

LEX FRIEDEN: Now it's a pleasure for me to introduce our guests today who will focus on the topic of emergency preparedness and focus on people with disabilities in that perspective. Maggie Elestwani is a nurse with Memorial Hermann Hospital, and Maggie has been involved with the Red Cross and other organizations in emergency preparedness. Ben King is at the School of Public Health in Houston and the Center for Bio-security, and Ben will talk about some of the research that he's done pertaining to people with disabilities and shelters, and some of his experience at the Astrodome during the recent events. And Doctor Kim Dunn from the School of Health Information Sciences at the University of Texas Health Science Center. Kim worked actually at the George R. Brown Convention Center during the recent hurricanes, but she's studied a lot about emergency preparedness and people with special needs. So to begin our program today, I'd like to ask Kim, generally, the experience that you had at the George R. Brown, did that change your perspective about how people with special needs deal with disaster?

KIM DUNN: Absolutely. It really did. I think that whole experience there in Houston was kind of like taking a sip of water from a fire hose. I think we had a lot of plans that we thought were in place, and there was a very iterative process in terms of what could be done, should be done. And I think there have been a number of lessons that have been learned since then, and I think the biggest one is really re-thinking the model of care and the model of planning. We really have sort of a centralized command and control model, but we really need to kind of change that paradigm to what we call a distributed empowerment model, to where it's a shared responsibility for the individual in terms of making their responsibilities for what they should be doing, what they can do. But then also participating in programs like 2-1-1 and notification, so that there's a shared responsibility. And so, as you know, we've been working with TIERR and with the School of Public Health and University of Houston, Transtar, City of Houston, to really try to look at a fundamental re-shift of what we need to be doing, and changing that model and that paradigm.

Lex: When we talk about people with disabilities preparing for disaster, they really need to look at how they can be away from home and away from their normal daily routine for an extended period of time.

Kim: Exactly.

Lex: And they shouldn't depend on somebody else to intuitively be able to meet those needs.

Kim: Exactly. And it all has to do with being prepared ahead of time. You've got to think that you're going to be in a lifeboat for four to five days. Whatever you're going to need, whatever your family's going to need, whatever your pets are going to need, you have to really be able to plan for that ahead of time. The second thing is really being registered so that if you did need to evacuate or you did need to get out, that there was an organized effort, that they had an assessment of what your needs are ahead of time. And so it really is a hand in glove kind of problem that we really need to be working towards.

Lex: Now Ben, when we talk about disaster in the Houston area, most frequently we talk about hurricanes, I suppose, because we're at risk of category 5 and even category 4 and 3 hurricanes in our area. But there are other kinds of disasters that may befall us, and we have to be prepared for those as well. In general, what we know about preparing for hurricanes, does that apply to preparation for other types of disasters?

BENJAMIN KING: It does. We always try to use what's called an all hazards approach with emergencies. And so when the City of Houston or Harris County looks at a plan, they try to find a plan that fits as many of those emergencies as possible. In Houston we have things like refinery explosions. We have a lot of petrochemical and other sort of chemical and even biological disasters that can occur, as well as all of the pandemic flu worries that are out there right now. All of those apply to building search capacity in the hospitals. Evacuating when necessary and only when necessary. The idea is to get a plan that fits all of those. Hurricanes obviously though are the focus for Houston, not just because of 2005, but 2001 tropical storm Allison and the rest of the history of it.

Lex: Maggie, when we talk about preparation, we need to be prepared either to evacuate or not. How do people know whether it's in their best interest to shelter in place or to evacuate?

MAGGIE ELESTWANI: Well the main thing is, for the hurricane season, they can determine that by looking on the emergency management websites and looking at your zip code and where it falls. So if you fall into the evacuation zone, you can listen very carefully to emergency management through the means that you require communication in, and then see what the message is. That message may be to shelter in place and to just go ahead and follow what they're asking.

Lex: And this is actually an improvement over the past when people have been told, "If you live along the Gulf Coast, you need to leave." Well, you know, I live 50 miles from the Gulf Coast, but as far as I'm concerned, if there's a big storm coming, I might as well leave along with those other folks. That creates problems, because there's not enough places for everybody to go.

Maggie: It does. And I think when we did see the news about Katrina, that caused a lot of worries that were translated into how people perceived Rita. So if you had seen Katrina, but lived in Fort Bend County, you felt equally afraid, to that individual who lives in Galveston.

Lex: Well another translation that I think people made: Houston is near the Gulf, New Orleans is near the Gulf. The reality is, New Orleans is right on the Gulf, and Houston is 40, 50 miles away. So people may have over reacted to a certain degree. It's hard to make that judgment now, but in reality, in the future, public authorities will have more information than they had before. They will be working closely with the weather services and other emergency services. The public authorities, the mayor, the county commissioners and others, will be able to recommend whether people in certain zip codes leave or stay. And not only will that information be available on the web, it will be available through the televisions and the radios and the newsprint to the extent that's available to folks. People will know which zip codes need to be evacuated. If they're not in an evacuation zip code, then they need to be prepared to stay in place, and to do that, they have to protect their home and property. They have to make sure that there aren't things that will fly around in their back yard or their front yard, or their porch, and they have to tape their windows and take other kinds of precautions, and ensure they can have, as Kim Dunn said, that five day lifeboat in hand, available, in case they're by themselves. If you shelter in place, it doesn't mean life goes on as usual in the event of a disaster. And in the Houston area, I guess we have essentially two grades of storm that we need to be concerned about. One is the surge and the other is the wind. Can you explain that, Maggie?

Maggie: Sure. There are individuals who live in zip codes that are in the storm surge zone. And those individuals are actually going to be going in different waves forward, up to the north of our county. And individuals who live in Houston, the majority of them live in the wind zone. So we have to look very carefully at our zip codes, because there are individuals who live in Houston, yet live far enough close to the water that they have to evacuate also.

Lex: The key to evacuation is having preparations made ahead of time, knowing how you're going to evacuate. People with special needs who register for 2-1-1 may or may not be assured of evacuation assistance. What's your understanding of that?

Maggie: That's not my understanding, actually. I think that if you do register with 2-1-1, you will be going into a database with our local government here, and they will be able to plan. Because in the 2-1-1, you're able to list what your needs are, whether they're medical or functional, and the city can help prepare for that. And the city works with a very broad web of emergency management, so the city works in conjunction with the counties north and the state. So there are lots of resources there, but we need to know what the needs of individuals are to prepare.

Lex: I was affected by tropical storm Allison, and no one really had a warning. No one really was able to evacuate prior to that particular storm event. And the water was rising in my home. We live near a bayou and it just kept coming up, and it stopped the wheelchair. The power wheelchair went dead, the televisions went dead. The dog was paddling and the water was up to my waist in a matter of roughly 90 minutes. That experience-- thank goodness I survived, my family survived. I had a wonderful neighbor who literally swam across the street to see that we were okay. Unfortunately, we felt like opening the door to greet him and we got another two feet of water inside the house at that point in time. But the reality of the situation is, being in a flood, being in a storm, being in a disaster, is scary. And it's really hard to prepare, regardless of what you do, to be frightened like that. And the best way to manage your fear, I think, is to practice your own what you would do, how you are prepared, whether you evacuate or not. And I would say now, based on the judgment of the city officials and county officials are able to make, to follow those instructions very closely. And I did register with 2-1-1, as soon as I had the opportunity to do so, and I will depend on MetroLift being sent out, or some other alternative that can transport me and my family in the event that I'm in one of the evacuation zones. Ben, is that the best advice we can give people?

Ben: It's very good advice. The most important thing is being prepared ahead of time, obviously. That includes the getting involved with the 2-1-1 registry. That helps people not just be prepared themselves and let the city know what their plans are, but it lets the city know what it can expect for transportation and it lets the location that they're evacuating to, which will probably be Dallas, it lets Dallas know what's coming, which is very important, because then they can be ready with the materials and the resources that will be needed when they get there. So the more people that are registered, the more clearly that picture will be painted for the people accepting the evacuees, and that's very important.

Lex: I was very impressed because the nature of the questions which were asked, when I registered 2-1-1, I feel, would enable planners to know what kind of assistance I need when I get to special shelter, or wherever they would transport me to. So to the extent that that system is used effectively, I think

it will be of great benefit to people who have special needs. Now Kim, we met a lot of people at the George R. Brown Convention Center who had disabilities, who had been evacuated from Louisiana and from South Texas. Many of those people with disabilities came from homes where they may have needed assistance before they ever left, and they needed more assistance with the help of city and county officials, and many volunteers like yourself from Houston, we were able to scramble and meet most of those needs. But people came without prescriptions. They came without their eyeglasses.

Kim: Right. They just came. They came. And the key thing I think that is really important to do, and this is hard to do, but again, it gets back to that notion of personal responsibility for yourself and your family, is to actually have a medical kit. Actually have what you're going to need for say a week's worth of supplies, and that would include medications. If you needed special catheters, if you needed wound care kind of equipment, and you need to put that in your lifeboat kit. And you just need to-- you know what your needs are better than anyone, and the notion is to actually have that in as small a case or carry as possible, because when you do get to someplace, I think the preparation is going to be much better, but it's not going to be individualized and customized for an individual.

Lex: And it's not good enough just to take your prescription. You need your medication.

Kim: No. You need to have your actual medications with you, because it's going to take some time to work through lines. It's going to take some time to get plugged into a healthcare system. And you need to basically make sure that you are taken care of during that transition period.

Lex: Kim, there are special issues for people who have mental illness, in the event of a disaster. I mean, to one extent, I suppose the upset can actually cause people who are basically stable to lose a certain degree of stability under those circumstances.

Kim: Right. That was a really big problem, and access to medications is a particularly challenging issue for people with mental illness. Because if you're off your medications for varying periods of time, plus the additional stress of the situation, it can really cause a great deal of harm to these individuals, and the community more broadly. But you also have other areas of disability. Those kind of fall into the cognitive. But then you have the hearing and special needs there, sight, and then mobility types of issues, but also, you have the things in terms of being frail, elderly. That's another group of individuals that certainly have special needs, and become in a very difficult situation-- they can be pretty functional most of the time, but then if you have the stress of hurricanes and trying to figure out what's going to happen, those are additional stressors that can really cause a lot of additional problems during that period. And I think that some of the things that really are important to do is, to not just have an action plan for your immediate family, but also have a communication plan and a notification plan for other members of your family, in terms of how they can actually be available. Or friends, church members, whatever is available there, to also help you in terms of planning through and surviving one of these kinds of activities.

Lex: That's very good advice. Ben, anything to add to that?

Ben: Absolutely. Well, it's interesting. The state plan kind of addresses this multi level system and different levels of ability and mobility and things

like that. And so if you are evacuating, and this goes in again to the 2-1-1 registry, what we know is coming and being prepared for that. Because when you get to a shelter hub, whether that's Austin or Dallas or Tyler or Waco, are all registered, there'll be a shelter hub waiting there. And the people manning that are going to be triaging and looking at the level of need for each person that comes in. And they're going to respond to that by sending the person to the appropriate place. They gave sort of these artificial levels of zero through five, five being somebody in a hospital at the time, zero being someone who doesn't need any care and can go to a general population shelter. Levels one and two will go to a general population shelter if they have a care provider with them, a family member or a provider of some kind. Level three, which is requiring nursing, monitoring, things like dialysis is probably the most sort of extreme in that case, are all going to go to a special needs shelter. And then also the levels one and two, which are help with routine care, help with certain physical or developmental disabilities, if you don't have a care provider, those are also going to be moved to a special needs shelter. Mental health in particular is a very interesting issue, particularly with the evacuations and things. Some of the studies we saw from Katrina were just remarkable, not just the number of patients that were seeking care, but the number of new patients that needed care all of a sudden. What's required then is a community mental health plan, essentially. In this community, if we're receiving evacuees, that's going to be HCPC and of course the Ben Taub Psychiatric Center. But for the most part we're talking about where we can end up when we're somewhere else, and that's going to be some plan that is going to have to be conveyed through that reception center. It will probably be a facility that the point of dispensing the medications as well as admitting in patient for those people who evacuated and need that kind of facility. Point to point transfers as well for mental health is going to be something that needs to be coordinated well before the evacuation happens. In fact, it's advised that the point to point transfers happen three to four days before landfall of a storm, and that's just so that they don't end up hitting traffic with everybody else that's out there on the road.

Lex: So people who are not confounded by a lot of mobility issues, who can use their personal vehicles and other means to evacuate, people with mental illness for example, people who have heart disease and other kinds of issues that don't really confound their mobility, those people will be given notice and may evacuate on their own, prior to events, right?

Ben: Absolutely, absolutely. Well, of course you can evacuate at any time. The decision is always an individual decision, specific to mental illness. As long as they're independent function, they have their medications, they will end up in a general population shelter for the most part, because there's not a lot of intensive monitoring that is required in that case. It's only in the extreme cases where somebody has crisis situation somewhere during the evacuation, which is something you have to look out for. That's aggression or--

Lex: But the other thing people can do to plan for, I mean, they can locate family members who are outside the zone.

Ben: Absolutely.

Lex: They could not necessarily depend on the shelters but they can actually organize their own evacuation plan that includes families and friends, beyond the disaster area.

Ben: They should have an evacuation plan.

Lex: Maggie, Ben mentioned that a number of people were found to have disabilities after the storm. Probably in the case of mental illness, people who may have had issues, but they were exacerbated with the emergency. And I know a lot of people with physical disabilities from New Orleans, who had never had rehabilitation, were actually seen for the first time by rehabilitationists here in Houston at the Astrodome, and the George R. Brown. This is obviously not a planned function of shelters, but is it one that shelters now will be prepared to deal with?

Maggie: Well I think that the evacuation for Katrina was very unique, and it reflected the healthcare system that the individuals came from, and the challenges that that healthcare system faced. And so when the community from New Orleans came to Houston, the medical schools and the emergency management structure basically was there to triage a tremendous amount of things that are generally caught in your primary care, your regular doctor that you see. But I think the next time around, we're going to see a very quick eye to how we're going to meet people's needs as quickly as possible. So we call it triage, but really what it is, is to see what's the most appropriate, most comfortable, least restrictive setting for an individual when they need a shelter, and they haven't gone to say a family member or a friend, beyond our evacuation area.

Lex: One of the things that's been mentioned that means something to me has to do with the need to evacuate and to carry as little as possible with you, but to have everything you absolutely need together. So I'm packing a bag with a catheter and so on. And I do have a wheelchair that's not battery dependent.

Maggie: That's critical.

Lex: I do have a manual wheelchair that, while I can't push it myself, somebody can help me in it, and I'm inclined to use that chair in the event of an evacuation. Before I would use one of my power chairs, which may become effectively useless after about 24 hours of using the battery and not knowing whether you'd be able to charge it or perhaps losing pieces to it, the charger included, in the process of evacuation.

Maggie: There are many individuals who have ventilators that will require power. So all of those kinds of logistics that you may have in your everyday life need to be thought of when you prepare for evacuation or sheltering in place. What will you do if you don't have power? Do you have batteries? Once you do get to a shelter, what kinds of things do you need to convey immediately? Your power needs? Do you have sufficient oxygen? Do you have other types of equipment? So there are lots of things that we call logistics that you need to make a list of so you can pass it to the appropriate folks at the shelter or the triage hub.

Lex: Now one of the things that we've talked about during this program are shelters, with the assumption there will be both special needs shelters and mass care shelters. Mass care shelters for those people who don't require a lot of assistance. I think you said there was one nurse for 50 to 300 people in some of the shelters. And on the other hand, there will be shelters for those who need more assistance. Where are those shelters? Or will they be announced at the time when a disaster occurs so that people will know, if they're able to get there on their own, how to do so.

Maggie: Well I think there are a couple of key things, and one is to know that it's not going to be in the surge zone, and it really needs to be outside of our

wind zone. So I think that that's something that the community can count on: it's going to be beyond these zones. The other thing is that that's why 2-1-1 is so critical. So as we call in and state our needs to 2-1-1, they can prepare just outside these zones for the needs and the particular types of abilities that we have, as individuals and families. So it will all depend on what's required.

Lex: I might expect, if I'm registered with 2-1-1, and there's a pending disaster, a storm in the Gulf, somebody might call me three or four days before that's predicted to hit landfall and give me instructions, if I can evacuate myself, about where to go. They might find out if I'm going to need assistance, and so on, right?

Maggie: Oh, absolutely. In the Galveston area, they already are planning. They have a communication plan. They have all their phone numbers ready, so that if I'm registered with the Galveston emergency management folks, they know that they need this amount of transportation, and as an individual, I need assistance with my wheelchair, I have a ventilator, I have a service animal, all these sorts of things.

Lex: Good. And that's 2-1-1. It's just a phone call, 2-1-1. The people there will ask you questions. Give them the answers as well as you can and be prepared. As we conclude the program today, I want to ask each one of you, what finally you might advise an individual, and what remains to be done? Kim?

Kim: I think just sit down, make out a list of what you would need for five days, and annually review it.

Lex: Okay, Ben?

Ben: I think that's a very good point. I think you need to think about not just what you're going to need, but what somebody like a medical provider is going to need from you in order to give good care. That's very specific directions, it's all of your medications in one place, together, and just very organized.

Lex: Maggie?

Maggie: I think it's also the communication with your family and your significant others, and also that follow through. Where you're going to be.

Lex: Got it. We would all encourage you of course to register for 211, to make sure if you have any kind of special needs that your name is on the list. It's going to be hard to guarantee what you might get, but the odds of getting some assistance are much greater if you're on the list than they will be otherwise. It comes down to each individual preparing for themselves and their families. You must do everything you can to be prepared to evacuate if necessary or to shelter in place if that's the option for you. There will be disaster in Houston's future. We just don't know when it's going to hit. Be prepared. My name is Lex Frieden. Thanks very much for watching this special program.