare facilities are required under statute to have an evacuation plan that takes them to a like facility. If you've got a nursing home that's going to evacuate, they have to evacuate to another facility that is like them. They will not go to a shelter.

### **Rhonda White**

If a hospital evacuates, they will not go to a special needs shelter. They will go to another hospital. But if you're living in your house and maybe you have some special healthcare needs and you don't have anywhere to go, then you would go to that shelter. Those people may be on oxygen or maybe be dialysis patients.

### **Susan Bulecza**

Much of our healthcare system has moved to an outpatient basis. People are in their homes in, probably, much more debilitated conditions or a complex medically than they would have been 20 or 30 years ago, they would have been in facilities or in hospitals but now they're moving out of hospitals much, much faster into the home. There are home health services, but the infrastructure is not that great. I mean a lot of the care falls upon the family members to provide the care for the individuals with these complex conditions in their home with a patchwork, if you will, of social services and healthcare services that are available to care for them. Yeah, there are a greater increase of people with complex medical and health conditions being in their home environment than in a facility.

**Rhonda White**

Part of the challenge thing I think Susan will probably talk about it, when she talks tomorrow is that those networks that they have, their individual care system are fragile. If something happens in that community, then they don't have the support that they need to live independently. Maybe, they're relying on their next-door neighbor to go get their drugs, to go get their groceries whatever. When that community is devastated in a disaster, they don't have that network of support.

**Dr. John Lanza**

Dr. Oba, after Hurricane Katrina, we had people living in FEMA trailers for 2 or 3 years long-term because their homes in Mississippi, Hurricane Katrina hit, destroyed...

**Female Participant**

Were those trailers provided by government or...?

**Dr. John Lanza**

Yeah, Federal Emergency Management Agency, FEMA trailers.

**Susan Bulecza**

They were basically travel trailers. You see people when they go camping, behind the car you know, that's literally what they were provided for temporary housing.

**Dr. John Lanza**

It was 2 to 3 years temporary. If you've got your people sooner than that it's pretty good.

**Female Participant**

Is there any relationship between this SpNS and maybe the hospital?

**Dr. John Lanza**

Yes, there is. We work closely to the hospitals because sometimes we will accept a patient into SpNS, special needs shelter, but they have a problem and then we need to transfer them to the hospital. I've many discussions with hospitals that are accepting patients that don't need to be in the hospital. Then, the hospitals, sometimes when they try and get people out of the hospital before storm hits, they'll send them to the shelter. Most of the time that works out with kids. But there is lot of

discussions about that. We try to figure out these problems at our meetings before the event.

**Susan Bulecza**

Here're some of the resources now. I'll give these to you electronically also. They'll be on the JumpDrive, but this one is the intake form for our special needs shelters. This is the level of care matrix, about – that kind of helps to identify who goes to a general population shelter, who goes to a special needs shelter, and who is more appropriate for a nursing home or something. That might be helpful to you.

**Rhonda White**

A lot of the shelters trying to keep emergency medical services to have an emergency medical service person with an ambulance at the shelter because if you get something you can't handle, you got that resource to help deal with it.

**Dr. John Lanza**

I've had in the middle of the storm, right, the highest point of the storm, one of my staff fell and he back for – hit her head and had a seizure. Fortunately, EMS was right there to put her on a backboard and to stabilize her until 3 or 4 hours, when winds went down, and then they took her – she was fine, but it was just nice having them to able to be her equipment in case the worse happen.

**Rhonda White**

You have security at your shelters too, Dr. Lanza?

**Dr. John Lanza**

Yes, we have those – at any shelter, typically, you have an arrangement with – it's in a city, you have the police department of that city, or if it's in the county, then you have one or two county sheriffs, deputy sheriffs, and their vehicle parked outside just to keep people away [Unclear] be there, yes...

**Rhonda White**

The uniforms are impressive.

**Dr. John Lanza**

Their guns too. They've had to use them a number of times.

**Female Participant**

Really?

**Dr. John Lanza**

Yes.

**Male Participant**

Not to shoot to.

**Female Participant**

To warn them...?

**Dr. John Lanza**

Well, to keep the order [ph] and make sure people who weren't supposed to be there weren't there, it's used in security, yeah...warning the default of rules.

**Rhonda White**

Sometimes you have to keep the media out. You have problems with the media, with reporters, and with people who want to fill things, and it's just not appropriate to do that, and it helps to have the officers and the people in uniform to convince them later.

**Female Participant**

What kinds of building or facilities are used for special needs shelters?

**Susan Bulecza**

A lot of times it – most cases, it's in schools and they are the gyms, the gymnasium because it's a big open area where you can house people, but it's typically – the majority of them are in schools.

A lot of high schools because they have large indoor gyms for basketball and volleyball, and so it's a big open space. They have showers. They have restrooms. You can put a fair number of people in cots in the gyms.

**Female Participant**

Yeah. Are they air-conditioned?

**Susan Bulecza**

We have worked hard to have generators big enough to power the air-conditioning in those – it may not power the whole school, but there've been designated critical – it's actually a statute that requires the construction. Any new construction, they have meet hurricane standards and have a certain percent of the school that is under generator power and includes the air-conditioning system.

**Male Participant**

That's for the special needs shelters. The general shelters may or may not...

**Female Participant**

All right. There are partitions between cots?

**Susan Bulecza**

No.

**Female Participant**

No? No privacy.

**Susan Bulecza**

Very little.

**Dr. John Lanza**

I mean, some buildings have side rooms that surround the gymnasium floor and you can put some people like person with an animal...

**Female Participant**

...service animals.

**Dr. John Lanza**

...certain service animals, we will put them in the side room because sometimes people are afraid of animals and [Unclear] animals have some problems, but just keep off the side, so there is not any issues of that. But, you saw the picture, so 500 people on the gym floor. My staff were there too. It was very intense.

**Susan Bulecza**

That's the reality of shelter, we don't have – if we're trying to maximize the space – even in a special needs shelter, there is more space allocated for each cot than there is in a general population shelter. There's more space around the cot. We don't put partitions up because that would take space that is valuable for being able to put people in there and bring them out of harm's way.

**Female Participant**

There is space for their families too.

**Susan Bulecza**

They generally are right there. Yeah, for the most part.

**Dr. John Lanza**

We try to keep them together because they would be more capable of taking care of their family with us assisting if needed.

**Susan Bulecza**

We try to keep them in the same. One, their family knows them best. They know what their needs are. Two, they're used to receiving their care for their family. When they're in a sheltering environment where it's chaotic and more disruptive, having someone who is familiar with your care, they're used to them providing care, it helps to minimize that anxiety somewhat for that individual who needs the care. Just looking at resources, we don't have this big huge pool of resources to put in there to staff it. We do rely on the family to help support the care for their loved one.

**Female Participant**

Staff is volunteer or employee of local government?

**Susan Bulecza**

Staff. It's local.

**Dr. John Lanza**

It's the health department staff, mostly in the State of Florida, that runs special need shelters.

**Female Participant**

But the doctors or nurses are all...

**Dr. John Lanza**

Yes.

**Female Participant**

It means you don't need the doctors or nurses from the hospital, but the regional...

**Dr. John Lanza**

No. Yeah, we use our own employees. My doctors, my dentists, my nurses take care of everyone in the special needs shelter. We don't take staff from the local hospital. Local hospital, they bring in all of their staff, all three shifts if they can, and they all live at the hospital, all the staff there because you don't know if you're going to be able to get out.

**Female Participant**

Yeah.

**Dr. John Lanza**

We bring as many as we can. We just need our staff to take care of the special needs.

**Rhonda White**

In some counties, they incorporate their Medical Reserve Corps volunteers to help. Some counties have to contract for additional staff support, because they don't have enough public health staff. At least in one county, I am aware of, they have a contract with one of their hospitals to run their special needs shelter for the first 3 days, and then they turn it over to health.

**Dr. John Lanza**

It depends on the county and I...

**Female Participant**

It's a little different depending on their resources.

**Dr. John Lanza**

In Hurricane Charley and then twice during Hurricanes Opal and Irene, we got Veterans Administration doctors and nurses coming from California to Florida to help out special needs or to relieve, to give them a break. The staff at the special needs shelter really appreciated them doing that.

**Rhonda White**

Once we get through the period where they are waiting for the storm and the storm passes and you realize that you're going to be sheltering for a longer period of time, then the local county would ask the state for help for people to come and relieve their staff, so they can take a break. Then, if we can't find it, we would reach out to our other state partners, and then sometimes to the federal depending on the number that we need. That's how you would see that response ramp up. But at the local level,

they would be caring for that first 72, 96 hours, the day or two before, and then 2 or 3 days after.

**Dr. John Lanza**

Right.

**Female Participant**

In general shelters are there cots or they lie down on the floor?

**Rhonda White**

General shelters...

**Dr. John Lanza**

It depends on the county and how much money they are willing to put into disaster preparedness. Our county is a mixture of cots and then we ask people to bring in inflatable mattresses, or maybe the, I call them rubber [Unclear] what they use in the hospital and they put people on foam, like foam mattresses. We tell people to bring in their own supplies if they need because there's no guarantee that there's going to be enough cots or mattresses for everyone [Unclear] supply. We provide linens and pillows, but we ask them to bring in their own because it could be used up.

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

**Jeff Bryant (Program Services Branch Chief, Division of State & Local Readiness, Centers for Disease Control & Prevention)**

Like many other countries in the world, America has chosen to take care of the citizens during disaster operations or in the event of a terrorist attack. Just with our program alone, the public health emergency preparedness program, since 1999, \$8 billion have been put against public health preparedness. More had been put with hospital preparedness. I don't know what that number is. But just with our program that we run from the Centers for Disease Control, since 1999, \$8 million has been dedicated to public health preparedness. That's a commitment of the federal government to take care of its citizens.

Now, it's really revealing that Dr. Lanza's presentation and Susan's presentation and my presentation are going to have the same structure because that's the National Incident Management System. Across all of America, there is a system on how to respond and so you're going to see some similarities. But even at the national level, the assumption is that the federal government will not be there on day 1 or day 2 or day 3, it takes many days sometimes to get the federal government assets into place to help in response and recovery. The whole National Response Framework, the document that outlines how the federal government or how the nation is going to respond, even in that document it recognizes that all disasters are local. They start locally and they end locally.

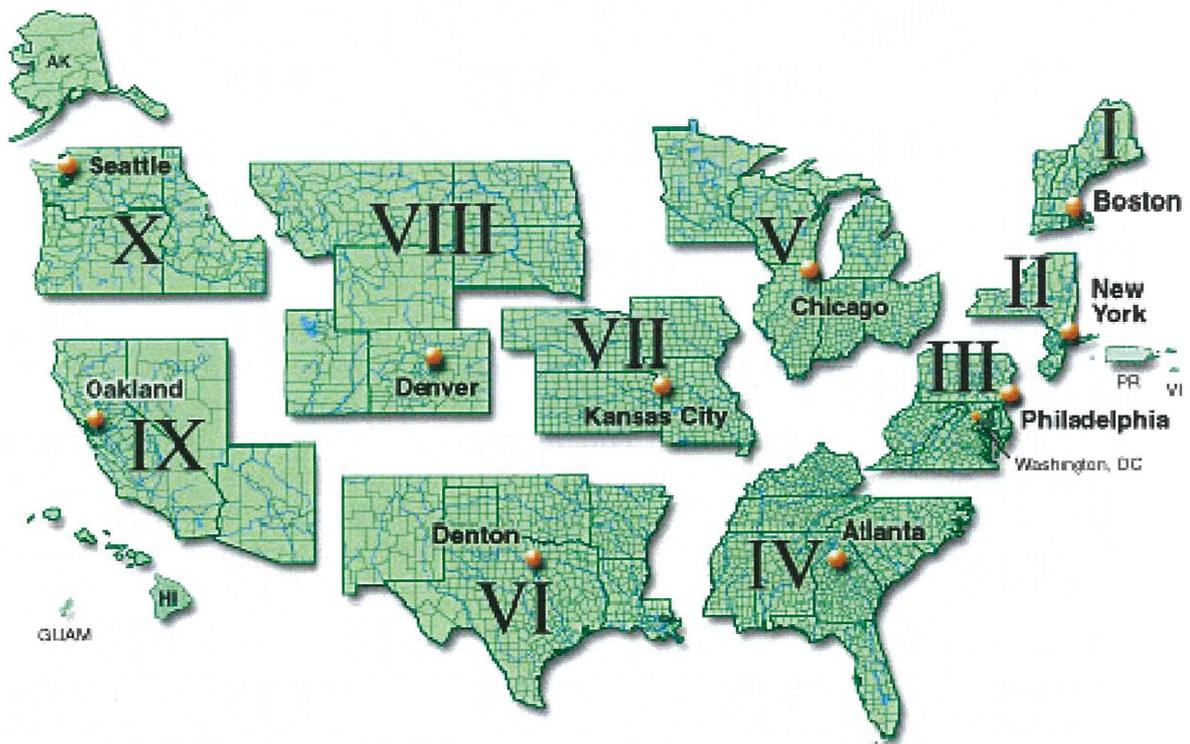
When the local capabilities are overwhelmed then they go to the state. The state of Florida is a very prepared state. I can tell you that other states in America are not as prepared. What Florida may be able to do on their own, or even at the county level with Dr. Lanza, he can do on his own, there're other states in the country that just don't have that capability. The federal government will be in those states sooner than they would be in a prepared state like the state of Florida. But when the local's response systems are overwhelmed, they go to the state, and then the state goes through Rhonda's circle chart with the red center that she gave you today.

They talk to other states and they try to get help from other states. When all of those options have been exhausted, then they come to the federal government. By capabilities, they may be able to take care of a part of the disaster on their own, but they need help with some other piece of that. The federal response is tailored for what the individual states need. It's not one size fits all. It's each individual response is unique to that specific state.

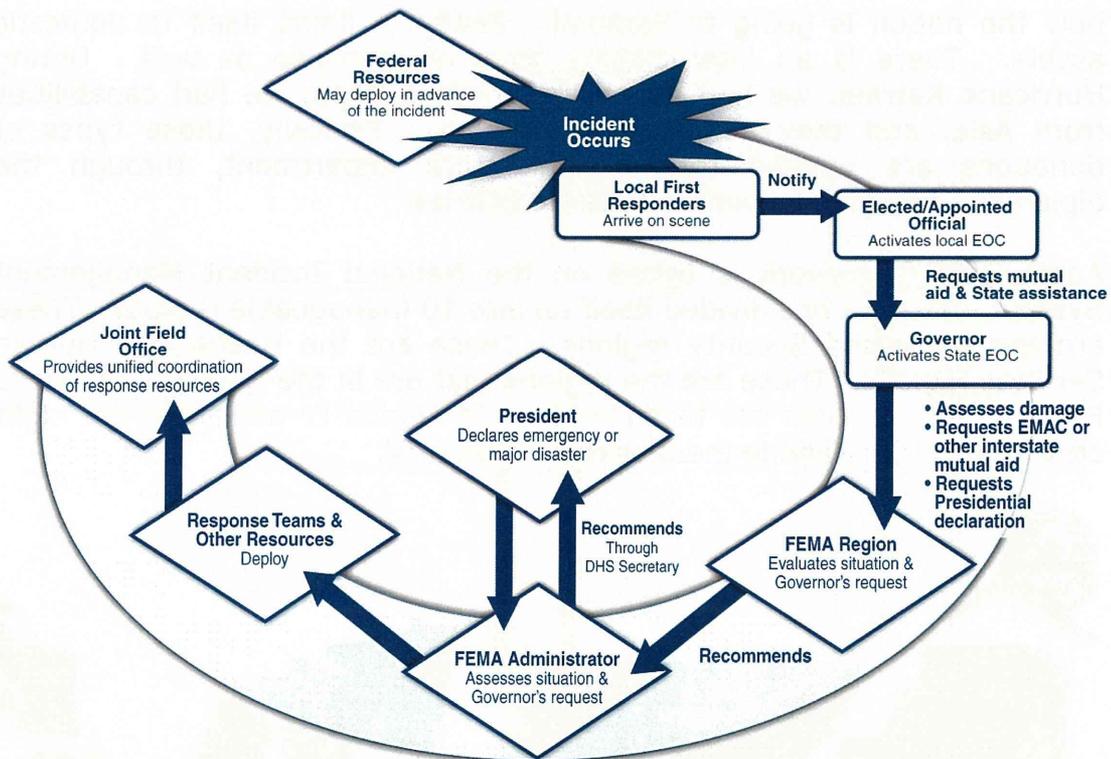
The document that we run that will respond in America is the National Response Framework. Are you guys familiar with the – have you looked at the National Response Framework? Yeah. This document describes

how the nation is going to respond. Really, it limits itself to domestic assets. There is an international piece of response as well. During Hurricane Katrina, we had capabilities from Europe, we had capabilities from Asia, and they all came in to help. Typically, those types of donations are worked through our state department, through the diplomatic relations between the two countries.

Again, this framework is based on the National Incident Management System. America has divided itself up into 10 manageable regions. These are the Homeland Security regions. These are the Health and Human Services regions. These are the regions that are in the National Response Framework. You can see that Florida is in Region IV and there are eight other states like Rhonda mentioned in Region IV.



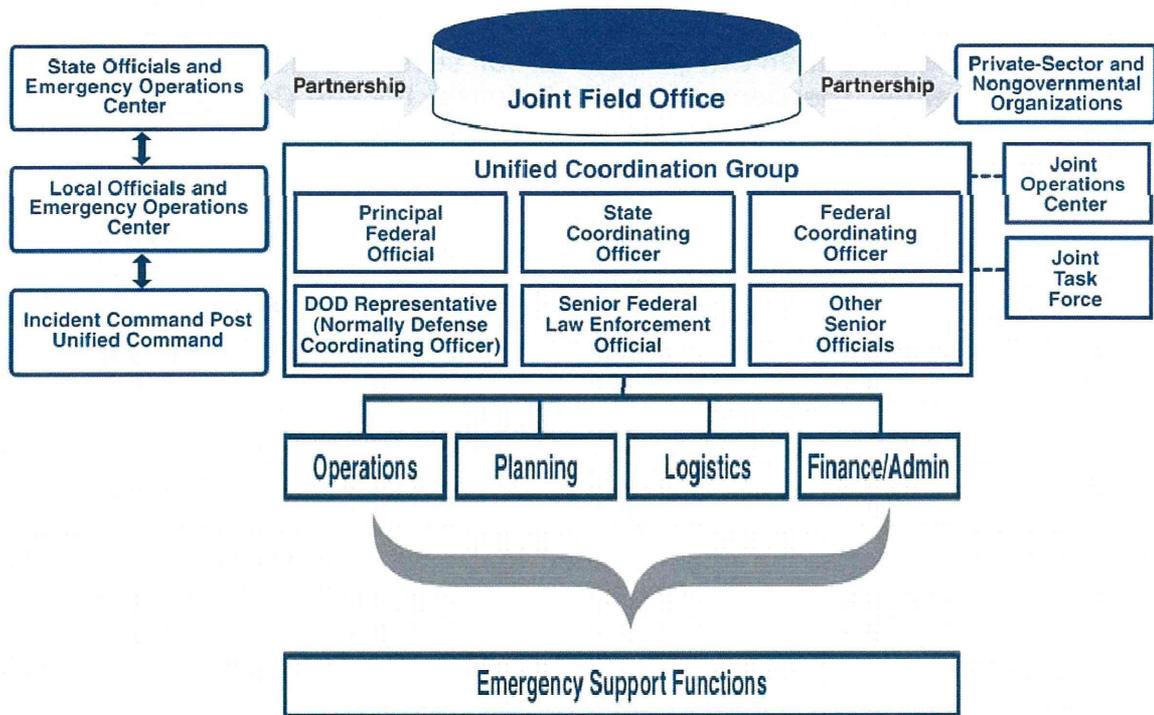
I want to highlight two things on this slide. When an event occurs, everything is local. When the local situation is overwhelmed, the governor of the state, the legislator, the elected official of the state is really the only one that can ask the president of the United States for a disaster declaration for federal assistance in that. The local communities respond, the state responds, at some point the governor decides that he or she is not going to be able to handle this response on their own. The governor writes a letter to the president of the United States saying, "I need help. I need assistance." That letter goes through FEMA, our Federal Emergency Management Agency. It goes through FEMA and then the president decides.



Then, the president has three options. He can deny the request because the damage isn't sufficient enough to give a federal declaration or the president can give an emergency declaration. An emergency declaration, for example, with a hurricane can even be made before the hurricane strikes land. The governor writes to the president and says, "This is going to be really bad. Three days from now, a hurricane is going to hit Tampa, Florida, and it is going to be bad." The president can issue a declaration in advance of the storm hitting or impacting a community.

Those emergency declarations do include medical and public health services. They really include some of the engineering efforts and law enforcements, fire efforts that need to be in place before the hurricane strikes, and they include medical. All of that is considered emergency work. With an emergency declaration, medical and public health services can be put into place propositioned and provided. Then, what happens a lot of times is that the damage will be sufficient, the president says, "This is really going to be bad," and the president issues a full-blown major declaration. When that happens, this is the structure that goes into place on the federal side. I'm only going to talk about one thing on this slide.

But, you can see the relationships between the Joint Field Office, the federal contributions to this response. There is a very strong relationship with the state obviously or multiple states. There is a very strong relationship with the private sector. The private sector has capability that can be utilized during a response operation. In the Joint Field Office, this is their headquarters. When there is a major disaster declaration, this is the headquarters of the response. There is a very strong relationship with the state and a very strong relationship with others.



When there is a major disaster declaration, there'll be a federal ESF-8. You can see the duties and responsibilities. These are just some of them. But, you can see the duties and responsibilities are the same. But, this is really important to understand. This may take a week to setup. For the first 3 days, it's all local. For the next 4 days, it may be local and state. This takes time to setup and establish. When there is a Joint Field Office and there is a national ESF-8, there will be people from around the country that have been deployed for this response. You may have teams from Connecticut or California come to Florida and help with the response. But, this isn't there on day 1. In Hurricane Katrina, it took about a week for ESF-8 to get established in Baton Rouge, Louisiana at the Joint Field Office. This isn't instant. This takes a few days to setup.

What I want to describe for you, just over the next probably three or four slides, is the relationship between some of the federal agencies when there's a major disaster and there is a national level ESF-8. ESF-1 is transportation and these are the guys that are looking at the interstate systems, the bridges, the roads, the airline industry, the bus industry, all of the different transportation modalities that can be used. They're assessing this. We have to coordinate with them, so we understand where our patients can be evacuated. Is the interstate closed? Is the interstate open? There's also a state ESF-1. John is at our local ESF-1 as well. Again, this is for a major disaster.

The other thing that we let ESF-1 know is that we tell them where the open hospitals are so they can direct traffic on the roads that are open, on the bridges that are open, and so it's a two-way communication with ESF-1. They're very important partners. Probably, one of the most important things they do is they control the airspace. If there is a big disaster and

there is helicopters flying everywhere, saving lives, rescuing people from an inundated area, ESF-1 is the one that controls this airspace. But, again, these guys aren't in place until for several days. Before they get there, it's either the Department of Defense, it's the Coastguard, it's the National Force or someone else is managing the initial few days of the operation.

ESF-2, again, very important partners. They are the ones that establish the communications architecture and infrastructure for the national response. We get our radio frequencies from ESF-2. We're not talking on law enforcements' radio frequencies or fires' radio frequencies; these are the individuals that regulate them.

ESF-3 is a very important partner. ESF-3 are the engineers: the structural engineers, the vertical engineers, the horizontal engineers. These are the guys that really are very important in a disaster. Let's talk about Hurricane Katrina again. When that area was inundated, when the levees broke, the US Army Corps of Engineers, ESF-3, the engineers are the ones that came into action to try and stabilize that situation. By the way, they're the ones that built the levees in the first place, many, many decades ago.

These guys are also very valuable and in debris management. If there is construction debris or natural debris, these are the guys that will come in with a heavy equipment and they'll either contract for this equipment or they'll bring it in themselves and they will clear the areas, so that communities can continue responding and begin to recover; very important relationship and partnership with ESF-3.

## Emergency Support Functions

- **ESF 1 – Transportation (Dept of Transportation)**
  - Evacuation routes
  - Regulatory waivers and exemptions
  - Control the airspace (medical air ambulance)
- **ESF 2 – Communications (Dept of Homeland Security)**
  - Radio frequency allocation
  - Joint Field Office communications support
- **ESF 3 – Engineering (US Army Corps of Engineers)**
  - Structural assessments and support for
    - Medical and other facilities
    - Public works such as water treatment plants and water retention (dams) and levy systems
    - Electrical grid and emergency power supply
    - Debris management

ESF-5 is us. It's what Mike does. He is the operator for a response. In order for one federal agency like FEMA to task another federal agency, there's a process called mission assignment. I think it's there. Yes. They're the second bullet under ESF-5. ESF-5 is the one that tells the Department of Agriculture to respond or that tells Department of Health and Human Services to respond with the specific task and with money. The task comes with money, if it goes through the Joint Field Office and ESF-5.

We've already talked about ESF-6 some today. ESF-6, you typically equate with sheltering operation. It's not all they do, but this is a big part of what ESF-6 does. At a national level, the American Red Cross is very involved in this particular ESF. Again, Florida is very prepared, but another – I was working a disaster in another state, and all of the special needs shelter was federally-staffed because the local staff was spread with other mission requirements. There are times when the disasters is large enough that federal medical assets will be brought in, and they may staff all or part of a special needs or medical needs shelter.

Interestingly, sometimes people shelter with their pets. They're not leaving their dog or cat or a horse or whatever pet they have behind. They will show up at a shelter with their pets. There has to be a plan to deal with that as well, and this falls under ESF-6 also.

The last two things I'll mention about these guys, again, a very important Emergency Support Function is that they also handle donations, donations of people and donations of things that that central donation management function is served in ESF-6. They also provide crisis counseling for disaster survivors.

## Emergency Support Functions

- **ESF 5 – Emergency Management (FEMA Operations)**
  - Coordinate all ESF activities and direct pre-incident, response and recovery efforts
  - Tasking authority to Dept of Health and Human Services through Mission Assignment Process
- **ESF 6 – Mass Care, Emergency Assistance, Housing and Human Services (Dept of Homeland Security)**
  - Shelter operations, mass feeding, bulk distribution (medical)
  - Family registration and reunification for separated members
  - Provisions for household pets and service animals
  - Manage donations (volunteers and donated assets)
  - Crisis counseling for disaster victims (mental/behavioral health)

ESF-9 is search and rescue. Again, these guys are involved in the very early days of the response. But, if they're rescuing people – land, water, or by air – if they're rescuing people and they're injured, where do they take them. There is very strong relationship with the search and rescue community and ESF-8.

ESF-10 is really our Environmental Protection Agency support function. Any time there is hazardous material, like the Gulf oil spill that Dr. Lanza talked about, these guys are a very important Emergency Support Function for response and recovery.

## Emergency Support Functions

- **ESF 9 – Search and Rescue (Dept of Homeland Security)**
  - Work with Coast Guard, Dept of Interior, FEMA and Defense Department to medical evacuation operations and to coordinate medical needs for rescued individuals
- **ESF 10 – Oil and Hazardous Material Response (Environmental Protection Agency)**
  - Hazardous environmental contamination incident response
  - Assessment of health hazards at a response and protection of response workers and the public health
  - Determines whether illnesses, diseases, or complaints may be attributable to exposure to a hazardous material
  - Establishes disease exposure registries and conducts appropriate clinical testing

Department of Agriculture has their hands in many, many different things from zoonotic infections, infections in animals, to herd management. If there is a large flood, a lot of times many, many herds of cattle, for example, will die. They'll drown in the flood. What do you do with the carcass that becomes a public health threat? It could be an environmental threat. These are the guys that really have a lot to do in that aspect of the response.

In addition, they are the commercial food industry – this is the supportive function that regulates and monitors the commercial food industry. Again with the Gulf of Mexico, 200 million gallons of oil, what does that do the fish industry, the shrimp industry, these types of things? That's where agriculture can be involved as well.

Then, the last one I'll talk about is ESF-14 that's long-term recovery. These guys are going to make or break in the early phases of a response. These guys really can shape how recovery is going to look on the backend. By the relationships these guys foster and the efforts they put forth early in response that they very much shape long-term recovery and community recovery.

## Emergency Support Functions

- **ESF 11 – Agriculture and Natural Resources (Department of Agriculture)**
  - Nutrition assistance for disaster populations
  - Safety of the commercial food industry
  - Food operations to support mass care and some shelters
  - Food stamp program for disaster victims
  - Herd management and household pet safety in disasters
  - Investigates zoonotic disease outbreaks--effects on humans
  - Laboratory and investigation support for food-borne illness
- **ESF 12 – Energy (Department of Energy)**
  - Coordinate radiologic or nuclear response operations
- **ESF 13 – Public Safety (Dept of Justice)**
  - Joint investigations of potential terrorist activities (anthrax)

On the public health side, public health and medical, on the public health side, over the last 2 years, the Centers for Disease Control has developed a document of 15 capabilities. You guys are familiar? Have you looked at that – had a chance to look at that document? Are you familiar with that? These capabilities were generated in response to a request from the nation. The nation said, in public health as we're getting out this \$8 billion over the last 12 years, with 62 awardees, the 50 states, 4 large cities: Washington D.C., Chicago, New York, and Los Angeles – and then, the eight territories Guam, American Samoa, Poloa, Federated States of Micronesia these are awardees also.

With the 62 awardees, we would get 62 different versions of what they were going to work on any given year. This community asked the Centers for Disease Control to develop a national set of public health standards. We did that. It was published in March of this year, March of 2011. The hope was that this capabilities document would guide planning. It would guide the planning efforts. It would put the nation on some type of common platform to think about public health emergency preparedness.