

Course Transcript

U.S. Response to Disasters and Public Health Emergencies
Instructors: Dr. Mary Moore, PhD and Kimberly Loper, MLIS

June 27, 2012, Day I

[Slide 1]

Presenter: Mary Moore

Welcome to this fast-moving and information-packed class on the U.S. response to disasters and public health emergencies. This class is brought to you by the Medical Library Association with funding from the National Library of Medicine. Today we have Kathleen Combs and Debra Cavanaugh joining us from the Medical Library Association. Debra will be the troubleshooter. We also have many friends at NLM who are listening in.

[Slide 2]

Presenter: Mary Moore

This class is one of the basic continuing education classes in the Medical Library Association Disaster Information Specialization Program. This program provides the opportunity for participants to expand their roles in providing information for disaster and emergency preparedness, response, and recovery.

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Presenter: Mary Moore

Before the class, MLA sent you the link to the online site that has class resources. If you did not receive a link to this site please let us know. In that e-mail, we asked you to provide your participant introduction.

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Presenter: Mary Moore

We are going to share a little bit of the information we learn about you from that site. We learned we have people joining us from all across the United States. We learned that you have many different roles, but almost everyone is a librarian.

[DISCUSSION]

If that is correct, or if that is incorrect, could you signify by letting us know in the chat box? And then if I could call upon someone, would someone like to say hello and tell us a little bit about where you are, if you could write in the chat box that would be really great. Absolutely no one is typing anything in.

So if I may I will go ahead and read a few of your submissions. You gave me permission to do that if you recall where we said we have your permission to share information. So Karen is a Knowledge Specialist and CME Coordinator in Indiana. She says she is interested in learning how she can be prepared to support both the organizations and the community at the time of disaster and recovery through the library services. Maureen is a Medical Librarian at an Air Force base. She says the school there has a residency program in public health that heavily focused on disaster preparedness. It seemed like a natural with what they do. I really like this response from Elizabeth, a solo Hospital Librarian in Iowa. She says, "I don't know how to help if there is an emergency, although I feel like there is a lot I could be doing." Catherine was kind enough to write in. She says she is Catherine from ECU, Eastern Carolina University, is that right Catherine? At the Brody School, Bob Pringle seems to have a lot of experience in disaster response. He has been involved in helping hospital librarian's prepare and I think that he worked before with FEMA if I read this correctly. Richard Nolan, our friend in Tennessee, is a Reference and Historical Collections Librarian. I hope Debra will be helping Mary Virginia Taylor because she did not get the message about signing in.

Leslie is an Access Services and Information Systems Librarian at Miami Valley in Dayton, Ohio. She says her experience with emergency disaster activities has been an internal practice drill at the hospital. That is really valuable experience and we may call on you a little later to share more of your experience. A lot of the hospitals have done drills and it sounds like a number of people have participated in those drills. If you would like to share your information with the rest of the group please continue to type in and that will be absolutely fine.

[Slide 5]

Presenter: Mary Moore

I am here today with my accomplished colleague and co-developer of the class, Kimberly Loper. She is a member of the Miami-Dade County Department of Health, a member of the Medical Reserve Corps, and Vice Chair for Administration of the Calder Library in the Department of Health Informatics here at the University of Miami, Miller School of Medicine in Miami, Florida. I am also a member of the Miami-Dade County Department of Health Medical Reserve Corps. I am Chair of the Department of Health Informatics here at the Miller School of Medicine in Miami, Florida.

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Presenter: Mary Moore

We started out with a pretest as a method to get a little bit of feedback on what you already know and whether our approach to the class helps convey some key information. It looks like we will have opportunities to learn from you and to share today and tomorrow and there might be opportunities for you to pick up a few new things.

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Presenter: Mary Moore

Here are the recommended prerequisites for this class. If you have had these prerequisites go ahead and let us know in the chat box, don't worry if you have not completed these classes because we will provide a review of the core concepts. If this class leaves you longing for more, FEMA offers many classes on disaster and emergency preparedness response. Many of them are online. For more information, you can go to this URL, <http://training.fema.gov> to see the opportunities. But if you are interested specifically in a prerequisite that IS100b and IS700a use the full URL for these classes. Now if you are wondering whether librarians would be welcomed at a FEMA class, here is a photo documentation of two librarians in attendance at a FEMA class. You may recognize Kim Loper on the left, and Debbie Politus, head of Financial Management here at the library, on the right.

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Presenter: Mary Moore

There are four objectives for the class. The class will provide an introduction to disasters and public health emergencies as conducted in the United States, with the emphasis on medical response. It will describe efforts to provide framework and order before, during, and after

emergencies and disasters. It will increase understanding and empathy with those affected, with first responders, incident commanders, and administrators. It will increase awareness of where information specialists might fit into the U.S. framework for disaster and emergency response.

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Presenter: Mary Moore

We have much to accomplish in this three-hour course with a good deal to accomplish. I know you have put in a fair amount of time getting ready for the class but here is the general structure of what is to come. About half way through we take a break for the day. We start with basic terminology, organization, and legislation. If we are going to work side-by-side with first responders and public health workers, it's important we have a common language and understanding to work from, so that is where we will begin.

From item 5C forward, the organization is roughly chronological and the three examples here in red, 9-11, Katrina, and the Haiti earthquake are the examples we will use to illustrate the topics in the class.

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Presenter: Mary Moore

For successful course completion, we ask that you participate in all activities and exercises, complete pretests and posttests, and complete the end-of-course evaluation so you can receive your certificate.

[DISCUSSION]

And the session is designed specifically to be delivered through voice over IP, so we ask you set your microphones to mute and raise your hand and be called upon to use microphone.

If some reason you have trouble with your audio and you have to phone in again we ask you to set your phone to mute. I don't know if you have ever been in a conference with someone who had to leave the room and they put their phone on hold and the whole room received the music. We have heard that happened in a previous class for MLA. So we are asking you to make sure that doesn't happen in this one. And then Kim has given you the information on interactive features. Do you have any questions about those features? If there are no questions maybe we can experiment with exactly how interactive the class can become. Kim?

[Slide 11]

Presenter: Kim Loper

Throughout the presentation there will be a couple of audience participation polls. I will read the question and open a poll. You will provide your answer and we will discuss the results.

[Slide 12]

Presenter: Kim Loper

Our first section covers basic terminology. The National Library of Medicine's Disaster Information Management Research Center's Web page on disaster glossaries is an excellent example of an information source. It provides links to numerous glossaries from various government agencies.

[Slide 13]

Presenter: Kim Loper

Disaster response happens because an incident has occurred. The word "incident" has become common language among those working in this field to include a broad range of occurrences or events. The Federal Emergency Management Agency (FEMA) defines an incident as an occurrence or event, natural or man-made that requires a response to protect life or property. These are just a few examples of incidents.

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Presenter: Kim Loper

The difference between an incident and a catastrophe is that a catastrophe results in extraordinary levels of casualties, damage, or disruption in services that affect entire populations, infrastructure, environments, economy, morale, and government functions.

[Slide 15]

Presenter: Kim Loper

A disaster results in significant physical damage or destruction, loss of life, or a drastic change to the environment. Disasters include acts of terrorism and natural disasters, such as hurricanes, tornadoes, tsunamis, earthquakes, snowstorms and droughts. Man-made disasters include industrial or transit accidents.

An emergency can be declared by the President of the United States. That means an emergency is any occasion where federal assistance is needed to supplement state or local efforts to save lives, protect property, or lessen the threat of a catastrophe in any part of the United States. The important word there is supplement. All-hazards describe an incident that warrants action to protect life, property, environment, and public health or safety and to minimize disruptions of government and social or economic activities.

[Slide 16]

Presenter: Kim Loper

A disaster declaration can occur months after the actual events and has more to do with availability of federal funds than the nature or severity of the events. Disaster declarations are declared by the President and help facilitate our ability to respond. In particular, the proclamation is aimed at providing the Secretary of Health and Human Services with the ability to waive legal requirements that could otherwise limit the ability of our nation's health care system to respond to the surge of patients.

The Secretary of Health and Human Services upon consultation with public health officials may determine that a disease or disorder presents a public health emergency and may declare it as such. The initial declaration period lasts for 90 days, but this may be extended by the Secretary. Upon declaration, the Secretary must notify Congress within 48 hours and must also notify other relevant agencies. These agencies include the Department of Human Services, Department of Justice, and the FBI. A disaster declaration gives the Secretary of Health and Human Services the power to take appropriate action in response to the emergency including accessing no-year funds, adjusting Medicare reimbursement for certain Part B drugs, making temporary appointments of personnel, waiving dual compensation benefits for temporarily reemployed, or waiving or modifying certain Medicare/Medicaid state children's health insurance programs and the Health Insurance Portability and Accountability Act (HIPAA) requirements.

Pandemics and declarations of pandemics are declared by the World Health Organization. The term “pandemic” does not mean a lot of people are sick. A pandemic is a global disease outbreak. It is determined by how the disease spreads, not by how many deaths it causes.

Medical surge capacity refers to the ability to evaluate and care for a markedly increased volume of patients, one that challenges or exceeds normal operating capacity. Surge capacity focuses on identifying adequate numbers of hospital beds, personnel, pharmaceuticals, supplies, and equipment.

[Slide 17]

Presenter: Kim Loper

All federal state and local governments have responsibilities to protect against and prepare for emergencies with a goal of minimizing the impact of any incident. They can do so by completing the four phases of emergency management. Let's start with mitigation. Mitigation actions involve reductions of exposures to or potential loss from incidents. These actions include zoning and building code requirements. Preparedness actions include developing plans for any action that will improve chances of successfully dealing with an emergency. Plans include call rosters or standard operating procedures. Of course, the quicker you respond to a disaster the more lives and property you are apt to save. Recovery is what you do to get the community back to normal. Examples of recovery actions are restoring electricity and water.

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Presenter: Kim Loper

[ACTIVITY]

Now we have our first audience response question. A blank is defined as any natural or man-made incident, including terrorism that results in extraordinary levels of mass casualties, damage, or disruption severely affecting the population, infrastructure, environment, economy, national morale and/or government functions. A. emergency, B. disaster, C. catastrophe, and D. incident. We are waiting for a few more people. Wow, these are our results. Thirteen 13 people answered the question right. That was C., catastrophe. Wonderful job.

[Slide 19]

Presenter: Kim Loper

[ACTIVITY]

What questions do you have so far? Anybody, if you have a question, please feel free to raise your hand, or you can either type in the box, or we can enable your microphone.

Presenter: Mary Moore

Thank you, Richard for letting us know we are doing okay, and Bob, thank you. It does not look like anyone else is typing a response.

[Slide 20]

Presenter: Mary Moore

Let us move on to the U.S. organizations and reporting structures. There are many different organizations that have roles in disaster preparedness, response, and recovery. It can be confusing to understand which organization or agency does what. In a recent hearing by the Government Accountability Office, the report states that there are at least 14 federal departments and agencies responsible for the administration of dozens of recovery-related programs. Many which rely heavily on active participation by state and local governments for their implementation. In fact, the national coordinator said he was confused about exactly what his agency's role was.

[Slide 21]

Presenter: Mary Moore

We will try to clarify a little bit, by selecting a few of the relevant organizations and agencies. We put the information on this slide.

Now I acknowledge that this slide is not a great example of how to provide clear communication, in fact it illustrates why PowerPoint doesn't work that well for conveying more than superficial information. We made a separate handout of this slide. There are dozens, if not hundreds, of organizations and agencies, departments, divisions, bureaus, advisors etc. that contribute to disaster and emergency preparedness and response. Today we are talking about a handful of those organizations but they are a very important handful.

We start here with the perhaps most obvious: the Department of Homeland Security. It is headed by the Secretary of Homeland Security, who reports to the President of the United States. Within it is FEMA, which is the Federal Emergency Management Agency. The primary purpose of FEMA is to coordinate a response to a disaster that occurs in the U.S. and that overwhelms the resources of local or state authorities. The governor of the state in which the

disaster occurs must declare a state of emergency and must request from the President that FEMA and the federal government respond to the disaster. FEMA also provides services for territories of the U.S., such as Puerto Rico.

Now one might think the Office of Health Affairs has something to do with delivering medical response. But if you thought that it is not true. The Office of Health Affairs has a function that is limited to an advisory capacity within the Department of Homeland Security. It is responsible for only the health of the Department of Homeland Security workers. In fact, it is the Department of Health and Human Services that is responsible for medical response to emergencies and disasters through the Office of the Assistant Secretary for Preparedness and Response. It is also responsible for response to public health emergencies. The website for this organization is phe.gov or publichealthemergency.gov. The relevant offices called OPEO, the Office of Preparedness and Emergency Operations. We will talk later about the National Disaster Medical System (NDMS) and how that provides medical response in case of disaster.

The Office of the Surgeon General is important. The Surgeon General reports to the Assistant Secretary for Health. The Surgeon General is the overall head of the Public Health Service Commissioned Corps. The 6,000-member Commissioned Corps is called the U.S. PHS. It is a group of health professionals who are on call 24 hours a day. They can be dispatched by the Secretary of Health and Human Services or by the Assistant Secretary for Health in a health emergency. The Surgeon General has many informal duties such as educating the American public about health issues and advocating prevention and healthy lifestyle.

Reporting to or sponsored by the Surgeon General of the Medical Reserve Corps, the Medical Reserve Corps is a group of volunteers, health professionals, and nonprofessionals who can also be called upon in an organized way to respond to disasters and emergencies.

The Health Resources and Services Administration or HRSA is important because it is the organization that deals primarily with at-risk populations, or populations considered to have health disparities. It includes women and children, the elderly, sick or disabled. During a disaster or emergency, these individuals are particularly at risk. This is the primary agency involved in helping people who are uninsured, or isolated, or medically vulnerable. Obviously in times of emergency or disaster, those disparities become even greater.

The Centers for Disease Control is a United States federal agency in Atlanta. It was founded during World War II as the Office of the National Defense Malaria Control Activities because malaria was endemic in the South at that time. The leader continued to advocate for public health issues and the individual Joseph Mountain urged CDC to expend its responsibilities to other communicable diseases. So the CDC as we now know is called the Centers for Disease Control and Prevention. It has broadened its focus to include chronic diseases, disabilities, injury control, workplace hazards, environmental health threats, and terrorism preparedness.

It combats emergency diseases and other health risks such as birth defects, West Nile virus, obesity, swine flu, pandemic flu, and bioterrorism.

Don't forget the National Institutes of Health. That includes a number of different Institutes headed by Dr. Francis Collins. One of the institutes is the National Library of Medicine. Under the National Library of Medicine is the Specialized Information Services and they bring us the Disaster Information Management Research Center or DIMRC. Also involved in response to disaster and emergencies are the people of the National Network of Libraries and Medicine or the NNLM.

[DISCUSSION]

So what questions do you have on this slide? I don't see any raised hands scrolling down. You can always ask questions at any point in the class.

[Slide 22]

Presenter: Mary Moore

Well, I know you just love to look at organizational charts and structures especially complex organizations, we will illustrate the content.

[DISCUSSION]

Oh we do have two questions. The first question: Does FEMA have ultimate authority in a disaster? That's a really good question, Beverly. We will talk more about that in just a little bit. In fact we will focus on FEMA a good deal in the class. Bob Pringle says it looks like coordination among federal agencies and to the state level is challenging. Absolutely, I think that probably coordination and communication continues to be the biggest challenge in disaster and emergency response. Even though we have been working on it with a concerted effort for a good long time.

Here is the organization chart for the Department of Homeland Security. Remember how we talked about the Office of Health Affairs? The Office of Health Affairs and the Department of Homeland Security are not responsible for medical response in a disaster emergency. There is another entire group that does that. Then, we talked about FEMA and how FEMA now reports to the Department of Homeland Security.

[Slide 23]

Presenter: Mary Moore

Let us look at the organization chart for FEMA. The part we are really interested in though is this; FEMA operates as a regional group with regional response. You can think of the parallel in the National Network of Libraries of Medicine.

[Slide 24]

Presenter: Mary Moore

Here is a map on the FEMA regional response. Let me draw attention to a couple of things: Puerto Rico, the response for disaster and emergencies in Puerto Rico is in FEMA region two, which is headquartered in New York. We are down here in Miami; we would be glad to take that responsibility for Puerto Rico of course. Our FEMA headquarter is in Atlanta. I noticed we had somebody from Fargo, North Dakota; your center is in Denver. Bob Pringle your center obviously is in Spokane, I'm sure you know that better than I do.

[Slide 25]

Presenter: Mary Moore

The Office of the Surgeon General is in the Department of Health and Human Services. Remember the Medical Reserve Corps which is a great opportunity for librarians to become involved in disaster and emergency preparedness and response. That would appear in this group here, reporting to the Office of the Assistant Secretary for Health.

The Office of the Assistant Secretary for Preparedness and Response is where the medical response primarily takes place, for emergencies and disasters. Here is the Centers for Disease Control, remember the rest of that name is prevention. Our friends at HRSA over here and the NIH are here in this organization chart. There are also old friends like AHRQ the Agency for Health Research and Quality we don't want to forget. They're the ones that establish practice guidelines when physicians are practicing in an area perhaps they are a little less familiar. We might be able to help by finding practice guidelines for them to use in disasters and emergencies. Depending on the type of emergency or disaster, the FDA might be involved. So the response is not limited to those we put on the slide but those are just some of the key players.

[Slide 26]

Presenter: Mary Moore

We have to take this down a level too because we also have state, county, and city organizations that are involved in response. The organization chart for Florida is broken up in a similar way to the federal response. There is an organization responsible for health and there is an organization responsible for emergency management.

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Presenter: Mary Moore

This is the Web page for the Florida Division of Emergency Management. Of most interest is the way the division is broken down and organized. There are departments for preparedness, response, recovery, and mitigation. And as I looked at other state organization charts for their response, they paralleled this organization. Sometimes they put together training and preparedness, and sometimes they would be separate organizations as they are in Texas. I want to draw your attention to work done by the Medical Reserve Corps and the Department of Health in Miami-Dade. Their motto is Semper Gumby, always flexible. And of course, you have to be flexible when you don't know what kind of incident you might be facing.

[Slide 28]

Presenter: Mary Moore

[DISCUSSION]

What questions do you have about this? Bob says in some Western states the response is under Military Affairs. Well I think there are certainly exceptions to every rule and there are different approaches in many ways. I'm not sure exactly the response for what Western states might be involved Bob so Bob if you could clarify that it sounds like you know a good deal about the topic.

[Slide 29]

Presenter: Mary Moore

I will move on to the history.

[DISCUSSION]

Before I move on Beverly says you said librarians could become involved in Medical Reserve Corps, can you say more? We will talk a little bit more about the Medical Reserve Corps. But In our library there are three librarians involved in the Medical Reserve Corps. That is part of the Department of Health, administered to Miami-Dade County. We have taken the required training and the radiation training in addition to FEMA 100, 700, 200 and 800. Our next training is about how to work alongside epidemiologists, which will be taking place in July. All we did was complete an online form to sign up and volunteer. You didn't have to be a medical expert or medical professional. We volunteered and started receiving our training, and now we have our certificates. We did have to be fingerprinted and we did have to have a background check.

How closely do ASPR and CDC and HHS and NIH work together during disasters or do they follow a chain of command? Kim will talk to you in a few minutes about the National Incident Management System and Incident Command System. That'll give you the basic structure of how organizations work together. When a number of different organizations come together, there is a structure for joint command of those different organizations. It is extremely interesting to think about the reality of what happens. It may not be terribly relevant to librarians in their day-to-day work, but it is interesting.

One of our questions has to do with what happens when there is a terrorist attack at an airport. Who is in charge? What happens if there is a major disaster? Where does the medical workforce come from and all the different organizations that would be contributing to the medical workforce? If you are interested in this kind of topic maybe we can support each other as we continue to learn and grow.

And then to CMS, have a particular role or contact? CMS, I am not sure what CMS is in our alphabet soup. I'm not even sure we have CMS on the list of initials and acronyms. Karen maybe you could tell us more about CMS because Kim and I are looking at each other and neither one of us seems to know the answer to that. I think it is really great. I am loving the questions, even when I don't know that answer. I am loving the questions. One of my professors in the past said you never admit that you don't know the answer to a question you just say I will get back to. So let me say we will get back to you. Oh, Medicare and Medicaid. Okay. Don't have the answer to this particular question. Thank you everybody for enlightening us. We don't have the answer to this particular question right now but we will get back to you. And, your documented in the chat so we know who you are and know how to find you.

Let me talk about the history and early legislation responding to lessons learned.

[Slide 30]

Presenter: Mary Moore

During the period from 1803 to 1950, Congress passed 128 separate laws dealing with disaster relief. Because there was no comprehensive legislation covering disaster relief, Congress passed a separate law every time for each major disaster that occurred. In 1950 Congress passed the Federal Disaster Relief Act that authorized the President to provide supplementary assistance when a governor requested help and when the President approved the request by declaring a major disaster. This helped establish the philosophy of the nation's disaster response recovery program. Federal disaster assistance supplements the efforts of the available resources of the state and local governments. In other words, the act made it clear the federal government wasn't the first line of defense. Instead, it was local, local, local. To further underline the philosophy, the act requires federal assistance to be supplied when and only when federal and local governments had committed a reasonable amount of funds. This reminds me of the original philosophy underlying the founding of our country. First and foremost there are states' rights and that is why we are called the United States and not something else. That certainly applies to disaster relief recovery and preparedness legislation.

[Slide 31]

Presenter: Mary Moore

The beginning of the national framework for disaster response began in the 1970s. There had been a series of fires in California; a collaborative study of lessons learned was commissioned. What they found was the biggest problems were not problems of resources necessarily. Instead it was poor management and a lack of communications. It was identified we needed a better system for everyone to work together. So as early as the 1970s, we had roots for Incident Command System and the National Incident Management System.

[Slide 32]

Presenter: Mary Moore

President Carter in 1979 executive order merged many of the separate disaster-related responsibilities into FEMA. FEMA absorbed the National Fire Prevention and Control Administration, National Weather Service, and Civil Defense responsibilities. John Maisie was FEMA's first director. He emphasized similarities between national hazards, preparedness, and civil defense activities. FEMA began development of this integrated emergency management system with an all-hazards approach. The all-hazards approach included direction, control, and warning systems, which are common to the full range of emergencies from small, isolated events to the ultimate emergency—war. Congress undertook a comprehensive study and review of disaster programs and subsequently passed the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988. The Stafford Act identifies and defines the types of occurrences and conditions under which disaster assistance may be provided. Of course, a state does not always request federal assistance. As many as 3,500 incidents may be handled locally each year.

Before 2011 under the Stafford Act, libraries were not designated as essential services. They were lumped in with museums and zoos. In 2011 they were designated as essential services. Libraries became eligible for federal assistance to provide continuity of services and relocation.

[Slide 33]

Presenter: Mary Moore

[ACTIVITY]

Here is our next audience response question. This may look familiar to you now. Some key aspects of the Stafford Act are – A-responsibility for an incident is handled at the most local level possible, B-authorizes the Federal Emergency Management Agency, C-libraries are essential services, D all of the above or E-A and B only. So Kim is going to pull up our poll. And you'll have an opportunity to start voting when she pulls up the poll.

Twenty people have voted, I think that is everybody but one person. So here are the results. Almost everyone got this right. The Stafford act is, the key aspects of the Stafford Act is responsibility for an incident is handled at the most local level possible and it authorizes FEMA and libraries are now emergency services. Thank you.

[Slide 34]

Presenter: Mary Moore

We have covered the basic information, basic terminology, organizations, and basic legislation. All of those things took place and helped us to prepare for disasters. On September 11, 2001, the terrorist attacks changed everything. For all of us I think the following video will be disturbing. Some of you may not even want to watch it. That is understandable. Feel free to take a five-minute break on your own. However, Kim and I think the video is important because it helps us remember what happens when a disaster occurs. It shows us some things are beyond our imagination, and those things are difficult, if not impossible, to prepare for. Nonetheless 9-11 is crucial to understanding why and how the U.S. framework for preparedness response and recovery changed. So we are going to ask you to consider as you watch the video the observations you have from the perspective of disaster preparation, response, recovery or mitigation. In other words, what did we learn from 9-11?

[Video Presentation]

[Slide 35]

Presenter: Mary Moore

[DISCUSSION]

Okay, we are ready for your comments, if you can, would like to type in or we can activate your microphone if you raise your hand.

Richard says the most obvious thing was that there was no preparation for this event. One of the things they said about 9-11 afterward was that, in terms of disaster preparation, it was a failure of imagination. Gail says we couldn't conceive of anything like this happening, so obviously how could we prepare for it. The evacuation plans need to be in place with proper equipment, with hoses long enough. It is so poignant to hear that statement. You see the firemen looking up and thinking what in the world can they do. It was shock because of the sudden change and confusion. Need for a common form of communication with common terminology. Deb is identifying things we have been working on in the US ever since. We have been working on the ability for communication systems work together in time of a disaster we are still not quite there and common terminology as well.

I see that Amy is typing in a response for us.

In some ways the video makes it is hard for us to think about what could a librarian have done. But we saw after 9-11 and we saw also after Katrina, people were trying to find out what happened to their loved ones. Really these need for some centralized method to communicate where people are, where they can be reached, and we saw librarians after Katrina establishing an information center of computers in the Houston Astrodome to help people correspond with each other. Amy says the inability to respond to the second event because people are still dealing with the initial impact and the chain of command was not apparent, who was in charge and how to help. My friends at NLM who are watching this can probably relate. I was at the National Library of Medicine in a board meeting and there were a number of individuals who were there at the time who were in responsible positions with the DOD and the head of Columbia Healthcare from New York was there. And people kept getting paged and they would leave the meeting, they'd leave all their materials, maybe their briefcases, they would not come back. Of course finally we learned what was happening. They dismissed all of the government workers for the day. I remember just as they described how eerily silent it was as we made our way home and trying to think about what should we do? Should I fill up my tank with gas? Should I get water? Really we just had no idea how to respond. I think we have made a great deal of progress since 9-11 and thinking about the unthinkable but we have to maintain the chain of command, we have to develop some communication and perhaps by anticipating what might happen we can put some of these paralyzing emotions aside so we can try to be helpful.

I love the comments from Elizabeth she wanted to be helpful but didn't know how to be helpful. Well, the U.S. framework that helps immediately to know how to respond.

[Slide 36]

Presenter: Mary Moore

If you want to see the video, or some of the other videos in the collection it is at history.com. Here are links to other videos in the session.

[DISCUSSION]

Beverly asks, "What does it mean to say that libraries are essential services?" Well, before it was like this: libraries are a nice thing that we have to restore later.

Actually it was with Katrina that the realization came that libraries are set up with emergency communication centers for people to use to try to contact loved ones and find out information about the recovery. That was when the realization came about that people in times of disaster or emergency, people would need libraries more than they did before.

So if libraries are destroyed, temporary housing must be available for them. A method of support to maintain continuity of services came about because of the Stafford Act. I know that is a little bit out of sequence and we will circle back around to that, but there are a number of topics we have to circle back around to before we understand what is going on.

[Slide 37]

Presenter: Mary Moore

Thank you for your comments.

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Presenter: Mary Moore

When we think of what we learned from 9-11 this is what some of the analysts have looked at. They said we need to actively prepare at all levels not just at the highest levels and not just at the federal level, but at every level—from the most local level to the highest level. We need scalable processes for response, even for incidents we can't imagine or anticipate. We need some kind of framework and process—standardized, interoperable communications. We need processes for handling spontaneous onslaughts of volunteers. You can imagine what happens when people go rushing to the scene of an emergency. Now we know that as a volunteer, you have an established framework before the emergency, and you go only if called by your commander. We need strategies for homeland security and a framework for national response. That is why the Department of Homeland Security came about.

[Slide 39]

Presenter: Mary Moore

The Homeland Security Act of 2002 restructured various aspects of the federal government after the September 11, 2001, terrorist attacks.

[Slide 40]

Presenter: Mary Moore

The attacks changed FEMA and where FEMA is located and how FEMA responds. This was a previous question asked to know more about FEMA. It was an independent agency under President Carter in 1978 that brought together many related agencies. The purpose was to coordinate response to incidents that overwhelmed local and state resources. The governor has to declare a state of emergency and request support from FEMA and the President. The

exception is when the emergency or disaster is so extreme that federal resources or the United States is at risk as a result.

FEMA is organized as a regional response system. It was moved to the Homeland Security after 9-11 for improved coordination with related agencies.

[Slide 41]

Presenter: Mary Moore

There is an underlying question here in relation to things that happened after hurricane Katrina. FEMA's response was not exactly what everyone expected. Was FEMA's ability to respond to disasters and emergencies, which it was created for, compromised when it became part of the Department of Homeland Security? The Department of Homeland Security's priority is to address domestic terrorism. We'll leave that debate for the analysts, but this was the position that was taken by the former head of FEMA.

[Slide 42]

Presenter: Mary Moore

The primary mission of the Department of Homeland Security is to prevent terrorist attacks within the U.S., to reduce vulnerability of U.S. to terrorism, and to minimize the damage and assist in the recovery from terrorist attacks that do occur in U.S.

A number of Homeland Security Presidential Directives were triggered as a result of 9-11. Presidential directives are a form of executive order issued by the President of the United States with the advice and consent of the National Security Council. As a national security instrument, the Presidential Directive articulates the executive policy. It carries the full force and effect of law. Throughout the terms of presidents, the Presidential Directive has taken on various titles or intents toward our national security policy.

One example, we have the Homeland Security Presidential Directive 8 on national preparedness. It was originally issued under President Bush but was reissued under President Obama as a Presidential Directive 8. The content change is very subtle and even the analysts don't seem to think that it is much different. Under President Obama, there is more openness to response at all levels and for coordination at all levels. That is why we think there may be a role for community involvement that will open the path for librarians to join disaster and emergency preparedness teams as disaster health information specialists.

[Slide 43]

Presenter: Mary Moore

[ACTIVITY]

Here is a thought question, we know you may or may not know the answer to this question but it is kind of an interesting thing to ponder. The question is who does the U.S. Coast Guard report to? Do they report to the Department of Commerce? Do they report to the Department of Defense? Do they report to the Department of Homeland Security? Department of Transportation or my favorite answer, it's always someone else, other. Kim is bringing up the poll and getting ready to open it. We've got twenty-one responses. In fact it does report to the department of homeland Security. But if you said it reported to the Department of Defense, so it changed when Homeland Security came about. The people who live around the Great Lakes might think, might even suspect it would report to the Department of Commerce because you see the big ships being escorted to port by the U.S. Coast Guard. But in fact it is the Department of Homeland Security.

Is this during war or not? Not sure what that means, Leslie could you clarify the question? I got out of, I'm looking at your question out of context and it probably went with the previous slide.

[Slide 44]

Presenter: Mary Moore

[ACTIVITY]

Here is our second audience response question. FEMA reports to? Who does FEMA report to? Now you know the answer to this question. In the pretest the answers were all over the board. Kim's opened the poll. Thirteen responses, fourteen, sixteen, eighteen, nineteen responses. It looks like 21 people are voting and a 100% getting the answer correct. That's terrific. So Leslie says, "I thought U.S. Coast Guard shifted reporting during times of war to Department of Defense." You know Leslie; you probably know more than I do about that particular thing. We'll look that one up.

[Slide 45]

Presenter: Mary Moore

[DISCUSSION]

What other questions do you have? Cathy asked a question about the criteria to identify a disaster versus a catastrophe. I think that is a Kim question. We had that question before and the question was 9-11 a disaster or catastrophe?

Presenter: Kim Loper

I will actually go into that topic here in just a few minutes over the next slides.

[Slide 46]

Presenter: Kim Loper

The needed strategies for homeland security and a framework for national response led to the development of the Incident Command System, the National Incident Management System, including the Hospital Incident Command System and the National Response Framework.

[Slide 47]

Presenter: Kim Loper

The Incident Command System is based upon a flexible, scalable response organization that provides a common framework where people can work together regardless of the type of disaster or agency from which they come. ICS can be summarized as the “first on the scene” structure where the first responder becomes the incident commander.

[Slide 48]

Presenter: Kim Loper

The Incident Command System was developed in the 1970s by an intra-agency cooperative task force that was working to combat wildfires. They identified weaknesses in incident response. These weaknesses included bad communications because responders didn't use the same terminology or technology to communicate. Also, bad management because there was a lack of integrated command and a control center. There was a lack of accountability because no one knew who was responsible for tasks, and a total lack of systematic planning.

The Incident Command System may be used for all kinds of events—planned or unplanned. These included natural disasters such as earthquakes, hurricanes, fires, tsunamis, as well as man-made disasters or hazards that include environmental disasters like oil spills, war, and radiation leaks. The Incident Command System may also be used for planned events, such as sporting events, national conventions, or parades.

[Slide 49]

Presenter: Kim Loper

There are six key features in the Incident Command System. The first is standardization. This means everyone uses a common terminology to communicate.

The next feature is a command. The elements of command are:

Establishment of command this is that the first person on the scene becomes the incident commander.

Transfer of command happens when either a more qualified person arrives and assumes command or the incident changes in complexity or the current incident commander is no longer qualified. Also a transfer may occur when the current incident commander needs a rest or an agency is legally required to take command. For example, the FBI is legally required to lead all terrorist incidents.

Chain of command this means that each individual reports to only one supervisor.

Unity of command you get orders and assignments only from the supervisor.

The next feature is the planning and organization structure. The elements are managed by objectives; and those objectives are prioritized. The first is life safety, the second incident stabilization, and third property or environmental preservation. Modular organization is based upon the size and complexity of the incident. The organization expands and collapses. The incident action plan defines what you are trying to accomplish, how you will accomplish it, how long do you expect it to take to accomplish your goal, how you will effectively communicate with everyone and what happens in the event if someone is injured. Manageable span of control means each supervisor has between three and seven subordinates but three to five is recommended.

[Slide 50]

Presenter: Kim Loper

Facilities and resources where you will be based, what type of facility you will need, resource management, ordering and tracking of resources; this includes the people and equipment.

Communications and information management is an integrated communication system and an information and intelligence management.

Professionalism has two elements: Dispatch and deployment, this means personnel and equipment should respond only when requested. Check-in, all responders regardless of agency affiliation must report in to receive assignment.

When you think about 911 and all the people descending on Manhattan, did they really know what to do or where to go or do they just show up?

[Slide 51]

Presenter: Kim Loper

Unified commands are established when you have many departments responding and they all share responsibility for the incident. In the case of an incident where a fire department and a police department respond, neither the fire chief nor the police chief outranks the other. They would establish a common command post and speak with one voice to get the job accomplished.

[Slide 52]

Presenter: Kim Loper

[ACTIVITY]

Now we are at our next audience discussion question. If you have a store employee at a small shopping mall that discovers a package leaking a noxious smelling chemical in a storage room, no one is sure how long the box has been there, or how long it has been leaking. Employees and customers are beginning to complain about feeling lightheaded and nauseous. The business owner calls 911. In the meantime, the mall security manager arrives to see why people are rushing out of the store. The security manager establishes the initial ICS organization. In the scenario described above, the mall security manager has assumed which role? Please type your answer in the chat box if you know it. Right, incident commander. That's correct Norma; the first person on the scene is the incident commander until someone takes over. We'll discuss that in just a minute.

[Slide 53]

Presenter: Kim Loper

[ACTIVITY]

I think someone asked this question earlier. The administrator of FEMA is ultimately in charge of an incident. Let me pull up the poll. We have 16 votes so far. We are just waiting on a few more. The answer to this question is false.

[Slide 54]

Presenter: Kim Loper

These are the major functions of the organizational structure of the Incident Command System.

Incident commander is the only position that is always staffed in an incident response. If the incident commander requires functions of the other sections, the incident commander may either do it themselves or if it is too complex they should assign someone else to fill the position.

The operations section establishes tactics and directs all operational resources.

The planning section processes and tracks resources.

The logistics section provides resources and needed services.

The finance and administration section monitors cost related to the incident.

[Slide 55]

Presenter: Kim Loper

[DISCUSSION]

What questions do you have so far?

Presenter: Mary Moore

Norma asked, "If the individual who was in charge was the incident command because he was the first to arrive on scene?"

Presenter: Kim Loper

Yes the incident commander was the first to arrive on scene and he remains incident commander until he is relieved from command by someone else.

Presenter: Mary Moore

Richard asks, what does ultimate mean?

When we wrote the question what we meant is that the highest level of the response always goes to FEMA and the ultimate response is not always FEMA's response. In fact, ultimate response even at the highest level sometimes is someone else's, especially when you have maybe a federal emergency like the Murrah building. The ultimate response there would not be FEMA's.

[Slide 56]

Presenter: Kim Loper

Our next section is National Incident Management System, also known as NIMS.

[Slide 57]

Presenter: Kim Loper

This is a word cloud that was built from the PDF from FEMA on NIMS. It is reassuring because we can see the words "national," "incident," and "management" has preeminence in the report.

[Slide 58]

Presenter: Kim Loper

We are going to go back to the Homeland Security Presidential Directives. President Bush responded to 9-11 in 2003 by issuing Homeland Security Presidential Directive 5. This directive called for the Department of Homeland Security to coordinate with other departments and states to establish NIMS and a national framework.

Presidential Directive 8 is much more inclusive and collaborative. It describes the way departments prepare, and it calls upon the Department of Homeland Security to coordinate with all other groups—state, local, travel—to develop preparedness guidelines.

[Slide 59]

Presenter: Kim Loper

One more time with The Homeland Security Presidential Directive 5 required the adoption of NIMS by 2006 with the exception of hospitals, which had a deadline of August 2008. A key to this directive is compliance, which is a condition for receiving federal assistance. That is why many universities, including the University of Miami, are requiring NIMS training.

[Slide 60]

Presenter: Kim Loper

NIMS have three organizational systems. The one most interesting to us as librarians is the public information systems. This system includes the processes, procedures, and systems for communicating timely and accurate information to the public during an emergency. This system also includes the internal communications of information within members of the response teams.

[Slide 61]

Presenter: Kim Loper

What is the National Incident Management System? This is a framework that lets everyone play in the sandbox together. It ensures the safety of responders, workers, and others. It directs the achievement of response objectives and the most efficient use of resources to reduce the loss of life, property, and harm to the environment. As you recall earlier, we talked about the four phases of emergency management. This document has five phases, included here is to prepare for. The system evolves and changes over time and there might be a little bit of inconsistency too.

[Slide 62]

Presenter: Kim Loper

The components of NIMS is preparedness, both ongoing and in advance. Those training and exercises that keep you qualified. The communications and information management: it's the

standardized framework for communications and emphasis on the need for a common operating picture.

[Slide 63]

Presenter: Kim Loper

Resource management or getting what you need to support your mission. Command and management, it's flexible and scalable but most importantly, it allows for the lowest level of response.

[Slide 64]

Presenter: Mary Moore

The question becomes, how do you apply NIMS to hospitals or healthcare systems?

[Slide 65]

Presenter: Mary Moore

Here's our wordle on hospital incident command system report. Kim and I did this primarily because at this point in the presentation you might be getting a little weary and we wanted to give you something bright and cheerful. But when we ran this against all the words that were in the HICS document, again it is reassuring hospital, information, command, and system shows up.

[Slide 66]

Presenter: Mary Moore

HICS is a method for using the Incident Command System in a hospital or health care environment. The system assists hospitals and emergency management planning response and recovery for unplanned or planned events.

In the 1980s there was a similar approach; it was called the Hospital Emergency Incident Command System. HICS came about in 2006 because the previous version specifically addressed emergencies, but some incidents may not be emergencies. One example might be

moving a hospital to one location from another, or conducting a large planned event at a hospital, like a community health fair. Other changes are described on this slide.

Now HICS addresses chemical, biological, radiological, nuclear, and explosive incidents. It involves all hospitals no matter how large or how small. In the past, it was primarily large urban hospitals that developed such a system. Because two fifths of the hospitals in the United States are in rural areas, it is important to involve hospitals at all levels.

[Slide 67]

Presenter: Mary Moore

NIMS must be enacted in the hospitals to obtain federal funding. The deadline for enacting it was 2008. These are the reasons a number of our librarians are now involved in hospital training and practice sessions. In the past, librarians were not involved.

The HICS manual includes a guidebook that outlines principles, command practices, implementation, utilizations, and considerations. There are 27 incident and planning response guides. It considers external and internal emergency scenarios. There are job action sheets for each incident management position and documentation forms. There is a PowerPoint and education training. We will give you a link to this resource in a few slides. There are 17 elements in the hospital-based NIMS guidelines. It is not a template and it is not a plan.

[Slide 68]

Presenter: Mary Moore

HICS was developed by a number of different individuals representing a number of different groups. There were 20 hospital subject matter specialists. The Department of Homeland Security was represented through the NIMS Integration Center; the Department of Health and Human Services was represented through HRSA. The American Hospital Association and the Joint Commission on Accreditation of Healthcare Organizations were also represented in the development of HICS.

[Slide 69]

Presenter: Mary Moore

There are some pertinent regulations that have to be considered. Those include the JCAHO standards, the Emergency Medical Treatment and Active Labor Act, Superfund Amendments and Reauthorization Act, the National Fire Protection Standards, OSHA standards, OSHA Hazardous Materials Regulations, and state and local regulations that are specific to each organization.

[DISCUSSION]

We are having an audio problem. Oh back, okay.

[Slide 70]

Presenter: Mary Moore

The hospital emergency plan will be developed at the local level. It's not part of HICS. HICS provides a framework for developing it, but the guidelines indicate the emergency management plan should draw from, NIMS, the ICS, the Homeland Security Presidential Directive 5 on the management of domestic incidents, Federal Preparedness Circular 65 on Continuity of Operations, state, local, and nongovernment regulatory standards, and disaster research. That is kind of a new statement; that there is a lot to learn from research and that should be considered as each hospital develops its emergency management plan. Helping to find the research to inform the hospital emergency management plan is a great opportunity for librarians to be involved in this process.

[Slide 71]

Presenter: Mary Moore

There are at least ten steps to developing the hospital emergency management plan. Those involved in this activity probably can confirm that these are the activities that you followed. The first thing is to designate an emergency program manager and to designate a committee to establish a committee. I read about a librarian who serves on the committee for her hospital.

Next steps are to develop an all-hazards emergency operation plan, conduct the hazard vulnerability analysis, and develop the incident-specific planning guides.

To firm up partnerships with external entities to determine how you will work together, train key staff, conduct exercises, and conduct the program review and evaluation. In evaluation, we say "wash, rinse and repeat," do your program, evaluate your program, identify lessons learned, and redo the program to apply the lessons.

[Slide 72]

Presenter: Mary Moore

This is a typical organization chart from the Incident Command Structure to the Hospital Incident Command System. There are a few things that are different. Here, this is typically referred to as the command staff. An incident commander can have a public information officer to communicate with

the public and other organizations, and a safety officer to maintain the safety of those involved. The liaison officer is the one that will work with other organizations; there would be plenty of those organizations if the hospital is involved in an emergency or disaster. Then, this is specific to HICS, Medical and technical specialists, plus advisers in various categories. For example, there might be experts on nuclear disasters and nuclear medicine advising the incident commander.

Here we see the General staff, and if we did not know this was HICS, we would think this looks much like ICS. The differences are in what happens within the groups. The operations section chief in HICS is responsible for the medical operations, the healthcare operations that might ensue. For example, logistics is responsible for getting vaccines from one location to another location so they can be used for operations group.

[DISCUSSION]

Does that make sense? Give me a yes or no, so I know you are with me. Okay, great.

[Slide 73]

Presenter: Mary Moore

The purpose of having standardized positions and position titles in HICS may be intuitively obvious. It reduces confusion within hospitals because they are working with outside agencies. We need a common language and a common standard for all users. It allows positions to be filled by most qualified individuals instead of the person with the most seniority. We have described the position title and what the qualifications of the individual who should fill that role, indeed it may be someone who might not be quite as obvious. Facilitate requests for qualified personnel especially if they come from outside the hospital during a surge, for example if people come from the Medical Reserve Corps, the U.S. Public Health Service, or if people come from the National Disaster Medical System.

[Slide 74]

Presenter: Mary Moore

Six steps of hospital incident planning include first and foremost: you have to understand what the hospital policy and direction currently is. We must assess the situation and identify what is happening before we take action. Then, we establish incident objectives and identify

strategies to obtain those objectives based on the training we already have received. We give tactical direction, ensure it is followed, and provide necessary backup.

[Slide 75]

Presenter: Mary Moore

This is the resource for you if you are more interested in finding more resources on HICS including the training programs and materials; they are available all of the different approaches and all the scenarios internal and external.

[Slide 76]

Presenter: Mary Moore

[DISCUSSION]

So what questions do you have? Yes? Kim is talking in my ear. Beverly is saying so individuals are named in advance as part of the HICS plan. Individuals may be named in advance as part of the HICS plan, it depends on the emergency. For example you may know in advance that if you're responding to a nuclear attack that there are certain individuals that will go into certain roles. Individuals will always know who their commander is.

Thank you very much. Will the class be recorded? The class is being recorded. If you have any more questions you can continue to write or e-mail us. And we will reconvene tomorrow, same time, same place, and 2:00 p.m. at the same link.

If you have any questions, be sure you contact us we will be on for a little while longer if you have technical questions ensure you get in touch with Debra Cavanaugh and Kim and I both wish you a very happy afternoon.

Thank you so much for attending.

June 28, 2012, Day 2

[Slide 77]

Presenter: Kim Loper

Welcome to the second half of our class on the U.S. Response to Disasters and Public Health Emergencies. It is brought to you by the Medical Library Association with funding from the National Library of Medicine.

[Slide 78]

Presenter: Kim Loper

Just to remind you, this class is one of the basic continuing education classes in the Medical Library Association's Disaster Information Specialist Program. This program provides the opportunity for participants to expand their roles in providing information for disaster and emergency preparedness, response, and recovery.

[Slide 79]

Presenter: Kim Loper

If you have not done so, please remember to visit the Moodle site. There you can download all the class handouts. You can do your introduction if you didn't have time.

[Slide 80]

Presenter: Kim Loper

Today, we are going to begin with the National Response Framework.

[Slide 81]

Presenter: Kim Loper

The National Response Framework is Homeland Security's guiding principles to respond to domestic incidents. It builds on NIMS and ICS. Where NIMS provides the templates for management for all incidents, the National Response Framework provides the structure and mechanisms for incident management. The Framework is always in effect and can be utilized at any time by any level of government for disaster response.

[Slide 82]

Presenter: Kim Loper

The Framework establishes a response vision through five key principles:

Engaged partnership: That means that leaders at all levels develop shared response goals and align capabilities.

Tiered response: Incidents are managed at the lowest level possible and supported by additional capabilities only when needed.

Scalable, flexible, and adaptable operational capacities: As incidents change, the response changes to meet those requirements.

Unity of effort: This means that the chain of command of all participating organizations is respected.

Readiness to act: It is our collective duty to provide the best response possible. I know this is one of Dr. Moore's favorite principles, as it is mine.

Presenter: Mary Moore

Yes, Kim is right about that. If we agree ahead of time before a disaster or emergency happens that we are going to act in a way that we have been taught to act, it takes a lot of the confusion away and we can just respond with more confidence. Later today we will talk about our Haiti response from this library. The first things that happened had to do with debates over what you

should do, whether we should do it, and how we might help. If we knew then what we know today about the Medical Reserve Corps, we would know that you prepare to act way in advance of the actual incident.

Presenter: Kim Loper

That is absolutely right. The whole purpose of the National Response Framework is to help save lives and protect America's communities.

[Slide 83]

Presenter: Kim Loper

The National Response Framework includes multiple emergency support function annexes. The annexes list the coordinators for each emergency support function, the primary agency responsible, and the supporting agencies.

The emergency support function 8 is the public health and medical services annex. It is coordinated by and the primary agency responsible for it is the Department of Health and Human Services.

However, there are many other agencies that they can rely upon to support the mission. A few of these are the Department of Agriculture, Defense, Energy, Justice, Labor, Transportation, the American Red Cross, and the United States Postal Service.

[Slide 84]

Presenter: Kim Loper

Under emergency support function number 8, health and medical care, the National Response Framework utilizes the National Disaster Medical System (NDMS) in disaster response teams that are comprised of intermittent federal employees.

Some of these teams are the Disaster Medical Assistance Team, DMAT. This is a group of medical professionals in teams that are designed to provide short-term medical care during disasters. They

have supplies for a period of 72 hours, and they are activated only for two weeks at a time. These are very short-term response teams.

The Disaster Mortuary Operational Response Teams, also known as DMORT, work to identify and process deceased victims. They include funeral directors, medical examiners, coroners, and pathologists.

International Medical Surgical Response Teams provide surgical or critical care. As the name implies, they were originally used internationally but now they are also used for domestic incidents.

The National Veterinary Response Team helps to treat and stabilize animals and provide animal disease surveillance during disasters.

[Slide 85]

Presenter: Kim Loper

What questions do you have so far?

[Slide 86]

Presenter: Mary Moore

Now we come to the second example. We put three examples into the class to help us apply the concepts we have been talking about. This next example comes from hurricane Katrina.

[Slide 87]

Presenter: Mary Moore

This is a video, again it is kind of hard to watch these things, but this time we are going to consider how the command structure might have changed over time at the incident command post at Katrina and why it is critical to establish command from the beginning of the incident. As you watch this video, take notes about the things you are observing and reflect on how they relate to the items you have learned in the class.

[Video Presentation]

We were going to make sure that everyone was able to get part of the video. Even if you couldn't see the video, I think you can still reflect on what you already know about Katrina. The video helps to remind us of what everyone there had to go through and about some of the confusion.

[DISCUSSION]

I see that Beverly is having problems and you know Beverly, you are logged on twice. We don't know how to remove you. There you go. You closed one. That is why you were getting the echo.

If you could, reflect back on Hurricane Katrina in light of what we have been talking about. What do you think we learned from Katrina? We will enable your mike if you wish us to or you can type for us.

Mary Virginia Taylor, medical records were not available for those who were sent to North Louisiana.

My mother was in a nursing home where some of the people from Katrina were brought. These were for the most part Alzheimer's patients. Their family members did not know where they were. The patients could not tell the staff who family members were.

I think we talked yesterday about how locating family members was a big problem in Katrina and that was where in Houston they discovered the real critical nature of computers and libraries that provided the computers. It was for finding and locating family members of people who were lost.

What about the command structure? What are your observations about the command structure? FEMA was in place and yet there was still a lack of coordination and there was an inability to place resources where needed. That is right, Richard. That is one of those things. Remember the question we talked about: how FEMA moved from being an independent agency to being under the Department of Homeland Security, and then the question was "Was their ability to respond to a disaster or emergency compromised when the priority for the Department of Homeland Security was terrorism?" Deb Halstead says there was confusion as to the role of FEMA. And Kathy says in the aftermath, victims in Mississippi did not receive as fast a response, as perhaps resources were overwhelmed with New Orleans.

The communication and coordination were certainly lacking.

It looks like coordination between federal folks and state and city folks did not happen as intended. I don't know who missed out. Whether the information did not make it to the ICS or failure at the ICS to determine what needs were greatest.

[Slide 88]

Presenter: Mary Moore

This is what the analyst had to say about what we learned from Katrina. It is important to remember that all incident response begins by establishing command and a chain of command. This has to be done clearly, and clear roles and responsibilities have to be assigned.

Committing to action – remember my note about how the evacuation took place late? There was confusion; should we evacuate or shouldn't we evacuate? We don't have insurance for the school buses. We may not have enough drivers. Can we still allow people to evacuate? What about these trains coming to take people away? Is that what we should use the trains for? The commitment to action in preparation for the event becomes very, very important.

When we talked about command structure and we talked about HICS. HICS said that we were going to evaluate the situation, first, establish the plan, communicate and operationalize the plan. This seems like it should be obvious that you need to do that, but in fact the ability to do what you say you're going to do becomes very complex. In Katrina, the command center was located in a hotel and they lost all communications. Our frustrations over communication with this class today are minor in comparison to what happened in that hotel room.

Then, there was the question: "Did the governor really request federal assistance?" Some people say that she did and some say that she didn't. There was a hearing and they determined that she requested assistance, but she may not have clearly requested all aspects of the assistance that were needed.

Evacuating early – one of the things that I read was that there might have been some political considerations. You want to be able to handle things locally and you have some pride in your leadership. On the other hand, if you tell people not to evacuate, bad things could happen. If you evacuate them and there is no need to evacuate, it is embarrassing. Then, consider the at-risk and underserved populations.

[Slide 89]

Presenter: Mary Moore

[ACTIVITY]

Here is a discussion question. It is a “Who is in charge?” kind of question. If a terrorist attack hit the Chicago O'Hare Airport, the responsibility for the initial coordinating response would go to: There are a number of choices here.

- A. the President of the United States
- B. the Secretary of Homeland Security
- C. the Administrator of FEMA
- D. the Department of Justice, Federal Bureau of Investigation
- E. the Governor of the State of Illinois
- F. the Mayor of Chicago
- G. the first person on the scene
- H. someone else

I know you are marveling at my ability to create a multiple choice question with so many options. You also understand why we are doing this exercise. We have 11 votes. 14 votes, 15, 16, 17, 18 votes. Kim, I think we can broadcast the results. Most people think it is the first person on the scene; the incident commander is the first person on the scene. In fact, you are absolutely right. But, remember when we think about the ultimate response that this is the federal resource and the airport is always a federal resource and the responsibility for a terrorist act goes to the Department of Justice.

In this case, the investigative responsibility is the Federal Bureau of Investigation. But, the actual person – the individual who is identified to have ultimate responsibility for this action would be in the Department of Justice, the Attorney General. Again, you are probably getting tired of these examples. It is confusing over who was in charge. In Katrina, it was confusing about who was in charge and what people should do and it continued to be confusing.

[Slide 90]

Presenter: Mary Moore

I am going to skip this and go to the post-Katrina legislation.

[Slide 91]

Presenter: Mary Moore

Katrina really was another example of an opportunity to learn from lessons that the experts called “botched attempts at response.” That is why the post-Katrina Emergency Management Reform Act of 2006 was enacted. It was due to the deficiencies in the response to Hurricane Katrina. This act overhauled the government's approach to managing preparedness at the federal level. It enhanced FEMA's responsibilities and its autonomy within the Department of Homeland Security. It resulted in developing a National Disaster Recovery Framework. It helped clarify the roles of personnel and required retraining of key personnel, and it specifically included people with disabilities in every phase of emergency management.

It established a National Disability Coordinator. It called for what has become known as a whole community response to emergencies and disasters.

The Pets Act is the one that mandates that FEMA's preparedness plan takes into account the needs for individuals with pets and service animals prior to, during, and following a major disaster or emergency. You saw in the video that pets were left behind. It is a big concern for many people. They will not evacuate unless they have their animals.

Then, the Pandemic and All Hazards Preparedness Act of 2006 was reenacted in 2011, with some changes made. In 2006, Congress passed and the president signed the Pandemic and All Hazards Preparedness Act. It has brought implications for the Department of Health and Human Services. Among other things, this act established within the Department the Assistant Secretary for Preparedness and Response.

It transferred the MDMS from Homeland Security to be Department of Health and Human Services. So, the responsibility for the health and medical response in an emergency or disaster moved from Homeland Security at that time back to the Department of Health and Human Services where it had been previously.

The purpose of the Pandemic and All Hazards Preparedness Act is to improve the nation's health and medical preparedness and response capabilities for emergencies whether deliberate, accidental, or natural. It allows the nation to create a strategic national stockpile for things like anthrax and botulism and smallpox.

[DISCUSSION]

I need to go back to the questions. Beverly asks, “Are all airports federal resources?” In fact, that's true. National airports — the ones with commercial flights in and out on a regular basis — are national resources. Homeland Security is very active with those.

[Slide 92]

Presenter: Kim Loper

The next topic is communication concepts, systems, and issues in disasters and emergencies. During emergencies, the importance of the country's communication systems becomes clear. As General Russell Honoree said about Katrina, there were many times when the only information getting out at all was text messages.

[Slide 93]

Presenter: Kim Loper

We have a few communication concepts. The concept of common language is that it is understood by the intended audience. Plain language and standard terminology use language without the use of code or acronyms. Interoperability of systems is using the same equipment and the same protocols.

[Slide 94]

Presenter: Kim Loper

There are a number of ways to communicate during disasters or to the public that a hazard is imminent. The Emergency Alert System is a national public warning system that lets the president use either the TV or the radio to address the American public during a national emergency.

The National Wireless Priority System provides priority calls for emergency responders that they make from their cellular telephones. No special phone is required or any special equipment.

The NOAA Weather Radio All Hazards is a radio broadcast of continuous weather information sent directly from the nearest National Weather Service office.

The National Terrorism Advisory System used to be the color-coded terrorism threat advisory scale that we all know and love, and it was always on orange. This was changed in January 2012. The new system is supposed to provide alerts that are specific to the individual threats and that have a specified end date.

The Commercial Mobile Alert System let you receive text message alerts for particular geographical areas. The Radio Amateur Civil Emergency System, this is also called RACES, it was founded in 1952, and it operates mostly at the local and state levels to assist government communication needs during disasters.

Volunteer amateur radio operators provide emergency radio communications across their respective jurisdictions.

[Slide 95]

Presenter: Kim Loper

[ACTIVITY]

We have the next discussion question: Why should you use plain language during incident response? Debra says to eliminate confusion. That's right, Deborah. The use of ambiguous codes and acronyms is one of the biggest obstacles in communicating.

Reduce misunderstandings.

Codes like 10-4 are not common to all groups. Different responders have different systems.

Amy says to communicate with people at different literacy levels.

Exactly, those are all correct.

Every organization has its own set of acronyms. That is true.

Right, communication benefits and it is not a barrier to sharing information.

Does anyone have ideas on how social media might be used during a disaster or emergency?
Yes, until the cell phone towers go out.

You can use it to locate missing family members and friends and to update people on the situation in your area.

Yes, it gets the word out to a lot of people in a small amount of time. Those are all great responses. Thank you so much.

[Slide 96]

Presenter: Mary Moore

Looking at the last discussion question about social media and how it might be used in a disaster or emergency reminded me that Cindy Love had said, to us, “make sure that you let people know how to find more information if they are interested in a particular topic.” Kim and I looked at each other because it really did take a lot of research on each individual topic. Then we tried to arrange and rearrange things so they made sense. So, there was an obvious context to some of the topics we discussed.

Our favorite resources, when we looked for general resources that people might be interested, we kept coming back to these reports and white papers issued by the Congressional Research Service. They have the most amazing talent. Probably all of these people have librarian backgrounds who are writing these reports. In fact, there is a Congressional Research Service report on social media and disaster that is quite interesting. I understand that FEMA’s interested in perhaps applying some training on that in the future.

Now, we will talk about organizing volunteers and humanitarian assistance.

[Slide 97]

Presenter: Mary Moore

In January 2002 President George Bush launched the USA Freedom Corps. He launched it as part of the State of the Union address. The purpose was to promote volunteer service opportunities within the United States and abroad. It was conceived within the months after September 11. The program sought to encourage volunteer participation in Homeland Security.

The Citizen Corps, a component of the USA Freedom Corps, was developed to help coordinate voluntary activities and to increase the capacity of American communities to respond to any emergency situation. The Citizen Corps is under the jurisdiction of the Department of Homeland Security. It seeks to mobilize the population against threats to national security as well as recovery after a disaster or an emergency.

The Medical Reserve Corps you continue to hear us talk about is a network in the U.S. of community-based units initiated and established by local organizations. The mission is to engage volunteers to strengthen public health, emergency response, and community resilience. It is sponsored by the Office of the Surgeon General of the United States.

Kim and I are members of the Medical Reserve Corps. Our local organization that organizes the Medical Reserve Corps is the County Department of Health. If you are interested in participating in the Medical Reserve Corps, type in the name of your state or your locality along with Medical Reserve Core or MRC and you should find an opportunity to find out more information. The most interesting thing about the MRC for Kim and for me is that we get to meet people we might not ever run in to. Every time we tell them we are librarians, their response is almost always the same. They say, "Oh that is really interesting. I hadn't really thought about how librarians might be important in disaster response."

[Slide 98]

Presenter: Mary Moore

Going on to talk about national voluntary organizations active in coalition of major national voluntary organizations in the U.S. that have made disaster work a priority. It was founded in 1970 in response to the challenges that many organizations experienced after Hurricane Camille that hit the Gulf Coast in August 1969. Many organizations served the disaster victims independently of

each other and so help came to those individual haphazardly. Sometimes there was an unnecessary duplication of effort and other times the needs were not met.

The seven founding organizations met on July 15, 1970, in the American Red Cross headquarters and they established their unified response. Today the organization is a primary point of contact for voluntary organizations and the National Response Coordination Center, which is located at FEMA. The organization is a signatory to the National Response Plan.

In 2010, FEMA and the national volunteer, the national group, signed a memo of understanding with each other to broaden communication and coordination.

[Slide 99]

Presentation: Mary Moore

Humanitarian aid is material or logistical assistance provided for humanitarian purposes. Typically aid is given in response to humanitarian crises, including natural disaster or man-made disaster. The purpose is to save lives, alleviate suffering, and maintain human dignity. The number one organization for humanitarian response is USAID, a central coordinating organization. It is an independent agency. It provides U.S. federal humanitarian assistance including food, shelter, and medicine primarily in the form of grants to third-party organizations.

The Department of Defense handles transportation, evacuation, and stabilization if necessary, especially to protect U.S. citizens and relief workers. Sometimes, for some international crises, however, the Department of Defense might be involved and also the National Security Council.

The United Nations provides intergovernmental support and in particular the organization that provides that is through its Office for Coordination of Humanitarian Affairs. This group was formed in 1991. The purpose is to strengthen the UN's response to complex emergencies and natural disasters. Its span includes the coordination of humanitarian response; development of policy, and humanitarian acts. It also provides assistance to nongovernmental organizations.

Part of the services includes an integrated regional information network, which is a humanitarian news and analysis service. And an international search and rescue advisory group and also relief which is providing time critical humanitarian information on complex emergencies and natural disasters through the web.

Nongovernmental organizations include groups like the Red Cross, Doctors Without Borders, various religious groups, and many universities. When we think of the private person who provides aid and humanitarian response, sometimes it is celebrities who provide the service. Sometimes it is private individuals who just want to help.

There are some online communities that have grown up specifically for the purpose of coordinating relief efforts.

[Slide 100]

Presenter: Mary Moore

The next example and the final example is about a U.S. nongovernmental organization that provided relief to the Haiti earthquake.

In the next example, we would like for you to consider what evidence we see that the ICS is being followed. Who is the incident commander? What type of command? What do we see regarding communications in an emergency or disaster? What evidence do we see of interagency cooperation? And, what needs are there for information and intelligence? What are the potential roles for an information specialist?

[Slide 101]

Presenter: Mary Moore

On January 12, 2010, Haiti suffered an earthquake that would eventually affect 2.5 million people and leave more than 250,000 people dead.

[Slide 102]

Presenter: Mary Moore

The situation in Haiti was painful to us in Miami, Florida. We are only 720 miles away from Haiti. We are closer to Haiti than we are to Washington, D.C. Almost everyone here knows someone from Haiti.

[Slide 103]

Presenter: Mary Moore

In the book, "Zombie Curse," Dr. Fournier describes his love for Haitian people and how it developed from his fascination with his Haitian patients. I loved them from the beginning. I loved them because they were underdogs. I loved them because of their improbable names such as Love of God in Greek, Clairvoyant, or Fortune Teller, Merci Du, or Thanks Be to God. I could trace part of their culture to France from many of their names, Voltaire and Rousseau, for example, at a hint of the enlightenment. Their language shared with its parent French, rhythm and softness. It

seem to have an intrinsic rule that it be spoken while smiling no matter how much the person was in pain.

[Slide 104]

Presenter: Mary Moore

The university had a long established relationship with Haiti. Dr. Barth Green and Dr. Art Fournier teamed up years ago to deliver health care but even more consequentially to deliver health care education and training in Haiti.

[Slide 105]

Presenter: Mary Moore

Within 20 hours of the earthquake, Dr. Barth Green had landed to assess the situation. When he arrived at the airport, he went to the United Nations Center, which is where a NCO ought to check in, right? “Star Events Party Rentals provides a large amount of different style tents for all occasions. Just tell us what your event is and we will recommend the tent that is right for you.”

Obviously, the owner of Star Events could not have predicted that his tents would be used in such a way in the Haiti earthquake. So, Dr. Green, assisted by Ron Doug, a retired Army colonel who was once in charge of international hospital logistics, set about to hire 100 Haitians to help them build dedicated field hospitals or tent hospitals.

[Slide 106]

Presenter: Mary Moore

Within four days, five tents were erected.

[Slide 107]

Presenter: Mary Moore

Including 250 beds and two operating rooms.

[Slide 108]

Presenter: Mary Moore

Eventually, 3,800 volunteers would serve. Twenty-five hundred patients would be treated, and millions of dollars in donations would arrive.

[Slide 109]

Presenter: Mary Moore

Librarians were not a part of the deployed health care provider teams. However, they did ask us to send our photographer, Byron Maldonado. He was invited to document the progress of Medishare efforts. When he returned with the photos, we scrutinized every picture as an opportunity to learn about how and where we could provide information service and we invite you to scrutinize these photographs, too, thinking about how you might provide services. But, not every lesson that we learned was a lesson about health care.

[Slide 110]

Presenter: Mary Moore

From Judith, RN, we learned about the importance of nurses. There were never enough nurses it seemed. We learned about the way that credentials were maintained and how difficult it was. Later we learned about international efforts to maintain credential registries and we understood that the post-Katrina Act included efforts for a national registry for health care providers.

[Slide 111]

Presenter: Mary Moore

We saw in photographs over and over the same individual.

[Slide 112]

Presenter: Mary Moore

Again, documenting the shortage of nurses.

[Slide 113]

Presenter: Mary Moore

It was obvious to us that computers were not the only thing that was missing in these photos. There was also a need for chairs.

The chairs came later. We didn't expect what we saw — again, photo after photo of clipboards. A returning physician reported that in the early days what he missed the most was having the electronic patient record.

[Slide 114]

Presenter: Mary Moore

He recalled writing care notes on scraps of paper in his pocket.

[Slide 115]

Presenter: Mary Moore

We saw some photos of walkie-talkies; there is one right there. I want to recognize Mike Kelly, who has been our best friend in terms of getting us involved in the Medical Reserve Corps.

He attended the SEALEM Hurricane Summit when it was in Miami and he identified that the resources we sent to Haiti do were indeed used.

[Slide 116]

Presenter: Mary Moore

In terms of communications, we saw only a few pictures of people using BlackBerrys, mostly at night. The reason was because service was very sporadic and available only when it was dark.

[Slide 117]

Presenter: Mary Moore

So, the role of the library — how did we become involved?

[Slide 118]

Presenter: Mary Moore

The library became involved because the Dean's office asked if we could lend a whiteboard to the Emergency Operations Center on campus.

Almost as an afterthought, we were asked what we could contribute. What would you do if you had no preexisting relationships and you are asked to provide support to the activities that you just saw?

[Slide 119]

Presenter: Mary Moore

Here is a long list of the things we did. Almost everything revolved around NLM information, products, services, programs, and personnel. We e-mailed the familiar disaster Listserv. Dan Wilson gave us recommendations and materials we should put together.

We had a phone conference with Cindy Love. Our reference librarians offered 24/7 reference service. We obtained some donations.

We sent gift books, things on the disaster one bookshelf. This included books on pain management and obstetrics. We sent notebooks of print materials.

[Slide 120]

Presenter: Mary Moore

Here are the materials that we sent from the disaster book cart.

[Slide 121]

Presenter: Mary Moore

We expanded a little bit. We bought a second copy of these materials to have available for the next disaster.

[Slide 122]

Presenter: Mary Moore

Then, at the bottom we created a website for local providers. Almost everybody had a website and almost everybody's website, certainly NLMs and CDC's, was better than ours.

We needed to provide a website because we had practitioners who were employees of the University of Miami. So they had access to some materials they might not have had access to and that other people might not have had access to. We wanted to make sure that they knew about the Emergency Access Initiative and that they knew about the other websites that were available too.

[Slide 123]

Presenter: Mary Moore

This website documents the Emergency Access Initiative. This is important to me because I worked under Nancy Roterer, as we worked with other individuals across the nation to identify some journal titles for the Emergency Access Initiative. It was so great that it was activated for the first time for Haiti.

[Slide 124]

Presenter: Mary Moore

What lessons did we learn?

[Slide 125]

Presenter: Mary Moore

Well, repeating the obvious: preparation, relationships, and understanding pre-existing cultural competencies are the key for service.

Not everyone saw the need for health care information. In fact, some people were eager to find materials to take with them to Haiti or they asked a lot of questions. Other people said, “Why would they need that information?”

Most importantly, we found that NLM helps get people’s attention. We can say that we’re working with the National Library of Medicine people who want to help us. Where they might have said it was not a priority before.

Then, we need to consider the availability of all technologies, but as Bob Pringle said, “Until the cell towers go out...sometimes there just is no technology and so the alternative plan is to print out materials.”

Again, I can't stress EAI enough. I think it is such a wonderful product. As librarians, even though we are not the intended audience, but we are the best people to promote EAI and to let those who those are the primary audience know about it.

This is the third time today you of heard about committing to action. It is a premise of emergency and disaster preparedness. I think many of us are devoted to evaluation and proving the impact of your work. In a situation like this, it is hard to know whether or not what you do makes a difference. You may never know whether it makes a difference. Almost a year later, Mike Kelly told us that the books we sent to Haiti had been used in that they were now placed in a Haitian hospital for the health care providers there.

[Slide 126]

Presenter: Mary Moore

It was several months later when Emily Vardell, a reference librarian received this nice letter. This letter was from a doctor who was being deployed to Haiti. He volunteered to be deployed. He was delayed at the airport for four days. He spent that time in the health science library preparing to go to Haiti. He studied and made photocopies because he felt he would be called upon to deliver care he was not an expert in.

[Slide 127]

Presenter: Mary Moore

So, several months later he says he wants to buy Emily a cup of coffee and I think that would be absolutely wonderful.

[Slide 128]

Presenter: Mary Moore

What have we been doing since the Haiti earthquake? We have continued to provide information support to our health fairs we provide to Little Haiti, working with the Haitian Nurses Association. Our trips to Haiti have been canceled or postponed for various reasons. The Cholera epidemic was one of those reasons. We have another trip scheduled for this summer. We continue to provide support for trainers who are working in Haiti to educate nurses and physicians.

We have made our commitment to the library as an essential service. Certainly, the Stafford Act did that at the national level, but I think we had to do that at our local level as well. We had to commit to that 24/7 response.

Some of the things we can do in advance: prepare notebooks and templates and disaster trunks and prepare to promote the emergency access initiative.

This is a picture of our Dean. Some people say he looks like a rock star. He is a serious guy. As we talked to him about what the library had done in response to his request for a whiteboard, he pulled a thumb drive out of his pocket and said, "What can you put on this? What information can you put on this that we can take with us the next time that we need to go to some emergency or disaster?"

[Slide 129]

Presenter: Mary Moore

So, all of this is documented here in this article of Miami Medicine.

[Slide 130]

Presenter: Mary Moore

[DISCUSSION]

I see there are conversations saying, "What is the Emergency Access Initiative?"

This is the product that the National Library of Medicine has made available to people in the time of emergencies or disasters. It is freely available access to online journal articles and the relevant areas and relevant topics. Now, it is also including some value-added databases. It is a wonderful product.

I also see that someone asked, “Who is Cindy Love?” NLM has responded that she is with the Disaster Information Management Research Center. Cindy Love is a friend to everybody who works in this area. She was the one who called us to give us some advice just as we were having a meeting and really gave us the exact information that we needed at the time that we needed it.

I am so glad that NLM has been responding to these questions that have come up. The information is well documented. In our resources there are links to the EAI and links to the article.

[Slide 131]

Presenter: Mary Moore

Hope is an important concept in Haiti. There are many sayings about it. In this particular case, the statement is [indiscernible]. If you speak French, it is very close to Haitian-Creole. It means “Without hope we have nothing. Without hope there is nothing.” What I hope in the future is that we will see some librarians with this health care team standing side by side as they are providing their services.

[Slide 132]

Presenter: Mary Moore

[DISCUSSION]

Here are the questions for consideration. Did you see some evidence of the incident command system being followed? Did you see an incident commander and who do you think that would be? What type of command? What do you see regarding communication? Did you see any evidence of interagency cooperation? What needs do you think — if we had disaster information specialists on site — what kinds of things would they be doing? We will look forward to your responses.

The ICS question is a little tricky I have to admit. I have some inside information. I know that the people in the command center actually are Medical Reserve Corps people and that they know about ICS. So, they were following the appropriate procedures there. You probably also saw in the command center that they were working on the accreditation of the health care providers there. They also had some autographs of missing people and some maps. These are all areas in which librarians might be able to contribute.

Bob says preplanning for resources in different formats sounds useful — print, etc., etc. He says that, “they distributed flash drives with the 10 step plan”. That's wonderful.

Tiered response is using local resources to set up hospital tents for care.

The first thing that people did was checked in at the UN tent. In one of the photos, I may have flipped through it pretty quickly, you saw a lot of people, and you saw some Canadian officers and U.S. Army people. There were daily meetings of different organizations that were working to deliver relief in Haiti. Those all took place at the UN headquarters, which was also at the airport where the tents were established.

Any comments about what an on-site disaster information specialist might be doing?

Kim, do you have any observations?

Presenter: Kim Loper

One observation is that a lot of the physicians had to treat patients outside of their area. They might have needed information on how to do that.

I think that a disaster information specialist could have gotten that information for them.

Presenter: Mary Moore

Richard Nolan says an on-site specialist could coordinate a specific search or document needs and requests. Bob says I recall that getting information in and out of Haiti was often difficult; because there was congestion at the airport, learning who was in the ICS, and could assign priorities.

Mary Virginia said, finding information on questions related to patient care needs.

One of the things we learn when we previously taught this class was that sometimes the librarian volunteers were called upon to do things they were trained for. Sometimes they were called upon to do just about anything that needed to be done. Cindy Love, who works at SIS at the National Library of Medicine, wrote on her test question, she said, maybe they would be called upon to run a soup kitchen. She was being funny, but in fact that is the kind of thing that we are all prepared to do if that is what is needed.

As you looked at the operating room, you saw table after table of supplies. It looked like it was a great big mess. In fact, behind the area that we pictured, there were donations. The donations were overwhelming, but all I could think about was -- with our organizational skills, sharing our organizational skills and outside the box of services, we could probably provide a great deal of help and support to people.

We are getting to the end of the session. Kim and I don't feel too badly about this. You did your homework. We still have the posttest.

[Slide 133]

Presenter: Mary Moore

[ACTIVITY]

Here's the audience response question: What does the Emergency Access Initiative do? It allows

- A. health care providers to have access to restricted areas
- B. individuals to have free access to select help information resources during a disaster or emergency
- C. registered health providers may administer vaccines without concern for malpractice suits.

Kim, put up the poll. The responses are flying in. Just a few more, anyone else?

This time 100% of the people got this right. In the pretest, the results were not so encouraging. I am glad to see that we have improved a little bit on the Emergency Access Initiative. Thank you for asking the question in the chat box.

[Slide 134]

Presenter: Mary More

Let's put it all together. There is an entire class on the role of the information specialist.

[Slide 135]

Presenter: Mary Moore

[DISCUSSION]

Based on this class, what roles do you think an information specialist might assume in disasters and emergencies and how must we prepare to take on these roles?

Rather than asking you to discuss this, I will ask you to register for Robin Featherstone's class so that you can concentrate on these topics in depth.

[Slide 136]

Presenter: Mary Moore

Here is the summary: The current efforts are not perfect and they continue to evolve. We have to have the common language and understanding of the organization if we are going to work side by side with first responders and public health professionals.

Our framework comes from lessons learned and from efforts to anticipate what might happen next.

The response always begins at the most local level and it can escalate as needed. When you think about what happens in a local library that is generally true, too. If we had a spill or if we had an accident, we tried to handle things at the local level until we needed help, and then we called on someone else. Then we handed over the command to another individual.

There is currently no predefined role for an information specialist, but the opportunities and value are very obvious. It is becoming more so all the time.

[Slide 137]

Presenter: Mary Moore

I hope that your core takeaways will be that a librarian has roles in the various phases of disaster and emergencies. There is a way to go about helping so that your efforts do not hinder other responders.

There is a framework for response and it can be applied to information support.

What we have addressed in these short 2.5 hours or three hours is one piece of the puzzle. There are many other classes to take and there are many more things to learn. We hope that you use the National Library of Medicine and those many rich resources.

[Slide 138]

Presenter: Mary Moore

[DISCUSSION]

What questions you have about the class in general? Any topics that we covered? Now is the time. If you have questions, you can continue to type them.

[Slide 139]

Presenter: Mary Moore

I want to give you the opportunity to know where the information is.

[Slide 140]

Presenter: Mary Moore

This is on the Moodle website for the Medical Library Association. We would like to thank the sponsor of these programs — the National Library of Medicine, Specialized Information Services, and the Disaster Information Management Research Center. Here are some resources for you: the Listserv, information on the librarian's role, the Twitter site. Again, let me remind you about other courses in this particular series.

[Slide 141]

Presenter: Mary Moore

Please don't forget to do the posttest just so you can show off exactly what you learned and how much you learned and help us to find out whether or not we have been able to convey the core information that we wanted to.

[DISCUSSION]

What do you see as a librarian's role in long-term efforts to rebuild and restore normalcy after disasters such as Katrina?

Kathy that is a great question, because we have a wonderful opportunity with the National Library of Medicine sitting in on this conference, I thought maybe they would like to respond to your question. We have some typing. There is more typing. Jonquil is typing.

Beverly asks, “Did we partner with libraries in Haiti to build up their role in recovery?” Beverly, what we are doing is working with Dr. Fournier who works with a number of people in the Haitian government. We have not specifically worked with them, but we have worked to make sure they have resources. One of the things we have done is provide a website on health care information available for free.

Let me get back to Beverly. We think this resource will help us until we can get a trip to Haiti to work individually with some of the libraries there. There are other individuals working there. I believe the individuals at PAHO could address that question in depth about what they are doing. It is amazing to listen to their speakers talk about the services they have rendered. They have been there many times to establish partnerships and relationships.

It says that the posttest link is not working. Kim will work on that immediately. Okay, you can get the site from Moodle. I am sorry that the link does not work.

Amy, thank you for your comment about the Adobe Connect. That is helpful to us.

Is there any word from the NLM about the librarian's role in long-term efforts to rebuild? They may not have been able to get in.

Let me speculate about that question. Any time that anybody needs information, any time that anyone needs to make an informed decision, they don't automatically think about coming to a library or asking a librarian. So, the relationships that we build with organizations like the MRC introduced us to all kinds of opportunities to work with others. Some of these decisions are probably going to be personal decisions. Public librarians are very involved in the long-term efforts to rebuild and restore. Perhaps medical librarians are intent on providing services to the health care providers, but I think any time we establish a partnership or a relationship, it will help people to think about — "I need an answer to a question. Maybe I should be looking at the people who are professionals in that area." Jonquil asks, "How could you prove the impact of your contributions?"

I think the way that you prove it through qualitative measures. What we need to do and we probably needed to do it before now is to go to the individuals who had provided support to Haiti and ask them for their feedback. Tell me about the kind of information you use, tell me about the kind of information you needed. Did you ever think you needed support from someone who could search for you? Did you think about what you might do if you had information on a thumb drive? That is the kind of information we need. We now have a small grant from the National Network of Libraries of Medicine to explore those things and to document some of the impact of our contributions and to build resources for the future.

I am curious if there is any response by the Medical Reserve Corps for the Colorado fires.

I'm not sure. They do document on the website. They document how many members — 200,000 members. They will document how many people volunteer for various disasters and emergencies and how many people end up serving. So, we can keep an eye opened for that information.

Presenter: Kim Loper

Colorado's Medical Reserve Corps also has a Facebook page that you could probably go to and see if you have any updates on what they are doing to provide services for the fires.

[Slide 142]

Presenter: Mary Moore

[DISCUSSION]

Don't forget to do the evaluation so you can get your certificate.

[Slide 143]

Presenter: Mary Moore

Then, we documented just a few.

[Slide 144]

Presenter: Mary Moore

This isn't everything that we looked at.

[Slide 145]

Presenter: Mary Moore

We documented a few of the resources.

[Slide 146]

Presenter: Mary Moore

We highlighted in the presentation.

[Slide 147]

Presenter: Mary Moore

We want to give the photo credit for the title slide. As I said before, Byron Maldonado was our photographer.

[Slide 148]

Presenter: Mary Moore

[DISCUSSION]

Okay, so NLM/SIS says for more information about librarian roles in disasters, sign up for the July 18-19 class information roles in disaster preparedness response and recovery. This is given by our colleague, Robin Featherstone, who is amazing. She is great. I believe she is a former NLM Associate. She does a fabulous job with her classes.

We have a lot of people to thank. We probably missed somebody. There are so many people to be grateful to.

[Slide 149]

Presenter: Mary Moore

We want you to have our contact information.

[Slide 150]

Presenter: Mary Moore

Finally, here are some parting words for you. This comes from one of your classmates. One of the missions of the VA is to provide support for disasters and so I thought I should be informed. I have lived near the San Madre Fault and now I live in Louisiana where Katrina happened. Something of the same magnitude is always possible. In these times, all of us need to know as much as possible about how to respond to disasters. I would like to be able to help and I want to know how to get involved. I am not medical personnel and I can't do construction, but I can help in providing information. Thank you, Mary, for that wonderful summary.

We hope to meet you all again. Please try to complete the posttest. Don't forget to do your evaluation. That's it for us. We will be on for a while if there are further questions.

Presenter: Kim Loper

Thank you so much for participating. It was a wonderful class.

[Event concluded]