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CHALLENGES IN A CATASTROPHE: EVACUATING NEW ORLEANS IN ADVANCE OF HURRICANE KATRINA

HEARING

BEFORE THE

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS UNITED STATES SENATE

ONE HUNDRED NINTH CONGRESS

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JANUARY 31, 2006

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CHALLENGES IN A CATASTROPHE: EVACUATING NEW ORLEANS IN ADVANCE OF HURRICANE KATRINA

TUESDAY, JANUARY 31, 2006

U.S. SENATE,
COMMITTEE ON HOMELAND SECURITY
AND GOVERNMENTAL AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 10:02 a.m., in room SD–342, Dirksen Senate Office Building, the Hon. Susan M. Collins, Chairman of the Committee, presiding.

Present: Senators Collins, Warner, Lieberman, Akaka, Carper, Lautenberg, and Pryor.

Chairman COLLINS. The Committee will come to order.

Good morning. Today, we face a special challenge in conducting this hearing because the full Senate is scheduled to vote on Judge Alito at 11 o'clock.

The leaders of the Senate have requested that we all be in our seats for the vote, as opposed to the usual way, where we run in and run back. So I will recess the hearing temporarily between 10:55 until 11:25, when we will resume.

In light of these constraints, I am going to ask our witnesses to make their opening statements a bit shorter than they normally would be, with the assurance that their full statements will be included in the hearing record. I am also going to give only an abbreviated opening statement, and I, too, will put my full statement in the hearing record.

OPENING STATEMENT OF CHAIRMAN COLLINS

Chairman COLLINS. Today, the Committee continues its investigation into the preparation for and response to Hurricane Katrina. The focus of today's hearing will be on the pre-storm evacuation of the greater New Orleans area in general, as well as on the special challenges faced by hospitals, nursing homes, and other facilities that care for people with special needs.

In the days following Katrina's landfall, the Nation—indeed, the world—watched their televisions in horror as tens of thousands of people in New Orleans scrambled to the roofs of their homes to escape the rapidly rising water and await rescue. Some residents crowded onto the dry asphalt islands of highway off-ramps, where they remained for far too long, or suffered in the hot, dirty, and undersupplied Superdome and Convention Center.

Confronted with these heartbreaking and infuriating images, we all asked, "How could such a thing happen?" Why were so many left behind? What was the city's plan for evacuating those who were too frail or too ill or who lacked the means to evacuate themselves?

We hope today to understand better the answers to those and other troubling questions. This is the Committee's 13th hearing on Hurricane Katrina. Of all the lessons to be learned from Katrina, effective evacuation to escape a looming catastrophe is among the most urgent.

The initial evacuation from New Orleans in advance of the storm went relatively well. Approximately 1 million people left the greater New Orleans area in a much more efficient and orderly manner than in hurricane evacuations of years past.

Then, so to speak, the wheels came off. Those without access to transportation out of the region found themselves stranded, high and dry, but only in the figurative sense. Among those left behind were thousands of elderly, disabled, and disadvantaged residents.

A central purpose of this hearing is to learn why the responsible government agencies failed to make adequate arrangements for those who needed help with transportation or who were too ill or too frail to leave on their own. Why did so many buses sit idle? Why weren't trains used? Why weren't those in hospitals and nursing homes made more of a priority?

Some of the most horrific problems in the immediate aftermath of Katrina were at hospitals and nursing homes. Such essentials as safe drinking water and fuel for emergency generators were quickly depleted. The difficulty inherent in moving patients and nursing home residents only became worse as the city flooded. And the loss of dozens of lives at nursing homes illustrates the awful consequences of a broken system.

We must examine the adequacy of the plans for these facilities and why they did not evacuate their patients sooner and seemed to be so ill-prepared to meet such basic needs. The particular aspect of Hurricane Katrina that we take up today encapsulates all that went wrong with our preparation and response.

Accurate predictions of the consequences of such a storm were in hand, and considerable planning had been undertaken to address those consequences. Yet that knowledge and effort were overwhelmed by a lack of coordination, by governmental complacency, and at times by utter dereliction of duty. The result was incomprehensible and unnecessary suffering, deprivation, and even loss of life.

[The prepared statement of Senator Collins follows:]

PREPARED STATEMENT OF SENATOR COLLINS

Today, the Committee continues its investigation into the preparation for and response to Hurricane Katrina. The focus of today's hearing will be on the pre-storm evacuation of the greater New Orleans area in general, as well as on the special challenges faced by hospitals, nursing homes, and other facilities that care for people with special needs.

In the days following Katrina's landfall, the nation—indeed, the world—watched their televisions in horror as tens of thousands of people in New Orleans scrambled to the roofs of their homes to escape the rapidly rising water and await rescue. some residents crowded onto the dry asphalt islands of highway on-ramps, where they remained for far too long, or suffered in the hot, dirty, and undersupplied Superdome

and Convention Center. Confronted with these heartbreaking and infuriating images, we all asked: How could such a thing happen? Why were so many left behind? What was the City's plan for evacuating those who were frail or ill or who lacked the means to evacuate themselves?

We hope today to get answers to those and other troubling questions. This is the Committee's thirteenth hearing on Hurricane Katrina. Of all the lessons to be learned from Katrina, effective evacuation to escape a looming catastrophe is among the most urgent.

The initial evacuation from New Orleans in advance of the storm went relatively well. Approximately one million people left the greater New Orleans area in a much more efficient and orderly manner than in hurricane evacuations of years past. It appeared that the State of Louisiana's phased evacuation plan, which was revamped in response to a flawed exodus for Hurricane Ivan a year earlier, worked quite well.

Then, so to speak, the wheels came off. Those without access to transportation out of the region found themselves stranded, high and dry, but only in the figurative sense. Among those left behind were thousands of elderly, disabled, and disadvantaged residents. A central purpose of this hearing is to learn why the responsible government agencies failed to make adequate arrangements for those who needed help with transportation or who were too ill or too frail to leave on their own. Why did so many buses sit idle? Why weren't trains used? Why weren't those in hospitals and nursing homes made more of a priority?

Our witnesses today will provide valuable insight into these issues. The first panel will discuss general evacuation procedures and the arrangements made for those who could not, or would not, evacuate. the second panel will focus specifically on health-care facilities.

Among the specific questions we will seek answers to are these:

What factors contributed to the general success of the motor vehicle mass evacuation from the greater New Orleans area? From the pre-positioning of gasoline for motorists who might run out to the refinement of the traffic-management technique known as contra-flow, this is one of the very few positive stories regarding Katrina preparation.

Why did the New Orleans Office of Emergency Preparedness and the Louisiana Department of Transportation and Development fail to make adequate arrangements in advance for the pre-storm, mass transit evacuation of residents without access to motor vehicles? Transportation concerns were raised in the Hurricane Pam exercise, yet no final or workable arrangements were made to ensure reliable sources of buses and drivers for the evacuation.

The Hurricane Pam exercise predicted that the City of New Orleans would flood in a storm of the magnitude and path of Katrina. Given this widely known prediction, why was the only designated shelter for people in the region who did not evacuate a refuge of last resort at the Superdome? Given that plan, why was the Superdome so ill equipped and poorly supplied to serve as a full-scale shelter?

Some of the most horrific problems in the immediate aftermath of Katrina were at hospitals and nursing homes. Such essentials as safe drinking water and fuel for emergency generators were quickly depleted. The difficulty inherent in moving patients and nursing home residents only became worse once the City flooded. And the loss of dozens of lives at nursing homes illustrates the awful consequences of a broken system. We must examine the adequacy of the plans for these facilities, and why they did not evacuate their patients sooner and were so ill prepared to meet such basic needs.

The particular aspect of Hurricane Katrina that we take up today encapsulates all that went wrong with our preparation and response. Accurate predictions of the consequences of such a storm were in hand, and considerable planning had been undertaken to address those consequences. Yet that knowledge and effort were overwhelmed by a lack of coordination, by governmental complacency, and, at times, by utter dereliction of duty.

The result was incomprehensible and unnecessary suffering, deprivation, and death. It produced those appalling televised images that shocked the world. Those images are now a part of history, a history that must never be repeated.

Senator COLLINS. Senator Lieberman.

OPENING STATEMENT OF SENATOR LIEBERMAN

Senator LIEBERMAN. Thanks, Madam Chairman. Good morning to you and our witnesses.

I am going to follow your example, a good one, and ask that my full statement be included in the record and just draw from it here.

Today's hearing on the evacuation of New Orleans before Hurricane Katrina made landfall last August is a story of tragic, maddening, and ultimately fatal consequences of unmet responsibilities by all levels of government—city, State, and Federal.

The warnings of the fictional Hurricane Pam exercise that we have focused on in this Committee, that a hundred thousand people at least in New Orleans had no means to evacuate and that thousands more would be immobilized by infirmity or age, appear to have been received at all levels of government, but at all levels of government just about nothing was done about those warnings.

No one acted to ensure that the pre-landfall evacuation of New Orleans would be aggressive, let alone complete. Not the city, whose citizens were at risk. Not the State, which was responsible under the plan for arranging transportation for evacuees. And not the Federal Government, which had the authority to assist in the event of a catastrophe but instead stood on the sidelines as the hurricane approached.

Our first panel will describe the efforts that were made and, frankly, those that were not at the local and State levels to get the citizens of New Orleans and the surrounding areas out of harm's way as Katrina approached.

Our second panel today will look at the role of State and city health officials in preparing for and responding to the unique threats faced by the sick and infirm. There was no State program to deal with health care facilities other than hospitals.

Our investigators found, for example, that nursing homes, which had severe difficulties evacuating their patients in previous hurricanes, had never been briefed by the State on changes made to evacuation procedures for the 2005 hurricane season. Although nursing homes are required by the State to have emergency preparedness plans, the State of Louisiana apparently neither reviews nor enforces those plans.

For years, doubts about the effectiveness of the plans have been raised, as they were again during the Pam exercise. In fact, one of the recommendations of that exercise was to establish a task force to assess nursing home emergency plans. I suppose it will surprise no one to hear that this was never done.

Why wasn't there a comprehensive plan for all patient populations? Why did the city, State, and Federal emergency managers simply assume hospitals and nursing homes could cope with a catastrophic hurricane on their own with no need of assistance? Those are some very important questions that need answering, hopefully today and certainly before the next catastrophe occurs.

Madam Chairman, the searing pictures of those who were left behind in New Orleans—at the Superdome, the Convention Center, on the I–10 overpass, and in flooded medical facilities—are images that riveted the Nation, embarrassed and angered us. They remain with us.

Emergency planning that does not make provisions for society's most vulnerable—the aged, the sick, and the poor—is not just operationally unacceptable, it is morally unacceptable. These questions form the backdrop for all of our Katrina hearings, but particularly for our hearing today about what was done and not done to evacuate people from New Orleans prior to the storm.

Thank you. I look forward to the testimony.

[The prepared statement of Senator Lieberman follows:]

PREPARED STATEMENT OF SENATOR LIEBERMAN

Thanks, Madame Chairman. Today's hearing on the evacuation of New Orleans before Hurricane Katrina made landfall last August is a story of the tragic, maddening, and ultimately fatal consequences of unmet responsibilities by all levels of government—city, State, and Federal.

In the days leading up to Katrina's landfall, 85 percent of the city evacuated successfully—the 85 percent that were ambulatory and had, found, or could afford transportation, and had a place to stay. That is the one bright spot in this tale. But many of the city's most vulnerable populations—the poor, the sick, and the aged—were left behind.

The city opened the Superdome as a refuge of last resort, but the Superdome was ill equipped to accommodate the tens of thousands who would flock there in desperation to escape the rising flood waters. Hospitals and nursing homes—filled with the sick and the frail—were left to fend for themselves. The fleet of 600 buses that emergency planners thought were needed to evacuate those who had no transportation of their own came too late to avoid unnecessary suffering. And shelter for those who were evacuated was woefully inadequate.

The warnings of the fictional Hurricane Pam exercise that 100,000 people in New Orleans had no means to evacuate—and that thousands more would be immobilized by infirmity or age—appear to have been received at all levels of government. But just about nothing was done about them.

No one acted to ensure that the pre-landfall evacuation of New Orleans would be aggressive, let alone complete—not the city, whose citizens were at risk, not the State, which was responsible for arranging transportation for evacuees under the plan, and not the Federal Government which had the authority to assist in the event of a catastrophic event but instead stood on the sidelines as the hurricane approached. Our first panel today will describe the efforts that were made—and those that were not—at the local and State levels to get the citizens of New Orleans and the surrounding areas out of harm's way as Katrina approached.

At the city level, in 2001, officials appealed unsuccessfully to the State for assistance with its evacuation. In 2004 and 2005, a group of enterprising city officials began to contract with a variety of transportation companies. But they never signed those contracts before Katrina struck.

At the State level, the Department of Transportation and Development had been designated as the lead agency responsible for securing transportation for the 100,000 without it. But, as State Transportation Secretary Johnny Bradberry told our investigators, the department objected to that designation, and the task was imply and starkly left undone.

As for the Federal Government, a U.S. Department of Transportation official who attended a Pam workshop worried before all the participants at a Hurricane Pam workshop that DOT had completed less than 10 percent of its planning to fully evacuate New Orleans. And on the day before Katrina's landfall, a FEMA report was circulated that noted the 100,000 people with no way out. Still, no meaningful actions to facilitate evacuation were taken by FEMA before the storm.

FEMA officials have denied the agency has any responsibility for pre-storm evacuation and, in fact, played no role in evacuating New Orleans prior to landfall. But the Stafford Act, the Department of Homeland Security's National Response Plan, and the Homeland Security Act all assign FEMA a broad support and coordinating role in catastrophic events. If FEMA has no role, why did it lead the evacuation of southeast Texas a few weeks later before Hurricane Rita struck?

Government's attempts to evacuate special needs patients in hospitals and nursing homes were equally ineffective. All levels of government assumed that medical staff would take responsibility for the care and evacuation of their patients in the event of a catastrophe. That led to scores of deaths—upwards of 100, according to press reports—and left thousands of others without adequate medical care for several days after Katrina landed, despite the best efforts of some of their care givers.

Our second panel today will look at the role of State and city health officials in preparing for and responding to the unique threats faced by the sick and infirm. Unfortunately, we have no witness to describe the Federal role [because the Department of Health and Human Services, the Federal agency responsible for health care under the National Response Plan, has been frustratingly slow to respond to our requests for information and witnesses.] But I want to make it very clear that under the National Response Plan, HHS is given explicit responsibility for patient evacuation and for obtaining assistance from the Departments of Defense and Transpor-

tation for that purpose. furthermore, it was FEMA's responsibility to ensure that Federal resources were made available to the State.

The State emergency plan had for years given the Louisiana State University Hospital Sciences Center the lead role in caring for hospital and nursing home patients and had designated the Health Science Center as the lead coordinator for private hospitals and other facilities. But the LSU Health Science Center never fulfilled these functions.

to compound the situation, there was no State program to deal with health care facilities other than hospitals. Our investigators found, for example, that nursing homes, which had had severe difficulties evacuating their patients in previous hurricanes, had never been briefed by the State on changes made to evacuation procedures for the 2005 hurricane season.

Although nursing homes are required by the State to have emergency preparedness plans, the State of Louisiana apparently neither reviews nor enforces these plans. For years, doubts about the effectiveness of these plans have been raised, as they were during the Pam exercise. One of the recommendations of Pam was to establish a task force to assess nursing home emergency plans. It will surprise no one to hear that this was never done.

Why wasn't there a comprehensive plan for all patient populations? Why did the city, State, and Federal emergency managers simply assume hospitals and nursing homes could cope with a catastrophic hurricane on their own, with no need of assistance? These are the questions that need answering before the next catastrophe occurs.

The searing pictures of those who were left behind in New Orleans—at the Superdome, the Convention Center, on the I–10 overpass, and in flooded medical facilities—are images that remain with us. Emergency planning that does not make provisions for society's most vulnerable—the aged, the sick, the poor—is not just operationally unacceptable. It is morally unacceptable. These questions form the backdrop for all of our Katrina hearings, but particularly for our hearing today. Thank you, Madam Chairman. I look forward to the testimony.

Chairman COLLINS. Thank you.

Our first panel consists of officials at the State and local levels who played key roles in planning and carrying out the pre-storm evacuation. I want to thank each of you for joining us today and for your cooperation with the Committee's investigation.

Johnny Bradberry was appointed Secretary of the Louisiana Department of Transportation and Development in 2004. He leads a staff of approximately 5,000, with an annual budget of more than $2 billion. Under Louisiana's Emergency Operations Plan, Mr. Bradberry's Department is the lead agency for the management and coordination of transportation to facilitate evacuation in emergencies.

Colonel Terry Ebbert is the Director of the Office of Homeland Security and Public Safety for the City of New Orleans, a position he has held since 2003. He was also our tour guide on our recent trip to New Orleans, and we appreciated his commentary. As Director, he has leadership responsibility for the City's Police and Fire Departments, Emergency Medical Services, and Office of Emergency Management.

Dr. Walter Maestri is the Director of Emergency Management and Homeland Security for Jefferson Parish and has served in that capacity since 1996.

I would like to ask not only this panel of witnesses but the next panel to stand at this point so that I can swear all of you in for this hearing. So if the witnesses from the second panel would also stand and raise your right hand?

Do you swear that the testimony you are about to give to the Committee will be the truth, the whole truth, and nothing but the truth, so help you, God?

The WITNESSES. I do.

Chairman COLLINS. Thank you. Secretary Bradberry, we are going to start with you.

TESTIMONY OF THE HON. JOHNNY B. BRADBERRY,[1] SECRETARY, LOUISIANA DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

Mr. BRADBERRY. Good morning, Madam Chairwoman and Committee Members.

I am Johnny Bradberry, secretary of the Louisiana Department of Transportation and Development. Thank you for this opportunity to discuss Louisiana's pre-hurricane evacuation preparations.

I am here to talk about the hurricane evacuation plan that was in place for Hurricane Katrina. I also will tell you what actions we took before the storm, how my agency could have done a better job, and what I am doing to correct those shortcomings. I believe that those who fail to reap lessons learned from history are doomed to repeat its worst chapters.

I worked in the oil and gas business in the private sector until April 2004, when I accepted Governor Kathleen Blanco's challenge to lead the Louisiana Department of Transportation and Development. I am a native of Grand Isle, Louisiana's only inhabited barrier island.

As a teenager in 1965, my family and I evacuated our home because of Hurricane Betsy. The storm completely destroyed our home, and we were forced into exile during my sophomore year in high school. It was a defining moment in my life.

That experience inspired me to do everything I can to help my neighbors who are going through that experience 41 years later. It also taught me to respect the destructive power of a hurricane, and I kept that lesson close to me before, during, and after Katrina.

In 2004, Hurricane Ivan threatened Louisiana, and the New Orleans area evacuated under a new contraflow plan that utilized both sides of the interstate. We were lucky that Ivan spared Louisiana, but the 10- to 12-hour traffic jams to move 90 miles were unacceptable.

DOTD learned a lesson about traffic management and set about coming up with a better plan. Specifically, Governor Blanco ordered the State police superintendent and me to develop a new evacuation plan that could quickly and safely get citizens out of harm's way. Governor Blanco demanded that the new plan focus on what went wrong during the Ivan evacuation and how to solve those problems.

We developed a plan using phased evacuations by zones, extensive traffic management, and an improved contraflow operation executed in partnership with the Mississippi Department of Transportation. In April 2005, local officials unanimously endorsed the plan. We began an aggressive and successful marketing campaign to educate citizens, and we distributed more than 1 million maps that explained the plan.

Then came Katrina. On Friday morning, August 26, Katrina was considered mostly a threat to Florida. The eye was just northwest

[1] The prepared statement of Mr. Bradberry with supplemental testimony appears in the Appendix on page 47.

of Key West. Although Louisiana was not a projected target, DOTD began storm preparations. We put emergency personnel on alert status and prepared to immediately clear all evacuation routes. We coordinated pre-staging evacuation activities with State police, and we alerted Mississippi of our intention to implement contraflow if the storm came our way.

At 11 p.m. on Friday, the National Weather Service first mentioned Louisiana as a possible Katrina target. At 7:30 a.m. Saturday, State and local officials coordinated a phased evacuation per the new plan, beginning with residents in the coastal areas. At approximately 3:30 p.m., contraflow began in conjunction with Phase III of the plan, and a full-scale evacuation was under way.

By the time contraflow ended on Sunday evening, August 28, we had quickly and safely evacuated more than 1.3 million people without significant traffic delays. I am proud of the pre-evacuation results that my agency and the State police achieved during Katrina, but clearly, more could have been done.

In the ESF–1 function, adopted just 7 weeks before Katrina struck, my agency for the first time was tasked with providing transportation assets to facilitate evacuation. Although this new ESF protocol was viewed by most in State government as a transitional plan that had not been fully vetted, discussed, or implemented, I should have charged my people with ensuring that officials on the local and/or Federal levels were performing that function if we were not prepared to fully execute that duty.

Governor Blanco has made it clear to me and to all cabinet secretaries that we will be fully prepared to fulfill primary and support responsibilities of the new State plan for the 2006 hurricane season. DOTD will partner with communities in South Louisiana, including the City of New Orleans, to ensure that buses are staged in strategic locations to evacuate citizens who have no transportation.

We also are in discussions with Amtrak about using their services, if needed, for evacuation. Another lesson learned is that it is critical for us to more closely coordinate all efforts with local and Federal authorities before, during, and after a disaster. To that end, I have hired a new full-time emergency coordinator for DOTD, and one of her tasks will be to strengthen relationships with relevant local and Federal officials to ensure future coordinated and appropriate response.

And although I do not wish to lay blame at anyone's doorstep, we should all keep in mind that had the levees held up, as we believed they were designed to, you and I would not be here today. Katrina still would have been a disastrous storm, but the real catastrophic damage is a direct result of the flood waters that poured through the failed levees.

I also have a simple request today. We need help. We still do not have the commitment from the Federal level to make necessary upgrades to our levees to keep our citizens safe and allow them to return to their homes. We are doing as much as we can with the resources we have. However, we need help with legitimate needs for infrastructure upgrades to keep tragedies like this from happening again.

As the horrible stories of misery, suffering, and death unfolded on television in the days immediately following Katrina, citizens asked how can this happen in America? Today, Louisiana's citizens feel they have been abandoned a second time, and they are the ones asking how can this happen in America?

In closing, it is natural for all of us to believe the fault lies with someone else. The real truth is Katrina moved faster than we did. All of us on the local, State, and the Federal levels were overwhelmed, undermined, and out-muscled by Mother Nature. The lesson learned is that local, State, and Federal entities need to work to do more to address evacuation of the 8 percent of the population who stayed.

In closing, I am proud of my employees' efforts before, during, and after Katrina. But it is incumbent on all of us at every level of government to examine our actions, admit our mistakes, and move forward with lessons learned.

Thank you for your time. I will be happy to answer any questions.

Chairman COLLINS. Thank you. Colonel Ebbert.

TESTIMONY OF COLONEL TERRY J. EBBERT,[1] DIRECTOR, HOMELAND SECURITY AND PUBLIC SAFETY FOR THE CITY OF NEW ORLEANS

Colonel EBBERT. As an introduction, I am Colonel Terry Ebbert, the Director of Homeland Security and Public Safety for the City of New Orleans.

I spent my adult life serving the citizens of this Nation and the City of New Orleans. I want to thank you for the invitation to testify before this Committee.

Katrina was a natural disaster which overwhelmed operational capabilities, resources, and civil infrastructure at the local, State, and Federal level. Gone are homes, families, businesses, lives, and the unique lifestyle of Southeast Louisiana.

Left behind to build the foundation for a future New Orleans is a city with little money, a crippled criminal justice system, an impaired levee protection system, lack of housing for 50 percent of its citizens, and a health care system clinging to life. I have lived with the beast Katrina for the last 5 months, but I have also been blessed with the opportunity to work with many of the finest first responders at every level of government.

It is clear that this Nation needs to review Katrina planning, response, and recovery at every level to look at organizations with the intent to increase capability and compatibility. Katrina was an act of nature, and the impact was localized to a small population region of the United States. The next act could be a man-made act of terrorism. I believe our preparation and integrated joint responses must improve.

The four parishes of Jefferson, Plaquemines, St. Bernard, and Orleans formed the Urban Area Security Initiative Region One for joint planning, training, and exercising of homeland security defined events. This includes weapons of mass destruction, all acts of terrorism, and natural disasters.

[1] The prepared statement of Colonel Ebbert appears in the Appendix on page 70.

Given the facts of our location on the Gulf Coast and being an island completely surrounded by water and limited egress routes out of New Orleans, our surrounding partners, along with ourselves, dedicated extensive time and effort in planning for hurricanes. The foundation of our efforts has been to develop effective evacuation plans.

This is a challenge due to the limited time we have after a storm enters the Gulf, limited highways, and a large population with an anti-evacuation mentality. Driven by predictions of potential deaths in excess of 12,000, we worked hard with our regional and State partners to develop a plan and educate our citizens on its execution. We worked to refine this plan after storms over the past 2 years.

One of the lost success stories is the evacuation in advance of Katrina. This highly complex joint plan moved over 1.2 million people and saved over 10,000 lives. This was a two-state, eight-parish effort, which included multiple law enforcement agencies, emergency planning offices, local media, and volunteer organizations.

The continued improvement of this plan will form the foundation of our planning for this coming year. We are currently reviewing the lessons learned and will update our plans, and we have three specific goals.

Goal No. 1 is to provide greater support to the citizens who need special assistance. Goal No. 2 is to create and maintain an environment where the decision to evacuate becomes more desirable than remaining behind. And goal No. 3 is implement measures to provide greater enhancement of security resources to the city.

I have two specific recommendations for Federal action, which would improve the national capability for mass evacuation and sheltering. One, task Amtrak to develop and maintain the capability to evacuate 5,000 special needs citizens from any metropolitan area in the case of a declared national emergency. Two, identify regional military bases undergoing BRAC closures and convert them to national shelters capable of housing at least 200,000 citizens. They could be activated through a joint U.S. NORTHCOM and FEMA command.

Faced with the knowledge that we would be left with citizens without the ability to evacuate, we worked hard to develop a "refuge of last resort" for both citizens with special needs, citizens without transportation, and for those who recognized too late the serious nature of the storm. This plan was designed to begin after contraflow evacuation was shut down and a curfew imposed on the city.

Our plan utilized RTA buses moving throughout the city, picking up citizens at pre-established checkpoints, and transporting them to the Superdome. All citizens were thoroughly searched by the National Guard troops upon entering the dome. Security was provided by both the National Guard and the New Orleans Police Department. The command of the Superdome was underneath the command of the Police Department.

As planners, we recognized that in a major Category 4 or 5 storm, we would lose power, sewer/water, and further evacuation with Federal assets would be required. The planning window for this relief response was within 48 hours. For all the difficulties,

this plan was a success. Many of the citizens in the dome would have become the predicted 12,000 deaths in the Hurricane Pam model.

Much has been discussed about our relief response after the storm. I can assure you that this was a very difficult 7 days. I witnessed the best of human valor and the worst of human nature, but I want to state that I find no fault with any official at any level. Rather, the National Response Plan and the FEMA organization were totally overwhelmed by the magnitude of the disaster.

I believe we must recognize that the administrative organization of FEMA, built around part-time contractors, has no operational capability to control large-scale emergency response. It needs to concentrate on recovery.

Find a way to immediately utilize the only organization with the leadership, command and control capability, logistics movement centers, equipment, and training to accomplish large-scale response—the Department of Defense. A standing joint staff should be established as a mission of U.S. NORTHCOM.

Develop a prepackaged capability for communications, food, water, fuel, medical, and other vital supplies. And ensure that early relief efforts are "push" rather than "pull."

This is the greatest Nation on Earth, and I know we can do better. I am dedicated to working with all of our State and Federal partners to ensure that we do get better.

I want to give special thanks to Admiral Thad Allen, General Russel Honoré, Admiral Robert Duncan, Captain Tom Atkin, General William Caldwell and his magnificent warriors from the 82nd Airborne, along with the FBI and the other law enforcement agencies. The only question any of these officials ever asked me was, "Terry, what do you need and want?"

America is blessed and lucky to have such leadership, and I am privileged to have been given the opportunity to have walked beside them.

I can only reflect on Katrina. My concern is my responsibility to the Mayor and the citizens of New Orleans. I must continue, as an individual, to learn from my mistakes and hold myself accountable. We are currently looking down the gun barrel of the 2006 hurricane season due to begin June 1. We are projected another "super storm" season ahead, and we need your support.

Thank you very much, Madam Chairman and Committee Members.

Chairman COLLINS. Thank you. Dr. Maestri.

TESTIMONY OF WALTER S. MAESTRI, Ph.D.,[1] DIRECTOR, JEFFERSON PARISH DEPARTMENT OF EMERGENCY MANAGEMENT

Mr. MAESTRI. Good morning, ladies and gentlemen. I am Walter Maestri, Director of the Department of Emergency Management in Jefferson Parish, Louisiana.

I am honored to have the opportunity to appear before you this morning to discuss the problems inherent in evacuating metropolitan New Orleans. It is an issue that all emergency planners and

[1] The prepared statement of Mr. Maestri appears in the Appendix on page 76.

response personnel—local, State, and Federal—have focused on during the past 10 years. Please allow me to provide some historical background on this problem.

In 1992, when Hurricane Andrew slammed into the Florida, Alabama, Mississippi, and Louisiana coasts, it not only devastated those coasts, it also caused all the plans emergency managers had developed for the evacuation of those coastal States to be scrapped. Andrew demonstrated that "vertical evacuation," which was the major evacuation tool operational in those plans, was not an acceptable solution.

From that time forward, all of the Gulf Coast States and a significant number of the Atlantic Coast States would be forced to physically evacuate their coastal populations. The only remaining functional question was the distance from the coastline required to move the population to ensure that they would survive.

Immediately, therefore, new plans were drafted, evacuation studies were commissioned by Federal and State agencies, and strategies were discussed and developed, which would provide for the actual physical movement of the affected population. This effort was further complicated by the fact that the American National Red Cross began implementing a policy of not sheltering individuals in recognized flood inundation zones.

In Louisiana, these new plans and strategies demanded that the majority of the population of the most densely populated region of the State be moved, approximately 1.2 million individuals. And furthermore, this population had to be moved a minimum of 35 miles to assure that they would leave the flood inundation zone as documented by FEMA and the U.S. Army Corps of Engineers' SLOSH model.

The point I wish to emphasize is that from 1992 forward, all agencies of the local, State, and Federal Governments knew that actual physical evacuation was necessary to guarantee the safety of the New Orleans metropolitan area. Furthermore, beginning in 1994, the evacuation studies ordered by both the State and the U.S. Army Corps of Engineers recognized that a significant portion of the population of the area did not have adequate means of transportation, which would allow them to evacuate.

In addition, these same studies recognized that it would take a minimum of 60 hours to have a real chance of evacuating this population. Simply put, everyone involved realized the enormity of the task contemplated and that special strategies would be necessary.

In the decade leading up to the now infamous Hurricane Pam exercise, numerous officials of all government agencies addressed the enormity of the task. Following on Hurricane Georges in 1998, a near-miss wake-up call for the New Orleans metropolitan area, the Southeast Louisiana Hurricane Task Force and the Louisiana State Police and the Louisiana Department of Transportation and Development updated the evacuation plan for Southeast Louisiana and included within it for the first time the contraflow strategy in an attempt to reduce the clearance time necessary for the area.

Although all involved with this first contraflow plan believed that it would shave a few hours off the clearance times, once again the lack of effective transportation for up to 100,000 residents of the area raised its head. From 1998 on, in every exercise, presen-

tation, and meeting where evacuation was discussed, this issue was prominent.

At the Hurricane Pam exercise first sessions in 2004, all participants recognized the evacuation problem and, specifically, the lack of effective transportation for a large segment of the population as crucial to the planning for metropolitan New Orleans in a major hurricane. Ron Castleman, FEMA Region VI Director in 2004, identified the Pam exercise as the major planning tool available to create a bridge between local, State, and Federal evacuation and recovery plans.

And although during those initial sessions of the exercise evacuation was not directly addressed, it was foremost in the minds of all involved. Pam allowed the local and State officials to identify the resources necessary to achieve the survival of the metro area and its residents and the fact that they were not available in the State and local arsenal.

In fact, during the conference calls that took place between local, State, and Federal officials before Hurricane Katrina made landfall, reference was made to the Pam decisions and recommendations regarding pre-positioning of transportation resources for evacuation of the citizens without adequate personal transportation abilities.

We all know the result of the failure to provide those resources. And while I understand the necessity of investigation and analysis of what occurred and who was responsible for it, I respectfully request that the Committee consider using this catastrophic event as a method to identify what can be done to evacuate and shelter the citizens of any major metropolitan area in the Nation if a major disaster occurs.

In closing, I want to sincerely thank the Committee for the opportunity to share with it my understanding of these events. I can assure the Committee that the elected and appointed officials of Jefferson Parish, Louisiana, stand ready to join with them and the President of the United States in assuring that such a catastrophe never happens again. Thank you.

Chairman COLLINS. Thank you for your excellent testimony.

Colonel, as Hurricane Katrina was approaching, for the first time in the city's history, a mandatory evacuation order was issued. The Mayor's staff has told us that the Mayor made the decision to issue that order on Saturday morning. Yet it was not actually issued until Sunday morning, a loss arguably of 24 critical hours.

Could you tell us what happened during that day and why there was a delay in issuing the mandatory evacuation order once the decision had been made?

Colonel EBBERT. Throughout the day Saturday, one of the difficulties of dealing with a mandatory evacuation was the definition of "mandatory evacuation" and the complexity of issuing orders to agencies without the capability of carrying them out.

And in particular, there was great discussion throughout that day, when we looked at the large population we had in our hotels and the large population we had in our hospital system, about placing the mandatory evacuation on people without them having the capability to evacuate themselves or government having the capability to evacuate them.

We finally reworked that into the night, and the final declaration, which was announced, finally exempted those two particular areas from mandatory evacuation. So that took a great deal of the time.

But one of the positive things during that time, we had already worked with the State and the local agencies to start our three-phased evacuation, which was under control throughout Saturday. And as we moved into Sunday, the traffic was already flowing, and there was no great increase from the voluntary evacuation phase that we had gone through, that the Mayor and the media had helped communicate to the public.

But the delay was basically designed in and occurred because of the difficulties with doing something that we had not done before. And that is one of the challenges that we face this year is we have to, ahead of time: One, decide what mandatory evacuation means. Two, what measures, legal measures, are we going to utilize to carry it out? Are we going to force people with police out of their particular homes? And then, three, ensure that when we issue the order that we have the capability to move those people.

Chairman COLLINS. Yesterday at our hearing, we heard from a police officer who was very involved in search and rescue operations. He also helped to compile an after-action report that was completed by the command staff of the New Orleans Police Department.

It specifically noted the lack of a unified command and was quite critical, as you are well aware, of the Office of Emergency Preparedness. In fact, the summary section of the report includes an entry which reads, "Total failure of OEP." One the captains on the command staff wrote in his report, "OEP needs to be revamped." Another captain wrote, "Unified command was never established."

A third captain wrote, "The Office of Emergency Preparedness needs to be revamped. If their role is to have us prepared to handle a disaster such as this, they FAILED. They lacked a plan, did not provide the necessary equipment, provided no direction or leadership."

This is language directly from three of the city's first responders, and they are those who launched the search and rescue operations to save the lives of New Orleans residents. How do you respond to the criticisms in that report?

Colonel EBBERT. I think there are some valid criticisms in that report. I think those officers, especially Captain Bayard who testified yesterday, is a wonderful police officer who is dedicated to his duty, who carried out his mission with the capabilities that he was given.

Equipment, I agree with. But I think we need to go back and then, as the homeland security committee, look at the definition of what I am able to purchase and what I am not able to purchase with the money that the Federal Government gives me.

Life-saving boats and motors were turned down by the Department of Homeland Security under our grant program. Twice training that I requested for search and rescue, waterborne training for fire and police, was turned down because it did not meet the parameters of the defined grant process.

So I think we need to look hard as a Nation in these dollars to provide all-hazards approach. Not just weapons of mass destruction, not just terrorism, but utilize those dollars to the special needs of different communities throughout the Nation.

Chairman COLLINS. Senator Lieberman.

Senator LIEBERMAN. Thanks, Madam Chairman, and thanks to the witnesses.

Dr. Maestri, I thought that your opening statement was very helpful. And in some sense, your painstaking review, from your own experience over the years, of the various warnings about what happened and the need to do something to evacuate those who could not evacuate themselves is painful.

In that statement, you referred to the "conference calls that took place between local, State, and Federal officials before Hurricane Katrina made landfall." I want to ask you a specific question, which is, was Dr. Mayfield on those calls?

Mr. MAESTRI. At times, Dr. Mayfield was on those calls. He certainly had representation on all of those calls. The National Weather Service begins the conference calls by going through and telling us the present state of the hurricane.

Senator LIEBERMAN. And therefore, I presume that representatives at the Federal level of FEMA were on the calls? Representatives of the Governor and the Mayor were also on the calls?

Mr. MAESTRI. Absolutely, Senator.

Senator LIEBERMAN. And can you tell us in a little more detail when those calls began? How soon before Monday, August 29, when Katrina hit landfall?

Mr. MAESTRI. Approximately 3 days before the hurricane made landfall.

Senator LIEBERMAN. So it would be Friday?

Mr. MAESTRI. That is correct. Those conference calls began, in fact, late Thursday afternoon and then began in earnest on Friday morning.

Senator LIEBERMAN. Do I understand correctly from my staff that you have had a long-time professional association with Dr. Mayfield?

Mr. MAESTRI. Yes. I have known Max Mayfield for approximately 10 years.

Senator LIEBERMAN. Right. And did he call you directly, in addition to the conference calls you were on?

Mr. MAESTRI. Yes, Senator. I received two phone calls from Max Mayfield, one earlier in the week.

Senator LIEBERMAN. Do you remember what day it was?

Mr. MAESTRI. It was probably Monday or Tuesday.

Senator LIEBERMAN. A full week or a little bit less before the hurricane?

Mr. MAESTRI. That is correct.

Senator LIEBERMAN. Right.

Mr. MAESTRI. And it was a warning that this was, in his opinion, a very serious storm and a storm not to be ignored at all levels.

Senator LIEBERMAN. Do you—I am sorry. Go right ahead.

Mr. MAESTRI. Then, again, I received a phone call on Friday, and it was a phone call that, truthfully, changed my life and the life of the entire metropolitan New Orleans area. Because in that

phone call, he told me that he was now convinced that the storm was coming to New Orleans, that it would make landfall, in his opinion, as a Category 4 or 5 storm, and that it was, in his words, "the big one."

Senator LIEBERMAN. Right.

Mr. MAESTRI. This is the one that we had been waiting for.

Senator LIEBERMAN. Right. So it is fair to say that there was no ambiguity in his warnings?

Mr. MAESTRI. I saw no ambiguity at all.

Senator LIEBERMAN. And those were calls as of late Thursday, I believe you said, on which Federal, State, and local representatives were present?

Mr. MAESTRI. Correct, Senator. In fact, at the conference call that followed with the other members of the southeast task force, I elaborated to them, because of my personal relationship with Max, what he had shared with me.

Senator LIEBERMAN. Right. In those conference calls, did Dr. Mayfield, to the best of your recollection, specifically speak to the need for pre-storm evacuation?

Mr. MAESTRI. Absolutely.

Senator LIEBERMAN. Do you recall what he said?

Mr. MAESTRI. He told me personally for Jefferson Parish to make sure that the elected officials understood the upcoming events and what they could mean, the catastrophe, and to implement and to use all authority that I had to implement the evacuation of the metropolitan area.

Senator LIEBERMAN. Do you know whether Dr. Mayfield made other calls to individuals in the area that he knew, in addition to the conference calls?

Mr. MAESTRI. I know that he asked me for the telephone numbers and/or means of contacting other elected officials and appointed officials in Southeastern Louisiana because he wished to share with them that, in his opinion, this was an extremely serious hurricane and one not to be taken lightly.

Senator LIEBERMAN. He is a real professional, as anybody who has met him knows, but also as we watched him on the TV leading up to Katrina. Can you describe his mood as you heard it on the phone calls?

Mr. MAESTRI. Senator, I smile because I have known Max for many years, as I indicated. And Max Mayfield does not give those warnings lightly.

Senator LIEBERMAN. Right.

Mr. MAESTRI. When he called me and told me what to expect and what, in his opinion, was coming, I took it very seriously, and I think anyone who spoke to him did. I immediately called the elected local officials together, briefed them on what he had told me, and indicated that, therefore, in my opinion, I thought it was necessary for us to take all effective steps then to begin preparations for a very serious event.

Senator LIEBERMAN. In some sense, to use the convenient historical metaphor, Dr. Mayfield became the Paul Revere of Hurricane Katrina. My impression is not just on television, but he was so personally agitated by what his scientific knowledge told him was coming that he just was calling anybody he knew or anybody in au-

thority in the Gulf Coast to warn people that this was the big one. This was the worst.

How do you explain—and again, we focused on Hurricane Pam, the fictional exercise. You have described the specific warnings and, in this case, the focus of this hearing, the compelling need for pre-storm evacuation for those who couldn't evacuate themselves, particularly. But here now, we have Dr. Mayfield in the days leading up, saying, "This is it."

It seems to me, he couldn't have done anything more than if he had taken a two-by-four and hit people over the head. Why wasn't something more concrete done to provide for the pre-storm evacuation of the poor, of the aged, of the infirm?

Mr. MAESTRI. First and foremost, our problem in Jefferson Parish is not as significant as that in the city. But I think——

Senator LIEBERMAN. You mean because of the population?

Mr. MAESTRI. That is correct. Because of the economic differential. Jefferson Parish is the quintessential bedroom community suburb surrounding a metropolitan area in the United States.

But I think the issue that you are asking about has to do with the available resources. And the problem that we faced and the problem that had been identified, and I think the problem that continues, Senator, is that metropolitan areas in the United States do not have and/or control the resources necessary to effectively and physically evacuate that population without personal transportation assets to move themselves.

Senator LIEBERMAN. My time is up. I would like to come back to that. Thanks very much, Mr. Maestri.

Chairman COLLINS. Senator Warner.

OPENING STATEMENT OF SENATOR WARNER

Senator WARNER. Thank you, Madam Chairman.

My question to you Colonel Ebbert, first I wish to say how grateful we are as a Nation for your distinguished service to our country during the U.S. Marine Corps.

Colonel EBBERT. Thank you.

Senator WARNER. And I saw that you were commanding officer of the Basic School. And one of my teachers in life was Colonel Leftwich, who was my EA, as you may recall?

Colonel EBBERT. Yes, sir.

Senator WARNER. This is a technical question, but it is one I have been pursuing for some time with the Secretary of Defense, and they are studying it. And that is the doctrine of posse comitatus. And for those who are not familiar, that doctrine prohibits active duty, regular military from participating with local law enforcement in a variety of functions, primarily those of apprehending citizens for alleged infractions of the law.

Now as we watched the tragic events unfold as a consequence of this hurricane, the local National Guards and others came in. The active duty forces came in. And you presumably had an opportunity to observe them. As a matter of fact, in earlier statements, you have praised them for their extraordinary service, and I think it is recognized across America that the uniformed individuals performed as best they could to help and with great commendation.

But did the inability of the active forces to participate with the Guard in such incidents as may have occurred with regard to law enforcement, was that an impediment? And should this country reexamine the doctrine of posse comitatus in the light of this tragedy to see whether or not some exceptions should be written into that law?

I have written to the Secretary of Defense on this subject and urged that this issue be reviewed. And I am just wondering if you had any firsthand observations and any opinion that you would like to contribute?

Colonel EBBERT. I think that there is through this trying time, we have already seen a model start to evolve, and I believe that you can jointly operate in an environment, which we finally came into being about Saturday after the storm.

And that was with the Office of Homeland Security through the Coast Guard and Admiral Thad Allen being the principal Federal official. The National Guard and the Title X regular forces both reporting up that chain of command into a joint command, without placing the active duty forces in charge of the National Guard.

I do believe that we need to go back and review all these items. We did not have an issue once we got on the ground with General Caldwell. We were fully aware of what his authorization in the way of law enforcement capability was, and we did not put those 82nd Airborne troops in a law enforcement mode. We used the National Guard and the NOPD to enter homes when we were searching and rescuing, where they had to make forced entry. But we used the Guard and the NOPD to do that.

Where the 82nd came in was just the presence, the arrival of the presence of one of our most distinguished divisions in the U.S. Army had a calming effect on the population. It had a calming effect on those first responders who were coming from outside areas to assist us. And I think that it brought order and discipline to a city that was struggling. It also showed hope that the Federal Government was on the scene and providing resources to help us in dire need.

But I do believe that you can do this without putting Title X forces in the line of fire in law enforcement, but still put them in the line of fire. They are the only organization that has the command and control, radios, people, logistics movement.

We never had a logistics movement center ever in this operation. We never set up the joint command center because we didn't have those capabilities. All those are inherent in the regular forces.

Senator WARNER. Let me just give you this example. Often they operated together, the Guard and the regular forces. And the uniforms, as you well know, are so similar that a citizen cannot, in the urgency of the moment, distinguish. And if a citizen needed help and he went to a joint patrol, and it required some law enforcement activities, the regular soldiers would have to step back and allow the Guard to perform the missions.

And that could be misunderstood, and it could lead to confusion. But so far as you know, that didn't occur?

Colonel EBBERT. That didn't occur, but it is a very distinct possibility that I think it be prudent to look at those special needs when

you place those Title X troops in a situation where, beyond their control, they may be faced with that type of an issue.

Senator WARNER. I thank the witness. Thank you.

Chairman COLLINS. Thank you.

Senator Lautenberg, I would invite you to go ahead with your questions now. I am going to leave for the floor. And if Senator Carper wants to stay and do his questions, I would just ask you recess the Committee until 11:25, or you will have an opportunity afterwards because we will have a second round, whichever your preference.

Senator LAUTENBERG. So, do I understand it correctly that you are prepared to adjourn now, pick up where we are?

Chairman COLLINS. Yes. But if you want to——

Senator LAUTENBERG. Well, I think it would be a good idea because to rush through such an important array of witnesses——

Chairman COLLINS. I think so, too.

Senator LAUTENBERG [continuing]. That I would like to have a chance to talk to them.

Chairman COLLINS. The Committee will stand in recess until 11:25. At that time, we will resume with Senator Lautenberg's questions.

[Whereupon, at 10:55 a.m. the Committee was recessed, to reconvene at 11:25 a.m. the same day.]

Chairman COLLINS. The Committee will come to order. Again, I thank the witnesses for remaining so that we could resume the questioning.

And we left off with Senator Lautenberg, so I would call upon him.

OPENING STATEMENT OF SENATOR LAUTENBERG

Senator LAUTENBERG. Thank you, Madam Chairman. I start by—as soon as I catch my breath from running down the hall. [Laughter.]

I start by calling attention to the fact that Amtrak or an alternative method of transportation creeps into so many emergency situations. Notably, the worst catastrophe that we had on our land when the trade towers were taken down on September 11.

And we learned then that Amtrak was the only remaining transportation access that we had. Aviation had shut down. Impossible to leave. And we see it again now in Katrina that, Colonel Ebbert, your commentary strikes me as being right on, hitting the nail on the head.

And when I think of, Madam Chairman, I would hope that one day we would have a hearing on the relative value for our security interests in the role that Amtrak would play, and I hope that we will be able to do that in the not too distant future.

Colonel Ebbert, I noted in your testimony that one of the things that you called for in a several-point program was to have an Amtrak available that would permit evacuation of 5,000 people. Well, I think that is a perfectly obvious, reasonable request whenever any kind of a situation calling for evacuation is there.

But right now, what we face is the determination to have Amtrak abandon its national mission and peel off to segments, depending largely on the States and the States financing. What might it

be like without an Amtrak standing by? Even though at the time of Katrina, we had an empty train, Mr. Bradberry, waiting for people to board and get out of there, and we had room for 600 on the train, only 100 showed up. There was so much confusion.

What do you think about the notion, do you think our country's security might be impaired in any way if Amtrak or a national rail system were not in place?

Colonel EBBERT. In answer to your question, Senator, I believe that we have a capability that we have not utilized effectively. I think that we have basically a federally supported commercial system of Amtrak, which has capability across the Nation to assist in this very serious nature of mass evacuation. And I think that we need to look at—currently, we try to work that at a local level, and we are at the bottom of the barrel working up.

And we have had——

Senator LAUTENBERG. I heard you—forgive me because time is so short. I heard you and your colleagues at the table call for more Federal resources, more help.

Dr. Maestri, simple things like communications equipment? If you are an emergency response organization, we had that terrible thing at the World Trade Center when fire departments couldn't communicate with police departments or with their own departments. The Federal Government ought to complete its mission in protecting our citizens and not just do it overseas, but do it within the country.

So I think we would be far worse off in terms of our ability to manage our desperate needs for evacuation. And by the way, there is no exclusive on having the kind of things that we have seen, either from terrorists or natural disaster, or how about a nuclear plant? We abandoned two nuclear plants in this country at great cost after they were built, ready to function, because we found out that we couldn't get people out of there if we had to get them out.

My God, what do we have to do to make sure that we have a facility capable to respond to emergencies like that? Mr. Bradberry, and I noticed something that you said in commentary in the past, and that was that your Department of Transportation could not be, did I understand correctly, a transit agency?

Mr. BRADBERRY. We are not a transit agency.

Senator LAUTENBERG. Well, how does that square with your obligation to provide transportation access for the people in your State? When you say you are not a transit agency, doesn't it go beyond simply the definition of transit to say, "Hey, our mission is to carry people, place to place." And particularly when a disaster like the one you witnessed takes place?

Mr. BRADBERRY. Yes, Senator, the pure definition, you are absolutely correct. Historically, however, the State's approach to transportation has been on infrastructure fundamentally and not mass movement of people. That responsibility has historically laid with the National Guard.

The new ESF–1 function identifies the Department of Transportation as playing a lead role in transportation, and we accept that responsibility. Although at the time, we had issues with that transfer of authority to the Department of Transportation. We had

issues with that. But in a pure sense of the word, I believe you are right.

I am not sure that any transportation in the country, any transportation department in the country, however, would encompass transportation of people in all States, like you might indicate.

Senator LAUTENBERG. Well, our local rail system is under the jurisdiction of the Department of Transportation, and it seems to me it is such a natural fit.

Thank you, Madam Chairman.

Chairman COLLINS. Thank you. Welcome, Senator Akaka. It is nice to welcome you back from Hawaii.

OPENING STATEMENT OF SENATOR AKAKA

Senator AKAKA. Thank you very much, Madam Chairman. It is good to be back with you and the Ranking Member, Joe Lieberman, and to continue talking about Katrina and to try to reach a conclusion about what happened and how we can do it better the next time. That is my intent here.

Colonel, welcome. I want to welcome the panel here. Colonel, in response to a question by Senator Collins about the order for mandatory evacuation, you testified that it took from Saturday morning to Saturday evening to refine the list of who should be ordered to evacuate. And I understand that your office had the responsibility to review the evacuation of nursing homes.

There are several parts to my question. One is did you review those nursing home evacuation plans and did you find them workable? Second, in line with Senator Collins' question, can you give us an idea of why you decided not to order hospitals and hotels to evacuate? Besides hospitals and hotels, what other questions were raised about whom to evacuate that took so long to decide?

Colonel EBBERT. On the first question, on the review of plans, I would like to split that into two different areas. One is planning for assisted living homes, and another one is planning for hospitals.

The homes, as part of their registration and certification by the State, have to devise and submit to the State an evacuation plan, and it is part of their certification process. At the city agency, we are not in that review process.

On the hospitals, we had never evacuated our hospitals, and we have about 2,500 patients that were serious patients in the hospitals. And the intent was never there because of the capability of, one, how do you move very seriously ill people multiple times in a 4- or 5-month period of time? Two, where do you take them to? When we evacuated after the storm this time, we overloaded systems all over the United States by moving these individual patients.

What we are looking at in this year, obviously, is working with the hospitals to probably develop a meeting point of who is a serious ICU type of patient versus an ambulatory patient that could be moved over buses or rail. And I think it will probably be a combination of evacuation and taking some of the flood mitigation money and strengthening the capability for a limited number of hospitals to maintain those very seriously ill people that cannot be moved.

So we are looking at a combination, Senator, to do both of those.

Senator AKAKA. Yes, and part of my question was on your review of the evacuation plans for nursing homes and hospitals, the question was did you feel they were workable?

Colonel EBBERT. The nursing homes or special needs homes had plans, and we were very successful at evacuating those people. The hospitals, we did not have approved evacuation plans for because they were not included as being required to evacuate.

Senator AKAKA. Thank you for answering that one. I thought maybe that you said you did not have that responsibility about evacuation plans for hospitals and homes.

Mr. Bradberry, I understand that one of your recommendations is that a State or city should agree to a memorandum of understanding with transportation companies to retain the use of vehicles for an evacuation.

In Hurricane Katrina, we found that even though companies had contracted to provide vehicles, many of the drivers did not report for duty. And there is also a concern that many hospitals and nursing homes contracted with the same companies, making it impossible to meet that demand.

Do you think the State has a responsibility for reviewing all evacuation plans, including the private entities such as nursing homes, to ensure that there are adequate plans? And if the plans are deemed inadequate, what is the current enforcement mechanism?

Mr. BRADBERRY. I think that the State does have an obligation to be part of a team to evaluate all of the emergency plans that are, indeed, in effect. And just like U.S. DOT has the responsibility around the national plan, we ought to be in partnership with U.S. DOT. We have not been fully in partnership with U.S. DOT, as evidenced by the fact that prior to Katrina, we were working on a new plan whereby the Department of Transportation of Louisiana was assigned the ESF–1 function.

It was new for us. It was a plan in transition, and I would venture to say and I would say on record that plan was, indeed, new and in transition for not only the State of Louisiana and the Department of Transportation, but for the U.S. Department of Transportation as well. I think we heard Secretary Mineta say that at the time of Katrina only 10 percent of that plan was, indeed, done.

So there is a lot of work to be done, and I think the responsibility lies with all of us to assure that adequate plans and contracts and relationships and ties are in place.

Senator AKAKA. Thank you very much, Madam Chairman. My time has expired.

Madam Chairman, I have a statement I would like to have included in the record in the proper place, and I may have questions to include in the record. Thank you.

Chairman COLLINS. Without objection.

[The prepared statement of Senator Akaka follows:]

PREPARED STATEMENT OF SENATOR AKAKA

Madam Chairman and Ranking Member Lieberman, I want to salute you for the excellent and dedicated way in which you have been leading this investigation.

I regret that I was unable to be here last week when the Committee reconvened to continue its extensive set of hearings on Hurricane Katrina. However, I look forward to participating in the hearings over the next few weeks.

In the State of Hawaii, we have experienced many natural disasters from hurricanes and tsunamis to floods and brush fires. Our geographical location in the middle of the Pacific Ocean, makes us extremely aware of the importance of disaster preparedness. Evacuating our residents who reside on different islands pose a difficult problem. To address these problems, the Hawaii State Civil Defense leads the State in providing rapid assistance during disasters. It collaborates with the National Oceanic and Atmospheric Administration's Central Pacific Hurricane Center and National Weather Service, the Pacific Tsunami Warning Center, the U.S. Geological Survey's Hawaiian Volcano Observatory, and other organizations to assess potential dangers and appropriate responses.

In addition, the State of Hawaii has developed one of the most sophisticated warning and evacuation plans in the United States. The National Oceanic and Atmospheric Administration (NOAA) has deployed an extensive network of deep sea buoys as part of its Deep Ocean Assessment and Reporting of Tsunamis (DART) program. These devices provide real time information which is critical for both ordering *and avoiding* evacuations.

The Committee's efforts to address the shortfalls regarding certain decisions that were made and others that were not made, will hopefully lead to constructive reform of our civil defense systems. In addition, it is important that these systems work collaboratively with the Federal agencies.

As we continue our oversight responsibility pertaining to the Federal, State, and local response to Hurricane Katrina, it is important to remember that accurate and timely information could save hundreds of lives. This is an issue that we must not neglect as we focus on how to improve our disaster response system. Evacuations are costly both in terms of execution and potential economic shutdown. Ensuring reliable and timely information about the impact of a disaster should be a critical component in any Federal emergency response planning.

Hawaii has benefited from Federal assistance, but it has also taken responsibility for the quality of the information its emergency planners receive. We have learned to be self-reliant in Hawaii because we know that we have no where to retreat to in a disaster and that it may be a week or more before we receive assistance from the mainland.

The University of Hawaii, for example, has developed sophisticated models to predict the impact of a tsunami on our islands. They have been built so that real-time information from the DART sea buoys can be quickly inputted to make accurate projections of land fall.

In Hawaii, local communities practice responding to tsunamis on a regular basis. There are over 300 warning sirens in communities around the islands, some of which have voice capacity. We have Emergency Operations Centers located in every jurisdiction with more than 2,500 people. In addition, evacuation plans are printed and widely distributed. Every phone book contains a copy of the evacuation plan and other emergency advice. Residents of Hawaii are encouraged to have emergency supplies to survive for a long period of time on their own.

We in Hawaii know that our plans are not perfect. Indeed Hurricane Katrina has reminded us of some of the ways to improve. Tsunami evacuation plans are being updated. Evacuation plans for the sick and elderly are also being reviewed.

That is why the importance of this hearing surpasses the Gulf Region. We all have much to learn from what went wrong in the Gulf Coast as well as what went right. There is much to make one proud. First responders did an extraordinary job in the Gulf: They responded with bravery and dedication. But we need to do better.

Thank you Madam Chairman. I welcome our witnesses and look forward to their testimony.

Chairman COLLINS. Thank you.

Mr. Secretary, the State of Louisiana's Emergency Operations Plan clearly designates your Department, the Department of Transportation and Development, as the primary agency responsible for developing plans and procedures to "mobilize transportation to support emergency evacuation for at-risk populations."

During an interview with the Committee's investigators, you conceded that the Department had "done nothing to fulfill this responsibility. We put no plans in place to do any of this."

I know you have stated that you disagreed with having the Department tasked with this assignment. But nevertheless, the plan is very clear that your Department did have the responsibility.

How is it that the Department did not carry out such a clearly designated and important duty?

Mr. BRADBERRY. Yes, Madam Chairman. Admittedly, I will state that in April 2005, I did, indeed, sign the plan that said that we would accept the responsibility for the ESF–1 function. However, I signed it under the spirit of continuous improvement, that we wanted to keep things moving.

We went on record to say that there needs some work there. We don't necessarily agree with the idea that the Department of Transportation needs to have this transportation function. Clearly, we didn't have it before.

And so, to keep things moving, to assure that we did, indeed, at the end of the day, have a plan and not to get caught up in the bureaucratic channels that normally happen with things like this, I signed it, and I will admit to that. At the same time, I want to go back to Hurricane Pam and that exercise and sort of build a story on relationships, on how this came to be.

In 2005, the Hurricane Pam exercise, if you didn't know, did not have the transportation function as part of its exercise. That exercise was initially targeted for a 14-day exercise. It got reduced to 8 days by FEMA because it didn't have the resources to completely do the exercise.

So at the time that I signed the approval and the acceptance of ESF–1, clearly, first and foremost, we didn't have and didn't go through an ESF function relative to transportation in the Pam exercise. That didn't take place until July 2005, and then September 9, 2005, we got a report back from IEM that basically says and lined out what we learned about transportation in that Pam exercise of July 2005.

And I guess, Madam Chairman, the other point I wanted to make—so we clearly had a plan in transition. If, indeed, our new plan was based on the 15 ESF functions as defined by the National Response Plan, and at that time, when I signed the plan, we didn't even have closure on the transportation side of it because we haven't had an exercise in that plan, it reinforced to me that I wasn't ready to really commit to that responsibility, although I wanted, again, to keep the plan moving.

It also needs to be said, and I will take the personal responsibility for my Department, that clearly I had a point man in that position that, hindsight is 20/20 but, in my opinion, lacked the skills, lacked the sensitivity of the importance of that and didn't inform me and my staff appropriately along these lines.

So, again, I take full responsibility for that, but I believe that, indeed, it was a plan in transition. And I think we have indications to illustrate that. And we placed a lot of our effort on getting people out. We placed a lot of time, which is part of ESF–1, building a plan, building a good plan, and we spent a lot of time on it.

I personally spent a lot of time with State police and putting a team together and making sure that we learned from Hurricane Ivan, that we built an evacuation plan that was as good as it could be and got as many people out as we could. And I think we were fairly successful at that in getting almost 1.3 million people out of the city.

And we had enough time, in my opinion, to get the remaining people out had they wanted to get out, and those that couldn't, we needed to do a better job coordinating responsibilities with other agencies.

Chairman COLLINS. Did you ask the governor to assign the responsibility to another department or agency?

Mr. BRADBERRY. No, ma'am. We did not.

Chairman COLLINS. Prior to Katrina making landfall, did you have any conversations with the Mayor of New Orleans or with anyone from the Orleans Office of Homeland Security concerning the large number of people left in the city or that were likely to remain in the city who did not have access to transportation?

Mr. BRADBERRY. No, ma'am. I did not personally, and my staff did not. In my previous testimony, I also made a statement that I had a fairly high confidence level that a plan was in place to move those types of people out of the city.

And in May of last year, when we advertised and built our evacuation plan for the citizens, we made 1.5 million maps, and we communicated that plan across Southeast Louisiana and beyond. I remember at the press conference and the unfolding of this map and this plan, a reporter asking Chief Mathews in New Orleans whether or not the city had a plan for evacuating those types of individuals, that is the homeless and people who couldn't afford to get out.

And I recall that the answer to that was we absolutely do, and we are continuing to work on it, and we will have it ready for the hurricane season. That essentially told me what I had assumed all along, which was probably a wrong assumption, that we had plans in place to do that.

Chairman COLLINS. I understand the confusion over the city's role and state of preparedness, but I would note that the City of New Orleans' emergency plan specifically says that local government resources may not be sufficient to provide for the transportation and care for those citizens with extraordinary special needs.

So the city anticipated and said in writing as part of its plan that it would not likely be able to take care of the transportation and needs of citizens with special needs. That is why the disconnect here is really troubling when you look at who got left behind.

Dr. Maestri, just one quick final question for you. Did you think that the contraflow evacuation of the city should have begun earlier than it did?

Mr. MAESTRI. Well, in the Katrina exercise, we were onboard with the model that the State had presented. However, in previous hurricanes and in previous implementations, we had difficulty with the staging of the contraflow effort.

Chairman COLLINS. Thank you. Senator Lieberman.

Senator LIEBERMAN. Thanks, Madam Chairman.

Secretary Bradberry, I just want to come back to the exchange. First off, I think that your Department and yourself deserve some credit for facilitating the evacuation from New Orleans of the people who could get out.

But I must say I don't feel that you have acknowledged enough responsibility here this morning for the failure to implement those parts of the State emergency plan that required you to do more than that. I mean, that plan, which is the State of Louisiana Emer-

gency Operations Plan, it is Exhibit 2,[1] and I am going to quote, "The Plan requires your Department . . . to develop plans and procedures to mobilize transportation to support emergency evacuation for at-risk populations."

And I know in your pre-hearing interviews with our staff, you indicated that you felt the Department was not in the bus business, as it were, and that with respect to the plan's requirement to develop procedures to mobilize in an emergency, that you had done nothing to fulfill this responsibility.

Looking back at it, it was more than just in transition. For whatever the reason, the responsibilities that you were given under the plan, you just didn't fulfill.

Mr. BRADBERRY. Well, I think, with all due respect, Senator, clearly we were in transition. I don't think there was any other agency, nor the Federal Government—i.e., DOT—that had a complete plan. There was no plan in our EOC that showed that we were operating under that plan.

We couldn't come to closure. Hurricane Pam, indeed, was a mechanism by which we were to justify that plan. It clearly wasn't to a point where we had tested the transportation function. That wasn't held until July. It all points to me—and the staff that I had and the focus we were putting on——

Senator LIEBERMAN. Excuse me, because my time is limited. Were you working on it?

Mr. BRADBERRY. We were working on evacuation, contraflow, getting that as perfect as we could. Learning from those lessons.

Senator LIEBERMAN. Yes. But again, that doesn't deal with the at-risk population, the population that got left behind.

I want to go on because of the time. Colonel Ebbert, as we look back, our investigators find different places where you see missed opportunities. And one of them, I reference it as Exhibit 8,[1] but basically I will describe it to you. The exhibit contains draft memoranda of understanding between the City of New Orleans Regional Transit Authority, the school board, and even Amtrak for assistance in evacuation, including, from the way I read it, pre-storm evacuation.

I am reading from one of the drafts. "We are anticipating that evacuation, [in this case] by the buses, will commence immediately following this declaration [by the Mayor] for a voluntary evacuation." These were negotiations entered into by Dr. Stephens, who we will hear from, I believe, on the second panel, earlier in 2005.

What happened? Why were those negotiations never completed so that those assets were in place, in the days before Katrina struck, to get the at-risk population out?

Colonel EBBERT. Those were ongoing, and they really go back to 2004, when we started negotiating with those external agencies, which are not city agencies, and trying to draft and come to an agreement on the MOUs. There were a lot of issues, and we are still dealing with the Amtrak issues. You had to deal with the individual liabilities that people were willing to accept, both financially and liable.

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[1] Exhibit 2 appears in the Appendix on page 107.
[1] Exhibit 8 appears in the Appendix on page 129.

Senator LIEBERMAN. Excuse me again for interrupting, but just because of the time. I know we have another panel. But basically, what I am hearing you say is that it got into a lot of legal back and forth, even though I am sure looking back on it, you wish that you had completed those agreements for those assets?

Colonel EBBERT. Absolutely.

Senator LIEBERMAN. Yes. And again, in the context of the time-is-of-the-essence Pam warnings and in Hurricane Ivan, I presume it is painful for you to look back on it and see that those MOUs were not carried forward?

Colonel EBBERT. Absolutely. I think that the anchoring of those MOUs is the future in evacuation planning in the City of New Orleans.

Senator LIEBERMAN. I hope you get them done before June when hurricane season starts again.

Colonel EBBERT. We are working on it, sir.

Senator LIEBERMAN. OK. Dr. Maestri, a final question, which, in some ways gets back to where we were when I ended the first round of questioning, is about the fact that everyone was on notice, both local, State, and Federal. Dr. Mayfield was calling everybody.

One of the interesting pieces of common wisdom in this field that we keep hearing, that I think we have to challenge, is that pre-storm evacuation is not the province of the Federal Government for a variety of reasons. Although I must say, it does seem to me that the various Federal actions here—the Stafford Act, the National Response Plan of the Department of Homeland Security—all give Federal agencies such broad support that it would include this.

And so, I wanted to invite you, based on your long experience, to comment on that and in some sense to tell us, looking back at Katrina, what you made and make today of the Federal Government's lack of action to assist in pre-storm evacuation?

Mr. MAESTRI. Senator, I believe that no metropolitan community in the United States has the ability to provide the resources necessary to evacuate a population that does not have the ability themselves to move from the disaster or the approaching disaster. Therefore, it will be always necessary, in my opinion, that we look to the Federal Government and to the agencies of the Federal Government to assist in supplying those resources.

The Pam exercise, although it didn't address transportation directly, one of the undergirding assumptions throughout was that if we were going to avoid that massive death toll that Pam predicted, we would have to have those resources.

If you take the entire bus fleet that is available to a metropolitan area for its normal transportation operations, it would not meet the need that was faced in New Orleans for 100,000 folks who didn't have adequate transportation and had to leave.

Senator LIEBERMAN. Right. Even the discussion that we have heard at one point about the need for 600 buses really wasn't enough, was it?

Mr. MAESTRI. No, it was not.

Senator LIEBERMAN. To get 100,000 people out of town in a day or two? Well, I appreciate your answer.

It may be some comfort and, in some sense, an acknowledgment by the Federal Government itself that they have the authority to

do this. That is, I am sure the three of you know, when Hurricane Rita came, the Federal Government mobilized an enormous array of resources pre-landfall, including, directly, a massive pre-landfall evacuation. And we look back regrettably, painfully, ruefully, that it did not happen in Hurricane Katrina.

Thank you. Thanks, Madam Chairman.

Chairman COLLINS. Thank you very much.

I want to thank this panel for their testimony today. It has been extremely helpful, and we appreciate the fact that you are very candid in talking about the shortcomings as well as your pledges for improvement.

I would now like to call forward our second panel. This panel will discuss the extraordinary challenges of evacuating hospital patients, nursing home residents, people receiving home health care, and other individuals with special needs. I want to thank our next panel for joining us as well today.

Dr. Jimmy Guidry is the State Health Officer of Louisiana and also serves as the Medical Director for the Louisiana Department of Health and Hospitals. His Department is responsible for the special needs population at the State level, and he participated in the Hurricane Pam exercise in 2004.

Dr. Kevin Stephens is Director of the New Orleans Department of Health. He is on the faculty of Xavier University, Dillard University, LSU Medical School, and Tulane Medical School. Dr. Stephens—is it Stefans or Stephens?

Dr. STEPHENS. Stephens.

Chairman COLLINS. Dr. Stephens' Department cares for the city's special needs population in the event of a hurricane or other natural disaster.

And finally, we will hear from Joseph Donchess, who is an attorney who has been the Executive Director of the Louisiana Nursing Home Association for nearly 20 years. His association represents approximately 260 facilities, amounting to 80 percent of the State's nursing homes.

I welcome you all to the Committee and look forward to your testimony.

And Dr. Guidry, we will start with you.

TESTIMONY OF JIMMY GUIDRY, M.D.,[1] MEDICAL DIRECTOR AND STATE HEALTH OFFICER, LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS

Dr. GUIDRY. Thank you, Madam Chairman and distinguished Senators for inviting me here today. I do feel that when it comes to the health care of the folks of Louisiana, our story hasn't been told.

The media was quick to show the things that we failed on, but I think when we looked at taking care of large numbers of people that were coming at us and trying to figure out how to handle the volume of the need, there were a lot of things that we drew upon in our planning. But I will admit that it was short of what we

[1] The prepared statement of Dr. Guidry with an attachment appears in the Appendix on page 81.

needed to accomplish simply because there was so much to do in so little time.

If you will, I will quickly go through some of the lessons learned and some of the things that we achieved to kind of give you a breadth and depth of what we dealt with pre-Hurricane Katrina and Rita. We opened, with Department of Social Services and DHH staff, and supplied seven special needs shelters around the State. And we established triage lines, as of noon on Saturday, to assist special needs evacuees, to help them make decisions about leaving with their families, reporting to where the shelters were available, or whether they needed to be in a shelter or care at a hospital.

We accepted 150 special needs evacuees, and I was told that was more like 200 in Baton Rouge from the Superdome prior to the storm. This had never been done before in any previous hurricanes. We assisted with equipment and staffing to the City of New Orleans to open a section of the Superdome for special needs evacuees.

We cared for 1,200 special needs evacuees pre-storm, and then in Hurricane Rita, we moved special needs shelters. We had one side of our State that was hit, and all of the shelters were full. And then this other storm was coming at the other area of our State, so we started moving special needs shelters in Lake Charles and Lafayette to Shreveport and Monroe.

We increased the capacity at the special needs shelters in Alexandria and Baton Route. Taking care of medically fragile people is no small feat, and being able to do that in a setting outside of a hospital is certainly no small feat.

Special needs sheltering expanded on two university campuses. This has become a phrase now. This was something that came out of Hurricane Pam planning, the TMOSA. It is not a drink. It is a temporary medical operations and staging area. LSU's TMOSA at the Pete Maravich Assembly Center, we opened a surge facility for emergency rooms with the capacity for 800 beds. And these are 800 emergency beds never done in the history of this country or anywhere else in the world. We triaged 40,000 evacuees at the facility.

At Nicholls State and Thibodaux in Lafourche Parish, we opened another TMOSA, triaged over 20,000 evacuees. We expanded our capacity of special needs shelters around the State to care for over 2,000. We reopened special needs shelters and operated TMOSA in Lafayette to serve returning Rita and Katrina evacuees. We assisted with hospital surge by accepting hospital discharge patients.

So our special needs shelters, which were our charge, became our ability to take care of the sick and those that had nowhere else to go, no family to go with. And if they got too sick, they were sent to hospitals, and hospitals would take care of them and send them back to us. We became the hospital surge, if you will.

What did we learn? Well, certainly, communication is so critical. And even after all the things we have done since September 11 to have redundant systems, they still failed. Our ability to get visibility and know what was going on at any time—we would get reports, "30 buses are coming out your way." People who have been on rooftops, in water, they have been picked up by search and rescue. We don't know their medical condition.

Medical folks from hospitals had to be evacuated after the storm. It wasn't a result of the storm. It was actually a result of the flood-

ing because the levees failed. And in that, being able to communicate on how to get those hospital patients out and helping them with their patients, when we have never evacuated those hospitals prior to this event in the last 100 years.

Here we were found with the idea that these very sick people who couldn't make the trip in the first place because hospitals—medical professionals chose to stay in place because the patients they were treating were at risk of traveling. They might lose their lives.

Every day, as a medical professional, we make that decision when we treat patients. We put ourselves at risk of contracting an infection or a disease that puts our own lives at risk. And in this event, our hospitals decided to stay in place knowing the risks, very well knowing the risks, to protect the lives of the patients that couldn't make the trip out.

And certainly, it was a lot more difficult to make the trip out, obviously, and we have learned our lessons that the sick and the infirm can't make it out if there is water, and you have to make it by boat, by helipad. Find a helipad, get on a helicopter, get them to the airport.

Policy implications and gaps. I will tell you on the health forefront, we did some things that have never been done in this country. We moved 1,800 patients by airplane from the airport to hospitals around the country.

There were some problems with making sure that their medical records were with them. There were problems in maintaining that medical home once you got them in the air and getting that information to the caregivers on the other side. There were some 12,000 total patients and caregivers that came out of hospitals in the affected areas.

There are implications and gaps, as you heard over and over again, that we can improve. But I can tell you this. When we are looking at a pandemic possibly hitting this country, we better have our plans on how we deal at the regional level, how the State and the Federal Government can help us. But every community may be on its own if there is a major event where everyone is getting sick and dying.

Building codes, we will come back and look at those. We are working with hospitals. We will be working with nursing homes to look at building codes. Transportation issues, I am not going to dwell on. We were set to take care of patients and save lives. That was our mission. Getting them to us was certainly an ordeal.

Since I am running out of time, I will go to my final recommendations, if I could? Continuing HRSA grants would increase the level of funding. The HRSA grants are how we got equipment for hospitals and special needs shelters.

Reform Stafford Act, include health care costs for catastrophic events and long-term response. The Stafford Act does not address health care.

Funding for purchase and pre-staging of generators for special needs shelters. Mitigation funds for relocation of hospital generators.

I have been asked, "Have you asked for these things in the past?" And the answer is a resounding yes. I did not get that funding or

that support in the past. We have had a major catastrophe. I have yet to have any visibility on any funding available for generators, whether it is for special needs shelters or hospitals, and those patients are dependent on electricity and power for their lives.

So even though we have asked and asked and asked, and we are now at a point where we have had the event, the major disaster and catastrophe that we all dreaded, we are still in a posture of trying to defend why don't we have these assets?

And I will go ahead and summarize that as my remarks. Thank you very much.

Chairman COLLINS. Thank you. Dr. Stephens.

TESTIMONY OF KEVIN U. STEPHENS, M.D., J.D.,[1] DIRECTOR, NEW ORLEANS HEALTH DEPARTMENT

Dr. STEPHENS. Yes, good afternoon. My name is Dr. Kevin Stephens, and I am the Director for the New Orleans Health Department. Thank you for allowing us this opportunity to share our story with you.

There are just two important issues I would like to address today. The first question is what was the role of the New Orleans Health Department with respect to special needs patients prior to Katrina? And two, what was the role of the New Orleans Health Department with respect to the special needs patient, hospital patient, nursing home patient after Katrina?

As a little background information, the sole role for the New Orleans Health Department in the State and local plan was to open and operate the special needs shelter at the Superdome as a refuge of last resort. Our primary message was for special needs patients to evacuate and to evacuate early. And for those who could not, we opened the Superdome as a refuge of last resort for them as a safety net.

To address the first question, we opened the Superdome as a special needs shelter first on Hurricanes Isadore and Ivan. And with the lessons learned, we then convened our partners and developed the plan we used in Katrina. We met regularly with the nursing homes, the hospitals, the other providers in the city to develop their own plan in terms of an executable plan for evacuation.

Now it should be noted, very clearly, that the New Orleans Health Department does not have any administrative, we do not have any statutory, or we do not have any regulatory authority over any of these groups. In fact, we have no funding neither for none of these groups, and our role was purely merely advisory.

Now to address the second question, the New Orleans Health Department role was to maintain the special needs shelter until appropriate relief was obtained at the Superdome. We moved the special needs patients from the Superdome to the sports arena, and when the DMAT team came and assumed the care of the special needs patients, then at that point, the health department went to the recovery process and to where we actually started to open up shelters and clinics for people who were remaining for vaccinations and so forth.

[1] The prepared statement of Dr. Stephens appears in the Appendix on page 99.

In conclusion, the New Orleans Health Department role was to open the special needs shelters as a shelter of last resort. We opened and operated the special needs shelter. We had volunteers and partners, mainly the whole number of community partners, including Catholic Charities and so forth, that donated dry goods, water, and other food to make this a safe place until outside help could come.

And my final remarks, I think there are couple of things that will be very helpful for us. One, I think it would be very helpful to adequately fund the health department. We have zero dollars in our budget for special needs, for evacuation, for sheltering, or for planning. And so, all of our work has been done primarily gratuitously by our providers and with our own network.

And two, I think it is very important that we, in terms of hospitals and nursing homes and the special needs patient population, harden the facilities. It is very difficult to transport out 2,500 patients in threat of a hurricane. And we know from Hurricanes Ivan and Isadore that oftentimes the hurricane will not come. And so, we have to have funding to evacuate these facilities even in the threat.

And the problem is we were told FEMA would not pay unless the hurricane hit. And so, if the hurricane does not hit, like in Isadore and Ivan, there is no reimbursement. And one nursing home provider personally told me, he showed me copies of a receipt, it cost him $100,000 to evacuate his nursing home. And for him, that was very cost prohibitive because if you have to do this two or three times in a season, it can be very problematic.

And three, I think it is very important that we harden the medical facilities. Prior to Katrina, we did know that a lot of the medical facilities had their generators in the basement and on the first floor and that if flooding would perhaps happen, they would be out of power.

However, we have made request after request to get them and others to help fund moving the generators and the switches to a higher level to where they would be operational. And I think at this point, it is imperative that we harden the facilities so that they can withstand a hurricane to a Category 5 so that they will not lose power and they can provide some services not only before and during a disaster, but afterwards. It is very important to have those facilities open and able to take care of patients.

And in fact, in the City of New Orleans today, we have two hospitals that are open—namely, Touro and Children's Hospitals—and the other hospitals have not opened, which has created a significant problem in terms of our health care delivery system because we just don't have the capacity without the beds. So I think it is very important that we get Federal funding to make sure that we can strengthen and harden our medical facilities, not only for the special needs, for the hospital patients.

And four, I think it is very important that we use a regional approach because we just don't have the resources locally and even in the region.

And one last comment, an example of a system that is great and that is operational is the system we have in place currently. Currently, we have a daily dashboard. And if you don't have a copy,

I would be happy to forward you one. And on our daily dashboard, we have every hospital in our metropolitan area. We look at their beds, the ICU beds, the ER beds, and the capacity.

And I think that in the future, in light of a disaster like this, that we could have a regional, even a national database—and this is done all electronically. You can go online, even currently as we speak, and you can get the status of health care in terms of the available beds, available ER beds, the time you have to wait, and so forth for every hospital in the metropolitan area.

So in a disaster like this, we could have a national system to when we have to evacuate, we could use the technology to help us efficiently determine where we could send patients and what capacity, who has the capacity, how we can get them there, so that we can take care of those who can't take care of themselves.

Our government has historically taken care of those who couldn't take care of themselves, and we feel this is a very important responsibility, and we are willing to partner with the State and the Federal Government to make sure that we ensure the safety and well-being especially of those who can't take care of themselves.

Thank you very much.

Chairman COLLINS. Thank you. Mr. Donchess.

TESTIMONY OF JOSEPH A. DONCHESS,[1] EXECUTIVE DIRECTOR, LOUISIANA NURSING HOME ASSOCIATION

Mr. DONCHESS. Thank you, Madam Chairman, Members of the Committee. And Senator Akaka, I am a graduate of Chaminade University, and I have very fond memories of my 4 years in Hawaii.

Louisiana Nursing Home Association (LNHA) is one of two professional associations that has a desk at the Emergency Operations Center in Baton Rouge. The association has been an emergency operations participant since after Hurricane Andrew struck in 1992.

On Saturday, August 27, 2005, at 6:30 a.m., LNHA began maintaining its desk on a 24-hour basis. We maintained that status for nearly 3 weeks, and then came Hurricane Rita, and we did it again.

For Hurricane Katrina, 21 nursing homes evacuated pre-storm and 36 nursing homes evacuated after the storm. Approximately 5,500 to 6,000 patients were evacuated from nursing homes pre and post storm. LNHA posted 5,300 names of nursing home patients on our Web site. A special Web page was created to list patients' names and their host facilities. This allowed family members to locate their loved ones and contact them.

LNHA staff successfully located the list of out-of-state evacuees from the Global Patient Movement Resource Center. This list had more than 4,000 names on it, and LNHA staff were personally responsible for locating literally hundreds of displaced elderly who were flown out of State after Hurricane Katrina.

There are still 21 nursing homes in Orleans, Jefferson, St. Bernard, and Plaquemines Parishes that are closed. Many others are operating fewer beds because of their inability to find health care employees to staff all beds.

[1] The prepared statement of Mr. Donchess appears in the Appendix on page 104.

Katrina was an unusual, remarkable storm. On Friday, August 26, the storm's projected path had it moving toward the panhandle of Florida. It was not until late Friday night that a projected path change was announced that the hurricane was coming to Louisiana.

By Saturday morning, health care facilities had less than 48 hours notice of the impending danger. This short period of time to react is rare. Health care facilities typically have at least 72 hours notice of an oncoming storm. Was this a reason that not more facilities evacuated by Sunday? Yes, I think so.

Also, many people remembered the transportation nightmare of Hurricane Ivan the year before. The transportation of elderly, fragile patients on buses for 9 to 12 hours to traverse the 80 miles to Baton Rouge is an ordeal no one wishes to repeat.

Issues immediately following Katrina. For the first 2 days, there was an inability to communicate with decisionmakers in the Emergency Operations Center. Our E–Team requests were not acknowledged for many hours.

LNHA staff set up our own rescue missions. Colonial Oaks Nursing Home, which was told on Sunday that its bus transportation contractor had already released its drivers to evacuate, had no power after the storm, and flood waters were threatening to encompass it. LNHA contacted State Senator Cleo Fields, who volunteered to take leadership buses to help with the evacuation of patients at Colonial Oaks. Late Monday and early Tuesday, patients were loaded on the buses and transported to safety.

St. Margaret's Nursing Home evacuated on Sunday to Varnado High School in a town which is nearer to where the eye of the hurricane passed. The area lost power and communication.

We were fortunate to get intermittent contact with them through the Washington Parish Sheriff's Office. With the help of State Senator Sherri Cheek in Shreveport, we located private bus companies which sent buses to Varnado late Tuesday night and transported the patients to host nursing homes in North Louisiana.

Bethany Nursing Home in New Orleans was surrounded by flood waters, but the patients were safely housed on the second floor. On Tuesday, LNHA arranged for two buses to be positioned a few blocks away on high ground. Two high-water vehicles had been requested to drive through the flood waters and extract the patients.

As the buses were in place waiting, the two high-water vehicles were diverted from our mission by the National Guard, we were told. Shortly thereafter, the two buses were commandeered by FEMA, we were told. The surviving patients at Bethany did not get out until Friday, 3 days later.

Gunfire by marauding criminals made rescue missions dangerous, and some attempts to rescue elderly in nursing homes were aborted because of the gunfire. Such was the case with Maison Hospitaliere. These are but four illustrations.

Lack of communications with certain parishes was a critical issue. Washington, St. Tammany, St. Bernard, Plaquemines, Orleans, and, to some extent, Jefferson are parishes that had very little communication capabilities. Cell towers were down. Land lines were not operating. Ham radios were the only reliable sources of communication.

Nursing homes and hospitals were not a priority during the rescue process. For the first 2 days, LNHA was on its own to improvise and find ways to rescue the elderly in nursing homes. We helped members and nonmembers alike. At first, LNHA could submit E–Team missions, but by the fourth day our E–Team missions were denied because we were not a governmental agency. Our hands became tied.

Now, months later, our manpower is scattered to the winds. Many are out of State, and some may never return. Others have been hired by FEMA or clean-up crews or other businesses at higher wages. Today, nursing homes state-wide can hire 4,200 people, including 2,300 certified nursing assistants.

Our Medicaid payment is not adequate. Our Medicaid agency, the Department of Health and Hospitals, refuses to pay nursing facilities in accordance with its State plan, approved by the Federal Government. Facilities are underpaid approximately $3 per patient day, which amounts to $23 million for our program.

And cuts by DHH of 10 percent will further hurt nursing homes' abilities to provide adequate care. This cut will take effect in a few days.

Overtime and transportation costs incurred from the storm have not been reimbursed by FEMA for private, for-profit facilities. LNHA is currently working with Louisiana's congressional delegation to change the Stafford Act to allow payment for Medicare and Medicaid patients in for-profit nursing homes who were affected by disasters.

Solutions. Passage of the Reconciliation Bill by the House of Representatives in the next few days is a helpful start to getting health care in the Gulf Coast region back on its feet. It provides 100 percent Federal funding of Medicaid for most of this fiscal year.

Nursing facilities need staff flexibility. The use of uncertified aides for 1 year should be allowed until people can be attracted to South Louisiana in this work area. We need an expansion of visas for more foreign nurses, registered nurses and licensed practical nurses. While Congress can and should get tough on illegal immigration, it should recognize the need of health care providers in Louisiana and elsewhere and expand visas for trained individuals who can offer a valuable needed service to the many fragile elderly living in nursing homes.

LNHA has proposed State legislation that would empower and direct the State Office of Homeland Security and Emergency Preparedness to order the evacuation of health care facilities and provide wherewithal for providers to do it.

The State of Texas learned from the experiences and reacted quickly to an oncoming Hurricane Rita. And Louisiana reacted in a timely fashion for Hurricane Rita. Nursing home patients were moved to host sites, including many uncomfortable gymnasiums because all nursing homes were filled with Katrina evacuees.

The State agency, under our proposal, would provide the means of transportation, the host sites, and the manpower to effectuate a timely and safe evacuation. If a facility fails to comply with a timely called and arranged evacuation order, it would be subject to regulatory sanction. Facilities would be given immunity from lawsuits

for acting responsibly in accordance with the evacuation order, and costs incurred by a facility would be reimbursed in a timely fashion by the State Medicaid agency.

Finally, the vast majority of our nursing facilities weathered Hurricane Katrina. At 10 a.m. on Monday, August 29, after the storm passed, patients were safely sheltered. Shortly thereafter, the breaks in the levee system created an unprecedented disaster with 80 percent of the city inundated with flood waters.

The floods and an unexpected lawless segment of those trapped created an untenable situation. Disaster plans became meaningless at that time.

In closing, let me say our nursing home population is a fragile one, and their safety must be a priority. Thank you.

Chairman COLLINS. Thank you, Mr. Donchess.

I am going to start my questioning with your last statement, where you said that nursing home populations are fragile ones, and they must be a priority. You said earlier that they were not a priority. To me, that is just inconceivable. Why weren't nursing home populations and patients in hospitals more of a priority?

Mr. DONCHESS. I don't have a clear answer for you, Madam Chairman. I will say this, that we worked with people in the operations center. They all seemed concerned. But when it came time to act, the action wasn't there.

As I said earlier, we actually had to do our own missions, create our own missions, contact outside sources to put these together. And I am hoping that with a proposal of State legislation, that the State legislature will see the need to make nursing homes and hospitals a greater priority and do something legislatively about it.

Chairman COLLINS. Now you personally sat at the Louisiana Emergency Operations Center during Katrina. Is that correct?

Mr. DONCHESS. Yes.

Chairman COLLINS. So you are familiar with the State's E–Team process, whereby missions, including rescue missions, are assigned. Correct?

Mr. DONCHESS. Yes, ma'am.

Chairman COLLINS. And it is my understanding that while you were at the EOC, you tried to submit E–Team requests on behalf of specific nursing homes that were encountering difficulties. Is that correct?

Mr. DONCHESS. Yes, ma'am. In fact, on the software program, the Louisiana Nursing Home Association is listed as one of the participants. For the first 2 days, we were allowed to submit missions, even though it took a long time to get word as to whether they were missions in activity or whether they were still not a go yet.

By the fourth day, we were told that we are not a State or city agency and, therefore, we can't submit the E–Team requests at all. We would have to take our requests to Dr. Guidry and get him to initial them, and then it was a go after that.

But this was, many times, Dr. Guidry had 100 different things to do at one time. And oftentimes, it was difficult finding him and getting these things approved. So what we need to do, if we are going to be a participant at the Emergency Operations Center—and I might add that State legislation says that the Office of Emergency Preparedness can act with public and private agencies. That

is right in the law. And therefore, I don't see why, if we are going to be called upon to assist, why we can't be given the authority to offer these E–Team missions.

Chairman COLLINS. Could you give us some examples of the kinds of mission requests that you submitted that were not carried out?

Mr. DONCHESS. Well, in the beginning, for instance, with Maison Hospitaliere, we asked for buses, and we didn't get any word back right away as to whether the buses were rolling or not.

I know the first night also, Colonial Oaks said, "We need to move out." I think we put in an E–Team request for them, heard nothing back until the next day. By that time, Senator Fields had his buses down at the nursing home and were extracting those patients. They actually left, I believe, by early Tuesday morning.

There were a number of situations that it became very evident that—I will give you another example. At one point in time, we were told the buses were rolling to Maison Hospitaliere. I went back about an hour later, and I asked where the buses were at this point in time, and I was told, "Well, the buses haven't left yet."

So it is just a breakdown in communications. One of the things I didn't add in my testimony that I have in my formal documents, and I am certainly not an expert at this, but I think if you create small special operations teams that could be given an assignment. And they then go in and take care of that assignment until it is done, that this might be a way to help nursing homes and other special needs types of people to get out.

The Bethany home was a very good example, where we had buses there 3 days earlier. But because of some SNAFU along the way, they were there for 3 more days, and I think 6 or 7 more patients died during that point in time because they didn't have the air conditioning and other needed equipment to keep those patients alive.

Chairman COLLINS. That is just so tragic and so unacceptable. Here you are, sitting at the Emergency Operations Center, a recognized participant in the process, funneling requests from nursing homes. Some of them pretty desperate requests for evacuation help, for fuel, for generators, I am told, other urgent needs. And you can't mobilize the resources, even though you are part of the process. Is that an accurate picture of what happened?

Mr. DONCHESS. That is an accurate picture. And when days go by, and you hear people on the other end of a phone during those few times we could get through, and you hear their voices cracking and knowing that they are at their very wit's end after 2 days go by, then 3 days go by. I wanted to do whatever I could to help, and I knew that we had to get these missions going in order to rescue those people.

Chairman COLLINS. Dr. Guidry, it is very troubling to hear what was just described. I am also very troubled by an e-mail that is Exhibit 13[1] in the book, the exhibit book before you. This is an e-mail from a Federal official from the regional emergency coordination program office at the Federal Department of Health and Human Services, and what she reports is as follows.

[1] Exhibit 13 appears in the Appendix on page 167.

"I spoke with Dr. Roseanne Pratts, who is the Louisiana Department of Health Emergency Preparedness Director, at 2 p.m." This is on Saturday, August 27. "And inquired if Federal HHS assistance was needed for patient movement or evacuation or anything else. She responded, no, that they do not require anything at this time, and they would be in touch if and when they needed assistance."

Can you explain to me why the State turned down an offer of Federal assistance?

Dr. GUIDRY. Yes. If you look at the time of this e-mail, we were opening up special needs shelters. We had triage phones. We had requests coming in. So we were aware of what the needs were.

HHS's offer—HHS is not in the transportation business and, to this day, 5 months later, has not helped us with the things that they offered. So when they asked us if we needed these things, there were no requests at that time for these things, and as it states, we did not need these things at that point in time.

So, at that point in time, the offer was for something that wasn't being asked for.

Chairman COLLINS. As the situation deteriorated in the days to come—this is 2 days before landfall—did you go back to HHS and request assistance?

Dr. GUIDRY. HHS showed up early in this event. They were there on that Sunday before the storm hit, and they were actually the ones helping us fill out request forms, what are called action request forms. And so, they were telling us what is available to us, what we can order. So they were on the ground with us.

HHS brought the Public Health Service and helped us provide health care. Everyone said in this event there would be a second wave of infections because of people being out in the water and the weather, and that did not occur because we were able to give vaccinations and take care of people once they got to where we could take care of them. So we did use their resources, and their resources did not include transportation.

Chairman COLLINS. Well, Dr. Guidry, I have to say to you that in light of the predictions for this storm, in view of the findings from Hurricane Pam, I find it inconceivable that an offer of assistance from the Federal Department of Health and Human Services 2 days before landfall—really 1½ days before landfall—specifically for patient movement, evacuation, or anything else, was turned down.

And I must say that I wonder if the dire straits that we heard described this morning would have been as bad as they were if this offer had been accepted?

Dr. GUIDRY. I can say equivocally that I would have made the same decision. That what they had to offer I was quite aware of because I have been doing this for 10 days. And when HHS offered to help, I knew when I needed their help, and I knew what they could offer, and I knew how to get that.

I spoke to several people, Stu Simonson, at HHS. I spoke to a number of people at HHS, boots on the ground. And this call, at that point in time, was from somebody in Washington that did not know what we were going through there, offering something that they couldn't deliver.

I was told, when I asked for NDMS to move patients out, and this was once the flooding occurred, that had never been done in this country and that, good luck, maybe I could get them there and maybe I could get patients moved. But we still asked. We put in requests before things occurred. We saved as many lives as we could.

The offer that was made on that day and put in this e-mail shows someone offering something that they weren't going to deliver because I am aware of the system to the Nth degree because I have lived this with this fear for a long time.

Chairman COLLINS. Senator Lieberman.

Senator LIEBERMAN. Thanks. I must say that I noticed the e-mail exhibit that Senator Collins referred to, and I must say that I was pleased that somebody at the Federal Government level had, on their own, exercised that kind of initiative.

HHS has, under the National Response Plan, the responsibility for patient evacuation. The National Response Plan was not activated by that time. So Erin Fowler, I presume it is "she"—on her own took some initiative, and I admire it. I regret that, for some reason, you thought that she wasn't able to carry through. But I am going to come back with another question in a minute.

Dr. Stephens, I want to go back to the line of questioning I had with Colonel Ebbert because in so many ways, as you look back, there are points when you wished that something had happened that could have prevented the suffering of the people who couldn't leave New Orleans on their own.

Now, looking back, here you are, trying to negotiate these memoranda of understanding with Amtrak, with the regional transit authority, and with the school authorities for ways to get people out. Just briefly, tell me what got you started to do that in 2004?

Dr. STEPHENS. Well, quite candidly, our previous chief of Office of Emergency Preparedness had retired, and so we knew that this hurricane season was coming up, and the Mayor had to name his successor. And so, in that critical time, nothing was going on.

Senator LIEBERMAN. Yes.

Dr. STEPHENS. And so, I took the initiative myself.

Senator LIEBERMAN. You just did it on your own?

Dr. STEPHENS. Right.

Senator LIEBERMAN. Knowing that there was no preparedness for that kind of evacuation?

Dr. STEPHENS. And so, what I did, candidly, is I called the riverboats. I met with the Delta Queen, and we actually went on the boat. And my staff actually rode up the river on the ride, on a little excursion, to see how the water would be and if it is safe for patients and people.

Senator LIEBERMAN. This was back in 2004?

Dr. STEPHENS. At the end of 2004 and the beginning of 2005.

Senator LIEBERMAN. And then how about the memoranda that you were negotiating with those other people for transportation evacuation assistance?

Dr. STEPHENS. Well, again, in fact, most of the MOUs were typed by me personally.

Senator LIEBERMAN. Yes, amazing.

Dr. STEPHENS. Because I didn't have the staff.

Senator LIEBERMAN. Right.

Dr. STEPHENS. And I called Amtrak and said, "Look, what can you do?" And so, I met with Larry Baird, and Josie came down, and a train came down. We actually went on the train to look at the trains to see——

Senator LIEBERMAN. Sometime earlier in 2005?

Dr. STEPHENS. Yes.

Senator LIEBERMAN. Did other city officials, either in the Department or the Mayor, know that you were doing this?

Dr. STEPHENS. We were working and negotiating with the Office of Emergency Preparedness.

Senator LIEBERMAN. Right.

Dr. STEPHENS. Because it is a very complex problem because you have to look at egress, where do you go, how do you get out?

Senator LIEBERMAN. Yes.

Dr. STEPHENS. You have to look at the trains, how many cars.

Senator LIEBERMAN. So you involved the city emergency preparedness office as this went along?

Dr. STEPHENS. Yes, we did.

Senator LIEBERMAN. So just, because time is running short, in a couple of words, why didn't these memoranda come to completion? Because if they had, a lot of the horrible scenes we saw from New Orleans after the storm would have been avoided because people would have been evacuated.

Dr. STEPHENS. Well, I think there are two components to that. The first one is it was just a matter of timing. I mean, obviously, if we knew that this was the big one, then we all would have speeded up our deliberations.

And two, though, it is very complicated. When we looked at Amtrak, for instance, Amtrak could not go to Baton Rouge. Amtrak could only go to Hammond because they didn't own the tracks. Union Carbide owned the tracks to Baton Rouge.

And so, when you look at the levees and the locks, Amtrak couldn't get out if the locks were opened. The train couldn't go because of the—and so, you have a plethora of complications. And even when you got to Hammond, where do people go? How do they get—Hammond does not have a public transit system.

Senator LIEBERMAN. All right. I get the picture, unfortunately. Obviously, again, based on the Pam exercise and all the warnings, you look back, I am sure, and you wished that had been completed. And I admire you for starting the process really on your own.

Dr. Guidry, let me ask this question. The Department that you are with, Health and Hospitals, licenses hospitals in the State of Louisiana. The regulations, as we have looked at them, require the preparation of emergency preparedness plans that must include identification of hazards and natural disaster and emergency procedures for evacuation of the hospitals, including the designation of facilities to receive the evacuated patients.

From what we can see as we look back, notwithstanding all of that and the warnings of Hurricane Pam and those regulations, hospitals in Southeast Louisiana seem not to have been prepared or not to have followed what the regulations required. And most particularly, I know somebody mentioned this before, generators

and fuel supplies were not above flood level. And there were not adequate supplies or, in a lot of cases, an overall evacuation plan.

Simple question. Why not?

Dr. GUIDRY. I asked the same questions. I went back and looked at how did we get to this point in time? It is not a requirement for licensure to have generators at a certain level, at a certain place. It is not a requirement for licensure that you show proof that your plan is operational.

We are at this point, we passed legislation this past special session to say we are going to go back and look at building codes and plans. But it was not a requirement prior to this event that they would turn in plans defining what their evacuation plans were.

When I had discussions with a number of these hospitals in this area over the many years, the question was, "How are you going to evacuate?" And their response was always, "We do not plan to evacuate. Our evacuation plan will be to get those people out that can travel, elective surgeries. But we will remain here with the people that are not able to get out and the people that are going to need our care so that we can be here after the event."

Senator LIEBERMAN. Did that make sense, do you think? And now, in the aftermath of Katrina, does it make sense?

Dr. GUIDRY. I can tell you that next hurricane season, there are going to be a lot more people leaving and the plan is going to change drastically. Those that do stay will be the hospitals that have the capability of hardening their structures and putting their generators higher because it does not make sense to stay in a bowl, if you will.

Senator LIEBERMAN. Right. And I gather from the reference you made to the State legislative action this year that it is—well, you tell me whether it is your intention that these plans, evacuation plans that have to be submitted as part of the licensure for the hospitals, are going to be reviewed as to adequacy?

Dr. GUIDRY. It is our plan to review that with all of the participants and people sitting around the table, saying, "How can we make this work?" It is also our plan to hire a contractor that has expertise in this to help us develop this plan, such as the RAND Corporation, to help us with that.

Senator LIEBERMAN. OK. Madam Chairman, if I can quickly ask Mr. Donchess this last question?

As you said in your opening statement, during Katrina, 21 nursing homes evacuated before the storm and 36 evacuated after the storm. It looks to us like many of the homes did not follow their own emergency plans, which require evacuation in a catastrophic situation.

And surely, by that time, there were Category 4, Category 5 hurricane warnings to everybody, as we have heard again today. Why weren't those emergency evacuation plans followed? In other words, what is the point of requiring the nursing homes to evacuate in case of an oncoming catastrophe if they don't do it?

Mr. DONCHESS. I think there are a number of items. First, I think the professional staff used their professional judgment to determine what would be more harmful to the patients because these are very fragile. As we saw in Hurricane Ivan, there were deaths

of patients on buses because it took so long to evacuate and to get to their host sites.

Also the fact that the notice this time around was so short. Many of our nursing homes were not advised until Saturday morning that this was a serious storm, that it was heading for the New Orleans area. Prior to that, I think everybody went to bed on Friday night thinking that it was still heading for the Florida panhandle.

It is a very long process in loading buses with nursing home patients. You literally have to put them in sheets and carry them up steps of the bus and then get them really situated in seats on the buses, and then you do it all over again with the next patient. So it is a very long process.

And I think many of the nursing homes, those that may have already been told that their transportation was not available, either because the buses weren't there or the drivers had left, thought long and hard about whether it was going to be safer to keep the patients sheltered in place or to move them.

Senator LIEBERMAN. I don't minimize the difficulty of the decision about moving the frail elderly. But obviously, on the other side of it—and I am not capable of reaching a judgment as to guilt—a number of patients in nursing homes died. So that the risk associated with the movement of a frail elderly from a nursing home obviously has to be balanced against the very risk to their lives, which were taken in some cases.

And I know that there is a State Attorney General's investigation of possible criminal violations in that regard. Do you want to offer any response to that?

Mr. DONCHESS. Well, hindsight is a beauty, and I am hopeful that next time around nursing homes will heed the warnings and that we will have 100 percent evacuation.

Senator LIEBERMAN. Well, that is the point, particularly when it is up to Category 4 or Category 5. Then you know something really big is coming.

Mr. DONCHESS. Yes, sir. And I could tell you that as time went on and I contacted nursing homes prior to the storm hitting and was conveying to them what I had just heard from National Weather Service people like this is the making of the perfect storm, I could tell that they were getting very concerned. But by then, it was Sunday, and the opportunity to move had been lost.

Senator LIEBERMAN. A lot of lost opportunities. That is the tragedy. And hopefully, at all levels, as the hurricane season begins again in June, not only the State and local governments and private sector, but the Federal Government are going to be a lot more ready to respond before landfall rather than weeping and being upset afterward. Thank you.

Chairman COLLINS. Thank you. Senator Akaka.

Senator AKAKA. Thank you very much, Madam Chairman.

Mr. Donchess, welcome to the Committee. Let me just tell you that I am trying to understand who is responsible for taking care of those people in society that are least able to take care of themselves, which includes nursing home patients. And I would like to clarify an issue that was raised with Colonel Ebbert.

Is it true that the State and city required nursing homes to develop evacuation plans and that the State and city officials reviewed those plans?

Mr. DONCHESS. Yes, sir. That is correct. It was right after Hurricane Andrew that our Emergency Preparedness Committee at LNHA met and actually developed a model emergency preparedness plan. That plan, with a few changes, was adopted by the Louisiana Department of Health and Hospitals.

And the very front page calls for each of those plans to be reviewed by the local office of emergency preparedness. And so, our member facilities, I know, have been doing that since 1993.

Senator AKAKA. I assume that there were only a limited number of transportation companies that nursing homes could contract with in an event of an evacuation. Who is responsible for ensuring that companies that have contracts with nursing homes are capable of meeting transportation requirements in the event of an emergency?

Mr. DONCHESS. Well, initially, I would say the nursing facility that contracts with the company should get some assurances from the company that it is capable of providing the buses that are required to get people out.

One of the things I was told after the fact is that some of these companies had multiple contracts with different nursing homes and may not have had enough buses. I don't know if that is true or not, but that is something that I had heard.

Senator AKAKA. You said that disaster plans became meaningless once the city flooded. Everyone knew New Orleans could flood if a Category 3 hurricane hit. Shouldn't disaster plans for the worst expected disaster have been made?

Mr. DONCHESS. Yes, sir. And hopefully, they will be made for the next time around. I know our committee is going to be meeting on February 23 and be going over some critical issues, such as having wrist or arm bands for patients with some vital information on them.

I had never fathomed that an elderly nursing home patient would some way be moved away from the rest of the staff or other patients of nursing homes, but yet we saw on many occasions where patients were, actually. Because in one occasion, a bus was actually taken over by a marauding band of criminals in New Orleans, and some of those patients got removed from where they were supposed to be going. Some of those patients ended up on C–130s, flying to points unknown that we then had to find after the fact.

But absolutely, we are going to be looking at many different issues such as arm bands, wrist bands, notifying the local OEP at the host sites so if they have capability of assisting with offloading of patients, that they will be ready for that as well. So there are a number of issues that we have outlined that we want to discuss at that meeting.

Senator AKAKA. Dr. Guidry, I understand that the Louisiana State University system is supposed to function as the State agency responsible for acute care for all hospitals and nursing homes in an emergency situation under Emergency Support Function No. 8 of the State Emergency Operations Plan, but that LSU does not assume this role in practice.

Why is it that LSU and the Department of Health and Hospitals signed off on an Emergency Operations Plan when they knew it was not operational?

Dr. GUIDRY. I am going to answer this, since I am under oath, as honest as I can, and that is we just signed off on what DHH was responsible for, and that is what we tried to deliver. LSU signed off.

And that part which they signed off on was taking care of the indigent and the uninsured and taking care of those patients that would normally go in the private sector. We have, since that was signed—and we will now have to go back and revisit this—worked through the HRSA grant to build networks between hospitals so that in each region of the State, there is a designated regional hospital. And in some regions, that is a LSU hospital, and in some regions, it is a private hospital.

The LSU system has been losing its funding, if you will, and its ability to provide the care for all the indigent, and the private hospitals have been absorbing that. So the Department of Health and Hospitals, myself in the role, has worked with all the hospitals to make sure we can take care of patients. So LSU has worked to take care of the LSU system as much as they can, and I have worked with the private hospitals and the hospital association to take care of the other hospitals, all working together in a system we have set up through HRSA grant.

Senator AKAKA. Madam Chairman, may I do one more question?

Chairman COLLINS. Certainly.

Senator AKAKA. Dr. Stephens, in the Hurricane Pam exercise, the city assumed that all major hospitals would cease to function if a Category 3 hurricane hit New Orleans. However, according to individuals interviewed by the Committee, it is New Orleans policy to direct patients who need constant care to go to hospitals. Isn't it shortsighted to have patients being directed to hospitals, which you anticipate would not be functioning during such a disaster?

Dr. STEPHENS. Well, I think there are a couple of issues with that. The first thing is the level of category of a hurricane and whether or not the hospital will be open and operational. And as you know, from Category 1 to 5, in the Category 4 or 5, like in Katrina, obviously the hospitals are not the place of diversion because they themselves should be evacuated.

But in the Category 1 or 2, it is certainly feasible to evacuate people from wherever they need to go to a hospital for some type of sheltering. And indeed, with the State plan, they have two components, hospital sheltering and special needs sheltering, and they have specific criteria for each. In that event, I think it is appropriate to do that.

And one of the things I mentioned earlier, I think it is certainly wise for us all to look at the hardening of our hospitals' infrastructure. We can build structures to withstand Category 4 and 5 hurricanes, and I think we need to invest the resources to harden the hospitals, not only pre and during the hurricane, but even more importantly, after the hurricane hit.

Because then, when you have injuries, then you have no place to bring people to get emergent and imminent care. But if the hospitals were hardened, that would be a first line of defense that we

could get to them, and we could start to take care of people who may have been injured throughout the process.

Senator AKAKA. Thank you. I thank the panel.

Chairman COLLINS. Thank you.

Dr. Stephens, before I dismiss this panel, I want to apologize for not having time to question you. Maybe you are happy about that. [Laughter.]

But had I been able to, the line of questioning was going to be identical to that pursued by my colleague Senator Lieberman about the memoranda of understanding.

And I just want to commend you for stepping into the vacuum and trying to put together agreements that would have improved the response. And I think you deserve some public credit for that, and I hope you will continue to work on that and make sure that they get finalized before hurricane season strikes this year.

I do want to thank all of our witnesses today for your cooperation and your testimony. The hearing record will remain open for 15 days for additional information.

Senator Lieberman.

Senator LIEBERMAN. Thanks, Madam Chairman.

I don't really have anything substantial to add. I just wanted to say that Dr. Stephens' admirable work must be explained by the fact that not only is he a medical doctor, but he is a doctor of jurisprudence.

Chairman COLLINS. I thought it was despite that. [Laughter.]

Senator LIEBERMAN. And then, finally, Dr. Guidry, are you related to Ron Guidry?

Dr. GUIDRY. I must be, but I don't know.

Senator LIEBERMAN. Don't try to curry favor with the Committee. [Laughter.]

Thank you. Thank you, Madam Chairman.

Chairman COLLINS. Thank you for your testimony. This hearing is now adjourned.

[Whereupon, at 1 p.m., the Committee was adjourned.]

APPENDIX

Written Testimony of
Johnny B. Bradberry,
Secretary, La. Department of Transportation and Development Secretary

Ms. Chairman and members of the committee, my name is Johnny B. Bradberry. I am the secretary of the Louisiana Department of Transportation and Development. I want to thank you for this opportunity to discuss Louisiana's pre-hurricane evacuation preparations.

DOTD's hurricane evacuation plan that was in place for Katrina in 2005 was the result of lessons learned from previous storms, vigilant preparations and planning and exceptional cooperation among governmental agencies to serve the public. In 1998, Hurricane Georges threatened the Greater New Orleans area, and hundreds of thousands of vehicles jammed an overburdened interstate system, causing gridlock along Interstates 10 and 12 throughout southern Louisiana. Roadways became virtual parking lots as traffic snaked stalled from New Orleans to Baton Rouge. One of the things that incensed drivers was seeing a near-empty half of the interstate, headed toward the New Orleans area – miles and miles of empty road that could be used to lead citizens to safety.

Although Georges dodged Louisiana, the intolerable traffic conditions spurred the state to introduce contraflow, the practice of sending vehicles along both sides of a road, thus doubling the traffic capacity. A contraflow plan for I-10 was developed and set aside to be used for the next major hurricane.

That next opportunity came with Hurricane Ivan in 2004. Although hundreds of thousands of citizens eventually were able to evacuate the New Orleans area, the traffic jams were not much better than they were six years earlier. A trip from New Orleans to Baton Rouge that normally would take 80-90 minutes took as long as 10-12 hours. Contraflow was publicly perceived as a failure because of the unacceptable delays.

The day after the Ivan evacuation, Gov. Kathleen Babineaux Blanco ordered DOTD State Police Superintendent Col. Henry Whitehorn and me to form a task force to study the lessons learned from the Ivan evacuation and develop a new plan that could quickly and safely evacuate the New Orleans area. The task force began work that day and went to work on a new plan that included several contraflow options.

The task force met at least once a week for the next several months to dissect what went wrong during the Ivan evacuation and how a new plan could avoid those problems. Some of the conclusions included:

- A phased approach to evacuations is crucial to help manage the flow of traffic and to give citizens living in the most vulnerable areas of the state an opportunity to evacuate early without encountering significant delays from other evacuees.

- Cooperation and coordination among parish officials in calling for evacuations is essential.

- Contraflow is a useful tool in evacuations, but it is not a cure-all to avoiding traffic gridlock.

- An aggressive traffic management plan must be implemented to direct drivers without hindering their progress and to manage "choke points" that cause traffic bottlenecks and, eventually, gridlock.

- Public communication and education are crucial components to a successful evacuation. Citizens must understand how a plan works and have realistic expectations of how long it takes to evacuate an area.

To help in the development of a contraflow and traffic management plan, DOTD hired two private traffic consultants, who presented several configurations to the task force, including a contraflow plan that extended along I-10 from New Orleans through Baton

Rouge. After careful consideration and consultation with local officials, the task force decided to adopt an evacuation plan that includes these components:

- A three-phased evacuation plan that allows citizens in low-lying areas to evacuate first. This becomes known as the 50/40/30 plan because it encourages parish officials to call for the evacuation of the most vulnerable citizens 50 hours before tropical storm force winds affect Louisiana. The next most-inland areas are evacuated at the 40-hour mark, and then the metropolitan New Orleans area is evacuated at the 30-hour mark, when the governor calls for contraflow operations to begin.

- Contraflow operations on I-10, I-55 and I-59. The I-55 and I-59 contraflow operations also require the cooperation of the Mississippi Department of Transportation.

- A traffic management plan that makes maximum use of interstate and alternate routes, encourages drivers to take northern routes and greatly restricts the use of I-12 during contraflow operations to eliminate the Baton Rouge choke point.

- An aggressive public awareness/education campaign that includes multi-media presentations, printing more than 1 million maps, participation in television hurricane specials and partnering with the American Red Cross to facilitate map distribution and education efforts.

The plan was finalized in April 2005, when it was presented to the New Orleans Regional Planning Commission, which unanimously endorsed the plan. DOTD and State Police officials attended numerous community and governmental meetings to explain the plan to citizens. DOTD also conducted six citizen focus groups in the New Orleans area to solicit input and feedback on proposed maps that explained the plan and were to be distributed throughout the area. Based on reactions from the focus groups, DOTD and State Police

made numerous changes to the map until it was finalized in time for the start of hurricane season, June 1.

Meanwhile, DOTD and State Police assumed leadership roles in communicating the evacuation plan to the public. The communications plan, which was partially based on data received from the focus groups, included key messages for various forms of media and several options for citizens to learn more about the plan. The key messages included:

- Be prepared for traffic delays. It was imperative that citizens had realistic expectations of how long it would take to evacuate a metropolitan area.

- Have a personal evacuation plan that includes leaving early, before officials call for an evacuation. Focus group data indicated that citizens would not leave sooner than 24 hours before the onset of a storm. For the evacuation to be successful, state officials had to encourage more people to leave early, and to use the state evacuation plan as a guide to formulate their own evacuation plan.

- If you plan to evacuate under contraflow, get the map and read it. The message became "Know Before You Flow." We wanted to minimize instances of drivers slowing down or even stopping on the interstate because they had not taken the time to learn the plan.

The American Red Cross, through a grant from Homeland Security, financed an initial printing of 1 million maps that ultimately were distributed throughout southern Louisiana at retail stores, libraries, fire stations, supermarkets and community centers. In July, DOTD paid for a second printing of 500,000 maps, most of which were distributed by late August.

Katrina's potential as a threat to Louisiana had not even been realized by the National Weather Service on the morning of Friday, Aug. 26, when Emergency Operations Chief Joe Modicut first informed DOTD personnel that Katrina might affect Louisiana. At this

point, Katrina was in the extreme southeastern Gulf of Mexico, in the vicinity of the Florida Keys. DOTD immediately began making preparations by placing emergency operations personnel on stand-by status for possible activation over the weekend. Assistant Secretary for Operations Gordon Nelson informed all contractors that were performing work along evacuation routes to be prepared to immediately secure all equipment and supplies and clear all evacuation lanes.

At 1 p.m., the National Weather Service projected that Katrina would make landfall west of Panama City, Florida on Monday morning, Aug. 29. Despite the NWS's projection that Louisiana is not in Katrina's path, Governor Blanco declared a state of emergency for the southern parishes of Louisiana.

That afternoon, Modicut met with Nelson and Traffic Operations Supervisor Stephen Glascock to discuss the agency's readiness state, particularly on the district level and with respect to contraflow traffic operations. It was agreed that Modicut would monitor the storm's strength, speed and projected path.

At approximately 4 p.m., DOTD Communications Director Mark Lambert discussed the state's preparations with Mark Smith, public information officer for Louisiana Homeland Security/Office of Emergency Preparedness. Smith informed Lambert that the state plans to fully activate its Emergency Operations Center on Saturday morning. Lambert also discussed activities with Lt. Lawrence McLeary, public information officer for State Police, and sent an email to Bob Mann, the governor's communications director, to inform him of the state's preparedness activities.

At 5 p.m., DOTD participated in the first Katrina conference call at the Louisiana Emergency Operations Center. Agencies represented on this call include DOTD, State Police, National Weather Service, Department of Health and Hospitals, Department of Social Services, American Red Cross, Shelter Task Force, Louisiana National Guard and parish emergency operations centers, including Ascension, Assumption, Jefferson, Lafourche, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John, St.

Tammany, Tangipahoa and Washington parishes. At this time, Katrina's projected path had moved westward, near the Alabama-Mississippi line.

After the conference call, Nelson informed Bob Chapman of the Mississippi Department of Transportation that Louisiana will recommend that Gov. Blanco order the implementation of contraflow operations if the storm heads toward Louisiana. Under an interstate agreement between Louisiana and Mississippi, traffic lanes on I-55 and I-59 can be reversed in Louisiana through Mississippi to accommodate large numbers of drivers who are evacuating from the storm threat. The established protocol is for Louisiana officials from DOTD and State Police to confer with their Mississippi counterparts about the pending need for contraflow. Each entity passes the information up through its chain of command. When the time for implementing contraflow is eminent, the secretary of the Louisiana DOTD and the commander of State Police recommend the initiation of contraflow to the governor, who then confers with Mississippi's governor before ordering the operation to begin.

During this 5 p.m. conference call, Nelson also informed participants that DOTD had placed district personnel on alert to be ready to stage contraflow assets in the morning. These assets include road barriers, cones and variable message board signs, all of which are placed in secure locations on or near the evacuation routes so they are quickly accessible in the event of an evacuation. All agencies represented in the conference call agreed to a 7:30 a.m. Saturday conference call.

At 11 p.m., the National Weather Service reported that Katrina was projected to make landfall near the Louisiana-Mississippi line on Monday, Aug. 29.

At 6 a.m. Saturday, DOTD began staging assets and personnel in anticipation of a contraflow operation. Personnel from Headquarters' Traffic Services division and from the New Orleans, Baton Rouge and Hammond districts began placing traffic control equipment in strategic locations along major evacuation routes. Four DOTD employees join State Police to establish the Traffic Control Center within the Emergency Operations

Center and began providing information on traffic volume and its rate of flow across southern Louisiana to local, parish and state agencies, the media and the public. Modicut and three other employees arrived at the state EOC and establish the DOTD station, which will be manned 24 hours a day for seven weeks.

At 7 a.m., George Gele and members of the GIS and Planning groups activated DOTD's Emergency Operations Center at DOTD headquarters. These DOTD employees eventually will provide storm surge information, mapping services, graphical depictions of National Weather Service advisories and technical help to hundreds of local, state and federal officials throughout southeast Louisiana before, during and after Katrina makes landfall.

Gov. Blanco attended the 7:30 a.m. conference call at the state EOC and urged state and local officials to coordinate efforts and work together to execute a timely and safe evacuation. Col. Jeff Smith of the Office of Homeland Security negotiated a coordinated Phase I evacuation of portions of St. Bernard, Plaquemines, Orleans and Jefferson parishes, to begin at 9 a.m. It was agreed that Phase II evacuations, which include the westbank of the Greater New Orleans area, would begin at noon. Col. Henry Whitehorn and I announced our intentions to recommend that Gov. Blanco order contraflow operations to begin concurrently with a Phase III evacuation at 4 p.m.

Nelson informed the conference call participants that DOTD was placing its Motorist Assistance Patrol (MAP) vans on 24-hour service. The MAP vans assist stranded motorists by offering a gallon of gasoline, fixing flat tires or filling radiators to get the cars back into the flow of traffic as quickly as possible to alleviate traffic backups. Nelson also reported that all movable bridges would be placed in the down position, probably by noon Sunday. Conference call participants agreed to a 10:30 a.m. conference call.

At 9 a.m. Saturday, Aug. 27, Phase I evacuation of coastal and low-lying areas began. Hurricane Katrina was to be the first test of the DOTD/State Police regional evacuation plan that had just been completed four months earlier.

By 9 a.m. Saturday, the new evacuation plan was in effect. All tolls on the Pontchartrain Causeway, Crescent City Connection and all ferries were suspended. The Traffic Control Center reported that traffic was light, but volume was picking up. DOTD personnel activated traffic control signs to accommodate evacuee traffic. Nelson informed Mississippi DOT that contraflow operations would be implemented at 4 p.m.

During the 10:30 a.m. conference call, the National Weather Service reported that Katrina had reached Category 3 status, with tropical storm force winds forecast to hit the coastal areas by late Sunday evening. DOTD informed participants that its agency personnel were prepared to implement contraflow operations that afternoon. State Police reported that traffic is heavier than usual for a Saturday.

At noon, Phase II evacuation began in the areas south of the Mississippi River. DOTD crews were stationed along evacuation routes to prepare moving materials to accommodate a contraflow operation.

During the 3:30 p.m. EOC conference call, the National Weather Service reported Katrina was a major Category 3 hurricane with sustained winds of 115 miles per hour. NWS said the National Hurricane Center predicted Katrina would reach Category 4 status by Sunday. DOTD reported that all major evacuation routes were open and that traffic signals on New Orleans area evacuation routes were on extended green cycles. State Police reported heavy traffic volume in New Orleans and that telephone call volume to the toll-free traffic line was increasing. State Police reported that southbound traffic on I-59 and I-55 has been stopped in Mississippi to accommodate contraflow.

New Orleans Mayor Ray Nagin and Jefferson Parish President Aaron Broussard called for eastbank evacuations in their parishes, and Gov. Blanco ordered contraflow

operations to begin at 4 p.m. State Police reported that traffic was heavy and building just prior to contraflow's implementation. Within hours, traffic was moving smoothly, according to field reports.

DOTD began notifying the public of several closures, including:

- Saturday closure of the Ostrica and Empire locks to marine traffic.
- Sunday closure of several bridges in the New Orleans area to marine traffic.
- Sunday closure of ferry service at the Lower Algiers/Chalmette, Algiers/Canal Street and Gretna/Jackson Avenue crossings.
- Sunday closure of the Belle Chasse Tunnel on La. 23.
- Sunday closure of the Harvey Tunnel on U.S. 90 Business.

By 7:30 p.m. Saturday, media reports out of New Orleans reflected that contraflow was working as intended and that traffic did not appear to be a major impediment to evacuation. During a series of interviews with television and radio media outlets, DOTD stressed that citizens should have a personal evacuation plan and route and should leave the area as soon as possible.

By 10 p.m., traffic along hurricane evacuation routes was moderate to heavy. Mayor Nagin visited each television station in New Orleans and made a personal plea for citizens to evacuate as soon as possible. DOTD reinforced Nagin's appeal through a similar series of live telephone interviews with those stations, encouraging citizens to leave the area as soon as possible. By this time, all stations in the New Orleans area were broadcasting hurricane information around the clock. The public appeals from the mayor and DOTD continued until midnight.

At 7 a.m. Sunday, the National Weather Service reports that Katrina had reached Category 5 status, with sustained winds of near 160 miles per hour.

At 8:45 a.m. Sunday, Aug. 28, DOTD's Lambert and National Guard Public Information Officer Pete Schneider boarded a Blackhawk helicopter in Baton Rouge en route to New Orleans to offer television stations in the New Orleans area an aerial view of contraflow operations. Three of the four commercial television stations sent photographers to ride the helicopter along I-10, I-55 and the Pontchartrain Causeway. Traffic was very heavy along I-10 just before the contraflow operations begin on Clearview Avenue, where cars began moving rapidly along both sides of the interstate. Another slowdown was observed just before I-10 is narrowed from three lanes to two lanes west of the Loyola Avenue exit, but traffic again picked up speed from that point, westward. Traffic was observed moving well along I-55, and the Causeway traffic was light.

At 10 a.m., the National Weather Service reported that Katrina had sustained winds of near 175 miles per hour.

After the aerial tour, Lambert conducted taped interviews with each station, informing citizens that traffic conditions were favorable for an evacuation and that people should evacuate as soon as possible to avoid the storm. These interviews take place at around 11:45 a.m.

Throughout the day, traffic grew heavier along the evacuation routes as the National Weather Service reported that Katrina was strengthening. At approximately 5 p.m., after 25 hours of interstate contraflow, DOTD and State Police suspended the contraflow operations but allowed citizens to continue evacuation. Contraflow was suspended to give DOTD personnel adequate time to retrieve and secure contraflow assets from the roadsides and to seek shelter for themselves and family members.

Heavy traffic continued along evacuation routes, but citizens reported that wait times were significantly shorter than they were in Ivan, with a trip from New Orleans to Baton

Rouge taking a maximum time of 3 hours. The evacuation of the New Orleans area continued throughout the late evening hours. The last evacuees left the New Orleans area overnight as the outer bands of Katrina's tropical storm force winds reached Louisiana's coastline.

DOTD and State Police estimate that the phased evacuations and contraflow operations helped safely evacuate more than 1.2 million people with no significant traffic delays for drivers.

At approximately 7 a.m. Monday, Katrina made landfall in Plaquemines Parish, slicing through the marshes, destroying homes, tossing boats onto roads, tearing apart levees and dumping up to 11 feet of water into residential areas. As the storm moved northeast, Jefferson, Orleans, St. Bernard and St. Tammany parishes were similarly affected. Levee breaches along canals poured several feet of water into neighborhoods in Orleans and St. Bernard parishes. Trees fell, buildings collapsed and all utilities, including 911 emergency phone services, were knocked out. Entire parishes were left with no landline, cellular phone service, computer or radio communications, making it nearly impossible to ascertain or fully appreciate the extent of damage.

As Katrina ripped through St. Bernard Parish and moved north toward Mississippi, the counter-clockwise winds shoved an enormous storm surge from the Gulf of Mexico directly into Lake Pontchartrain, from east to west. As the surge moved from the far eastern end of the lake, tremendous pressure under the I-10 twin span bridges between New Orleans and Slidell knocked hundreds of 300-ton concrete segments out of alignment. Dozens of the spans were knocked off their supports, landing partially submerged in the lake.

I ordered DOTD teams to work on resolving hurricane issues. The teams and their team leaders are:

- Signals & Signs, Stephen Glascock

- Bridge Inspection/Bridge Repair, Gill Gautreau
- FEMA/FHWA Assessment, Rhett Desselle
- DOTD Resources, Freddie Gardner
- Pump & Levee Repair Support, Ed Preau/Mike Stack
- Ferries/Movable Bridges, Vince Latino
- LOOP, Tommy Martinez
- Report Compilation, Kirt Clement
- Temporary Housing, Kirt Clement
- District 02 Personnel Temporary Assignment, John Evanco/Tom Payment

Meanwhile, at DOTD headquarters, the DOTD EOC team began the process of producing technical maps for the local, state and federal agencies that need detailed information to support rescue and recovery operations.

Despite a sense of urgency among DOTD employees, crews were forced to wait until official clearance was given to an area.

By 7 a.m. Tuesday, Aug. 30, DOTD crews began immediate post-storm activities to make damage assessments, clear debris from roads and repair and replace signs and signals in the Baton Rouge, Hammond and New Orleans districts. Crews from other districts throughout Louisiana were dispatched to the effected areas to help in the effort.

DOTD began assessment of the Louisiana Offshore Oil Platform and immediately contacted the Public Service Commission to help make arrangements to restore electrical power. Because LOOP handles as much as 18 percent of the nation's energy supply, getting LOOP operational again was a matter of national security.

The first official report of a levee breach at the 17th Street Canal was noted at 11 a.m. Monday to Louisiana State Police, via an officer with the New Orleans Police Department. By 1 p.m., the report was disseminated by the state Office of Emergency Preparedness, but little information was known as to the extent of the breach or flooding. Because the hurricane was in full force, there was little anyone can do to stop the immediate flooding.

DOTD has no official engineering responsibilities for the levee system. DOTD's role with the levee boards is that of a coordinator and a facilitator. We are the state agency authorized to coordinate with the Corps of Engineers on federal projects. The Corps of Engineers has ultimate responsibility over all design and approval of construction of design. However, with the floodwaters from the breech threatening severe damage, I ordered DOTD engineers to assess damage at the breaches at the 17th Street Canal and the Industrial Canal and to do whatever is necessary to stop the flooding into neighborhoods.

Crews from DOTD and the Orleans Levee District met a crew from the U.S. Army Corps of Engineers at the 17th Street Canal site early Tuesday morning. All roads leading to the area were flooded, and the water was still rising. Water from the swollen Lake Pontchartrain was rushing through the canal and pouring through the breach into neighborhoods. DOTD District Engineer Mike Stack estimated that the breach was at least 400 feet wide "with water coming through like Niagara Falls." Stack and DOTD engineering intern Justin Guilbeau noted that the water pouring into New Orleans from the breach was nearly as high as the level of the canal, meaning the streets had about 12 feet of water.

Stack, whose home is only a few blocks from the breach, watched the water rush through the streets and lawns. "I knew I didn't have a home anymore."

Later that day, I flew to the 17th Street Canal location on a helicopter and saw the devastation. The water was flooding from the lake to the canal into the city. What struck me were the twin obstacles of fixing the breach: lack of communication and extreme flooding, which made transportation of equipment to and from the breach nearly impossible.

The engineers began discussing options for stopping the flow of water. At one point, someone suggests dropping sandbags from a helicopter. The Orleans Levee District had 3,000-pound sandbags in a nearby maintenance yard, and a Texas Air National Guard helicopter began making the drop. This initial plan with only one helicopter proved to be ineffective, and at the end of the day, only a dozen or so sandbags were dropped.

Communication problems plagued the repair effort. Landline, cell phone and radio service was out, and Stack and his group used a cumbersome method of calling his wife's cell phone from one landline phone that worked in Metairie. Stack's wife then had to call DOTD officials at the Emergency Operations Center in Baton Rouge, who then relayed messages back to Stack through his wife.

The next day, Stack suggested that DOTD build a road from the nearly complete bridge at Old Hammond Highway to the site of the breach – a distance of approximately 1,000 feet – atop the levee and reinforced to handle heavy equipment that must be moved in to make repairs. Orleans Levee District personnel were on site, but they cannot get equipment into place. West Jefferson Levee District crews used their equipment to clear roads on the Metairie side of the canal so other crews can follow "and start picking up anything they can find to make a road," Stack said.

There was initial conflict between DOTD and the Corps of Engineers over the issue of building the road. General Robert Crear, from the Corps, and I flew to the site and jointly

made it very clear to all parties, DOTD and the Corps, that the Corps of Engineers had the lead role in fixing the breach, and that DOTD would play a supporting role to provide help and assistance.

Meanwhile, plans were developed to drive sheet piling into the canal bed to stop the flow of lake water into the breach. I directed DOTD to secure a contractor to begin the process, and Assistant Secretary Nelson contacted contractor Boh Brothers, which agreed to perform the emergency work. Later that week, the USACE formalized the contract with Boh Brothers. The combination of using the makeshift road to transport heavy materials from the bridge to the breach for repair and driving the sheet piling into the canal bed eventually stopped the flow of water into the neighborhoods.

Meanwhile, DOTD began inspecting roads and bridges across southeast Louisiana. Damage was noted to the I-10 twin spans bridge over Lake Pontchartrain, and inspectors from around Louisiana were dispatched to the New Orleans area to assess damage to the interstate, elevated sections of road and moveable bridges. Gill Gautreau and Vince Latino spearheaded this effort.

Latino also began making arrangements to move two ferries and crews into New Orleans to assist in rescue and evacuation efforts. Because some of the ferry landings were damaged, DOTD crews had to make emergency repairs on site with whatever tools were available. By Wednesday morning, DOTD crews began rescuing citizens in the St. Bernard area by moving them by ferry to safe ground at Algiers Point.

Although DOTD and other state agencies were rescuing people, getting through the effected areas was very difficult because of the enormous amount of debris on the roads. Gordon Nelson assigned Rhett Desselle to coordinate all road debris-clearing activities, and Desselle assembled a team from all DOTD districts to help. The clearing operations began on Tuesday morning, and Desselle already had established protocols and procedures with FHWA and FEMA for documenting debris cleanup on federal-aid routes and non-federal aid routes.

Because the water was still standing in many areas, particularly in New Orleans, where flooding continues from several breaches in the canals, some road assessments and debris clearing operations could not proceed. In St. Tammany Parish, however, DOTD secured contracts with companies to begin clearing the roads of wood, metal, tires, plastic, etc. Once these roads were clear, emergency relief organizations such as the American Red Cross were able to get closer to the effected areas to provide life-sustaining services.

Back at DOTD headquarters in Baton Rouge, office personnel were inundated with phone calls from the public inquiring about road and bridge closures, truck permit requirements, shelter information and how to receive emergency relief services. By using volunteer employees, DOTD set up a customer service center to answer these questions, and more. Within days of announcing the service, DOTD's customer care center was receiving hundreds of calls related to the hurricane. DOTD employees even helped facilitate two rooftop rescues.

At the Emergency Operations Center, FEMA workers were preparing to enter the effected areas in the New Orleans region for rescue operations, but their support services were not in place, yet. Specifically, the federal government had not provided adequate maps to the emergency crews, nearly all of which were comprised of personnel from other parts of the country who were not familiar with the New Orleans area. George Gele and DOTD's GIS group began producing highly detailed, custom maps for these workers, many of whom were relying on maps from the AAA. It was several days before FEMA was able to produce maps for its crews that are attempting to go into neighborhoods and rescue stranded citizens.

Steve Glascock headed up the sign and signal repair team. Crews from around the state were dispatched to the New Orleans region to begin repairing and replacing traffic signs and signals.

In the ESF-1 function adopted just seven weeks before Katrina struck, my agency, for the first time, was tasked with providing transportation assets to facilitate evacuation. Although this new ESF protocol was viewed by most in state government as a transitional plan that had not been fully vetted, discussed or implemented, I should have charged my people with ensuring that officials on the local and/or federal levels were performing that function if we were not prepared to fully execute that duty. Governor Blanco has made it clear to me and to all cabinet secretaries that we will be fully prepared to fulfill primary and support responsibilities for the 2006 hurricane season. DOTD will partner with communities in south Louisiana, including the city of New Orleans, to ensure that buses are staged in strategic locations to evacuate citizens who have no transportation. We also are in discussions with Amtrak about using their service, if needed, for evacuation.

Another lesson learned is that it is critical for us to more closely coordinate all efforts with local and federal authorities, before and during a disaster. To that end, I have hired a new, full-time emergency coordinator for DOTD, and one of her tasks will be to strengthen relationships with relevant local and federal officials to ensure a future coordinated and appropriate response.

It is equally important that I note DOTD's accomplishments before, during and after the hurricane. Our employees performed heroic public service under the most adverse of conditions, and their deeds should be recognized. Some of the tasks DOTD accomplished include:

- successfully staging and implementing contra-flow for evacuation.

- expanding the Motorist Assistance Patrol service to a 24/7 operation that included using tow trucks under the traffic management component of the evacuation plan.

- immediately clearing roads with DOTD personnel in the New Orleans, Baton Rouge and Hammond districts after the storm passed.

- immediately inspecting moveable/fixed bridges in those districts.
- immediately inspecting and repairing signals and signs in those districts.
- coordinating and assisting the U.S. Army Corps of Engineers and West Jefferson Levee District in repairs of 17th Street Canal and London Ave. breaches.
- hauling more than 500 concrete barriers to I-10 @ Clearview for use in breach repairs.
- working with LOOP and the Public Service Commission to get LOOP online.
- moving two ferries initially and the three additional ferries to New Orleans to assist in evacuation.
- rescuing more than 6,000 evacuees from St. Bernard Levee to Algiers Point.
- obtaining contractors for emergency repairs to fixed and moveable bridges, i.e., Caminada Bay Bridge; Leeville; US 11; I-10 Twin Spans; Almonaster.
- obtaining debris removal contractors for affected districts.
- mobilizing FEMA and FHWA asset teams.
- obtaining contractors to repair washed out roadways and shoulders.
- obtaining contractors to repair ferries and ferry landings
- obtained a contractor to repair empire locks.
- improving the timing and traffic signal operation in Baton Rouge area

- repairing the Dynamic Message Board signs.

- operating Motorist Assistance Patrols on I-10 & I-12 for congestion relief.

- conducting a planning session to improve post-Katrina traffic conditions in Baton Rouge.

- meeting with City of New Orleans officials to determine signal replacement program.

- establish a hotline for DOTD displaced employees.providing temporary housing at DOTD Headquarters in Baton Rouge for the New Orleans Regional Planning Commission.

- establishing a Customer Service Center at DOTD headquarters with a nationwide toll-free number (1-877-4LA-DOTD) for citizens to get road information.

- opening the eastbound span of the I-10 Twin Spans bridge to two way traffic October 14, 2005, 17 days ahead of schedule.

- Opening the westbound span of the I-10 Twin Spans bridge on Jan. 6, 2006. The entire twin-spans project was completed ahead of schedule and more than $20 million under the estimated project cost.

Additionally, DOTD had numerous accomplishments during and after Hurricane Rita ravaged the southwestern portion of Louisiana. Those accomplishments included:

- developing new operating procedures for motor carrier transportation.

- working with U.S. Department of Transportation and FEMA to pre-stage buses and perform evacuations.

- immediately clearing roads with DOTD personnel in New Orleans, Lafayette, Lake Charles, Alexandria and Hammond districts.
- immediately inspecting moveable and fixed bridges in those districts.
- obtaining additional contractors for emergency repairs to moveable bridges in the Lafayette and Lake Charles districts.
- obtaining debris removal contractors for the Lake Charles district.
- mobilizing FEMA and FHWA asset teams.
- Immediately inspecting and repairing signals and signs in the effected districts.

KATHLEEN BABINEAUX BLANCO
GOVERNOR

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JOHNNY B. BRADBERRY
SECRETARY

February 14, 2006

via facsimile

Honorable Susan M. Collins
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Committee on Homeland Security
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Honorable Joseph I. Lieberman
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Re: Supplemental Testimony

Dear Senators Collins and Lieberman:

I wish to take this opportunity to supplement my testimony at the January 31 hearing before your committee, specifically, to address the misunderstanding that the Louisiana Department of Transportation and Development had the responsibility for evacuating hospitals and nursing homes prior to the storm. Prior to Katrina, nursing homes were required by law to have an evacuation plan in place and to execute the evacuation plan prior to landfall. DOTD was not responsible for evacuating private nursing homes. Prior to Katrina, hospitals in the affected region sheltered in place. DOTD was not responsible for evacuating hospitals.

Under the new State of Louisiana Emergency Operations Plan, DOTD "will process requests for transportation and arrange for National Guard, state agency, private industry and volunteer resources to be allocated to the highest priority missions....will continue to acquire, allocate and monitor transportation resources as the emergency continues." (State Emergency Operations Plan ESF-1-1)

DOTD's obligation for transportation within the confines of the state plan is triggered by a request from the local governments. Pre-landfall, DOTD received no requests for transportation from local governments, hospitals, nursing homes or any other public or private entity through the E-team notification system at the Emergency Operations Center. After Katrina made landfall, DOTD received approximately 10 requests for transportation of hospital patients, evacuees, National Guard soldiers and various workers. In each case, DOTD routed the request to the appropriate agency, which fulfilled the request. Based on these actions, DOTD fulfilled its statutory obligations under Louisiana law in its response to Hurricane Katrina.

To criticize the Louisiana Department of Transportation for failure to have a plan in place for transportation assets which were never requested is wholly unfair and unjust. Yes, DOTD should have acted sooner transitioning into the new responsibilities under the 2005 State Emergency Operations Plan, but the fact remains that DOTD did not receive any requests for transportation prior to Hurricane Katrina.

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There is no function of my job as secretary of the state Department of Transportation and Development that I take more seriously than hurricane preparedness. This focus was evident in the planning and execution of our evacuation plan, which quickly and safely evacuated 1.3 million people. In a period of about eight months leading up to Katrina, my department spent millions of dollars in evacuation-related activities, including construction of new slip ramps and roadways exclusively for contraflow operations, engaging focus groups to ensure we were putting together a plan that would be easily understandable to the citizens of Greater New Orleans and printing maps that were distributed throughout south Louisiana.

My commitment to hurricane preparedness is deeply rooted in the sandy soil of my hometown of Grand Isle, Louisiana's only inhabited barrier island and one of the most hurricane-vulnerable places in the country. I remember sitting at my mother's knee when I was 8 years old, scared and watching her pray that we would be spared from Hurricane Audrey. In 1957, my family could not evacuate, and luckily for us, the storm moved west. In 1965 we did evacuate for Hurricane Betsey. When we returned home, we discovered there was no home to go back to. Our house was literally washed away. The only thing we owned were the clothes on our backs and what few items we took with us during the evacuation. My family of 13 lived as evacuees for a year. The experience became a defining moment in my life.

Many members of my family were still living in Grand Isle and the New Orleans area as Katrina approached. Through past personal experience, I could appreciate Katrina's potential for devastation long before the National Weather Service issued frantic warnings. Many members of my extended family stayed with my wife and me in Baton Rouge during and after Katrina for more than four months.

I share this with you to underscore my personal experience with hurricanes and to give you an insight into my motivation to do whatever I could to help my fellow citizens. I assure you that my shortcomings in planning for evacuations were not the result of some "personal judgment" but more a result of the circumstance of Katrina moving faster than DOTD.

Considering that Katrina overwhelmed the resources of local, state and federal government and the private sector, I would like to emphasize that DOTD employees contributed mightily to the planning and recovery efforts. Because of our excellent planning, execution and teamwork with other agencies, DOTD was able to safely evacuate 1.3 million citizens from Saturday morning to Sunday evening. It was the largest and most successful evacuation ever on American soil. Our employees helped repair the 17th Street Canal levee breach that threatened lives and property. We rescued 6,000 stranded citizens who did not evacuate, took them to high ground by ferry boat and transported them to safe shelters on buses. We have cleared and repaired roads and railroad tracks to help our economy recover and clear the way for citizens to return home to rebuild their lives. DOTD employees, many of whom suffered tremendous personal loses in the storm, gave unselfishly of themselves to serve the public, and I am so very proud of their efforts.

In closing, I ask that you file this supplementary testimony into the record of the proceedings. I also ask that my actions be taken in context with the statutory obligations imposed by Louisiana law, and not based on the wisdom of hindsight.

With Highest Regard,

Johnny B. Bradberry
Secretary, DOTD

Cc: Governor Kathleen Babineaux Blanco
Charles Foti, Attorney General

Prepared Statement of Colonel Terry Ebbert
Director
New Orleans Office of Homeland Security
January 31, 2006

As an introduction, I am Col. Terry J. Ebbert, USMC (Ret) and I currently serve as the Director of Homeland Security & Public Safety for the City of New Orleans. In this position I have the leadership responsibility for the Police Department, Fire Department, Emergency Medical Service and the Office of Emergency Management. I have spent my adult life serving the citizens of our nation and the City of New Orleans. I want to thank you for the invitation to testify before the Homeland Security and Governmental Affairs Committee and the opportunity to assist your committee and the nation in improving our capability to respond to catastrophic incidents. Katrina was a natural disaster which overwhelmed operational capabilities, resources and civil infrastructure at the Local, State and Federal level. Gone are homes, families, businesses, lives, and the unique lifestyle of Southeast Louisiana. Left behind to build the foundation for a future New Orleans is a city with little money or revenue, a crippled criminal justice system, an impaired levee protection system, lack of housing for fifty percent (50%) of its citizens, and healthcare system clinging to life. I have lived with the beast Katrina for the last five months, but I have also been blessed with the opportunity to work with many of the finest first responders anywhere in the world.

It is clear the nation needs to review Katrina planning, response and recovery at every level to look at our organizations with intent to increase capability and compatibility. Katrina was an act of nature and the impact was localized to a small population region of the United States. The next act could be a manmade act of

terrorism. I believe our preparation and integrated joint responses at must improve.

The four parishes of Orleans, Jefferson, Plaquemines and St. Bernard have been formed into Urban Area Security Initiative (UASI) Region One for joint planning, training and exercising of the Department of Homeland Security defined events. This includes WMD, all acts of terrorism and natural disasters. Given the facts of our location on the gulf coast and being an island completely surrounded by water, and limited egress routes New Orleans, and our surrounding partners, dedicated extensive time and effort in planning for Hurricanes. The foundation of our efforts has been to develop effective evacuation plans. This is a challenge due to the limited time we have after a storm enters the Gulf, limited highways and a large population with an anti-evacuation mentality. Driven by model predictions of potential deaths in excess of 12,000, we worked hard with our regional and state partners to develop a plan and educate our citizens on its execution. We worked to refine this plan after storms over the last two years. One of the lost success stories is the evacuation in advance of Katrina. This highly complex joint plan moved over 1.2 million people and saved over 10,000 lives. This was a two state, eight parish effort, which included multiple law enforcement agencies, emergency planning offices, local media and volunteer organizations. The continued improvement of this plan is the foundation of future Hurricane planning in New Orleans. We are currently reviewing the lessons learned and will update our plans and educate our citizens:

Goal 1: Is to provide greater support to citizens who need special assistance.

Goal 2: Create and maintain an environment where the decision to evacuate becomes more desirable than remaining behind.

Goal 3: Implement measures to greatly enhance the security of city resources.

I have two specific recommendations for federal action which would improve the National capability for mass evacuation and sheltering:

1. Task AMTRAK to develop and maintain the capability to evacuate 5,000 special needs citizens from any metropolitan area in the case of a declared National Emergency.
2. Identify regional military bases undergoing BRAC closure and convert them to National Shelters capable of housing at least 200,000 citizens. They could be activated through a joint USNORTHCOM and FEMA command.

Faced with the knowledge that we would be left with citizens without the ability to evacuate we worked to develop a "Refuge of Last Resort" for both citizens with special needs, citizens without transportation, and for those who recognized to late the serious nature of the storm. This plan was designed to begin after contra flow evacuation was shut down and curfew imposed on the city. Our plan utilized Regional Transit Authority (RTA) buses, moving throughout the city, picking up citizens at preestablished checkpoints and transporting them to the Superdome. All citizens were thoroughly searched by National Guard troops upon entering the dome. Security was provided by both the National Guard and the New Orleans Police Department. The command of the Superdome remained with the NOPD. This refuge was not designed or intended to be a shelter, but it was created to ensure that citizens lived through the storm. As planners we recognized that in a major CAT 4/5 storm we would lose power, sewer/water, and further evacuation with federal assets would be required. The planning window for this relief was response within 48 hours. For all the difficulties, this plan was a success. Many of the citizens in the dome would have become the predicted 12,000 deaths.

Much has been discussed about relief response after the storm. I can assure you this was a very difficult seven days. I witnessed the best of human valor and the worst of human nature, but I want to state that I find no fault with any official, but rather a National Response Plan and a FEMA organization totally overwhelmed by the magnitude of the disaster. This storm did not fit into the nice little neat book of administrative regulations during a huge time sensitive operational response. I believe we must:

1. Recognize that an administrative organization (FEMA), built around part time contractors, has no operational capability to control large scale emergency response. It needs to concentrate on recovery operations.

2. Find a way to immediately utilize the only organization with the leadership, command and control capability, logistics movement centers, equipment and training to accomplish large scale response—The Department of Defense. A standing joint staff should be established as a mission of USNORTHCOM.

3. Develop prepackaged capability for communication, food, water, fuel, medical and other vital supplies.

4. Ensure early relief efforts are PUSH rather than PULL.

This is the greatest nation on earth and I know we can do better. I am dedicated to working together with our state and federal partners to ensure that we do get better.

Interoperable Communications

The State of Louisiana has for some time recognized the need for statewide communications interoperability; however, the austere fiscal environment, the challenges of multiple technologies and support through the legislative process has prevented real progress toward interoperability. Regionally, the City of New Orleans and the parishes of Jefferson, St. Bernard and Plaquemines have undertaken a project, supported by a Community Oriented Policing Services (COPS) Grant, to establish communications

interoperability within the region; however, the project was eighteen months from completion when Hurricane Katrina struck.

Though we are working diligently to restore voice radio communications, it has not been fully restored to pre-storm levels. Attempting to move toward regional and statewide interoperability, the State has installed 700 MHz antennas and repeaters; however, FEMA has denied $25 million funding required for subscriber radios, which are needed in order to take advantage of the state architecture and tower sites. From an interoperability perspective, we are worse today than we were before the storm.

The multiple communications and communications interoperability problems encountered during and after Hurricane Katrina, demonstrate the absolute necessity for the establishment of national standards for public safety radio systems, the streamlining of their acquisition and federal funding to acquire those systems. Experience has shown that, in a catastrophic event of this magnitude, not only must you be totally prepared to communicate at the regional level but you must also be capable of communicating with agencies providing mutual aid from across the entire county. Standardization must apply not only to the spectrum and type radio but also to the types of batteries and other associated collateral equipment. The acquisition of communications equipment should be streamlined so that local agencies can purchase equipment directly form predetermined sources or schedules similar to those currently used by the General Services Administration or Defense Logistics Agency.

As a comparison, company commanders in Iraq are not responsible for research and development of their radio system. They are responsible for training, maintaining, and operating their system. Communications for local first responders needs to be

handled in the same manner. We need Congressional assistance to ensure we receive the $25 million needed for Region 1 interoperability prior to 1 June.

I want to give public thanks to Admiral Thad Allen, General Russell Honore, Admiral Robert Duncan, Captain Tom Atkin, General William Caldwell and his magnificent warriors from the 82nd Airborne Division and the Federal Bureau of Investigations (FBI) and the other Federal Law Enforcement officials. The only question they ever asked was, "What do you need and want?" America is blessed and lucky to have such leadership and I am privileged to have been given the opportunity to have walked beside them.

I can only reflect on Katrina and her destruction. My concern is to the future and my responsibility to the Mayor and citizens of New Orleans. I must continue to learn and hold myself accountable. We are currently looking down the gun barrel of the 2006 Hurricane season due to begin 1 June. With another projected "Super Storm" season ahead we need your support to insure the survival of our great city. Thank you very much Madam Chairman and Committee members.

"Challenges in a Catastrophe: Evacuating New Orleans in Advance of Hurricane Katrina

Statement given before the United States Senate, Committee on Homeland Security and Governmental Affairs, Tuesday, January 31, 2006

By

Walter S. Maestri, Ph.D.
Director
Department of Emergency Management
Jefferson Parish, Louisiana

Good morning, Ladies and Gentlemen. I am honored to have the opportunity to appear before you this morning to discuss the problems inherent in evacuating the metropolitan New Orleans Area. It is an issue that all emergency planners and response personnel—local, state and federal-- have focused on during the last ten years. Please allow me now to provide some historical background for this problem.

In 1992 when Hurricane Andrew slammed into the Florida, Alabama, Mississippi and Louisiana coasts, it not only devastated those coasts, it also caused all the plans emergency managers had developed for evacuation of those coastal states to be scraped. Andrew demonstrated that "vertical evacuation," which was the major evacuation tool operational in those plans,

was not an acceptable solution. From that time forward, all of the Gulf coast states, and a significant number of the Atlantic coast states, would be forced to physically evacuate their coastal populations. The only remaining functional question was the distance from the coastline required to move the population to ensure that they would survive.

Immediately, therefore, new plans were drafted, evacuation studies were commissioned by Federal and State agencies, and strategies were discussed and developed which would provide for the actual physical movement of the effected population. This effort was further complicated by the fact that the American National Red Cross began implementing a policy of "not sheltering individuals" in recognized flood inundation zones. In Louisiana, these new plans and strategies demanded that the majority of the population of the most densely populated region of the state be moved (approximately 1.2 million individuals). And furthermore, this population had to be moved a minimum of 35 miles to assure that they would leave the flood inundation zone as documented by the FEMA and US Army Corps of Engineers' SLOSH (Sea, Lake, Overland Surge from Hurricanes) models.

The point I wish to emphasize is that from 1992 forward, all agencies of the local, state and federal governments knew that actual physical evacuation was necessary to guarantee the safety of the New Orleans Metropolitan area. Furthermore, beginning in 1994, the evacuation studies ordered by both the State and the USACOE recognized that a significant portion of the population of the area did not have adequate means of transportation which would allow them to evacuate the area. In addition, these same studies recognized that it would take a minimum of 60 hours to have a real chance of evacuating this population. Simply put, everyone involved realized the enormity of the task contemplated, and that special strategies would be necessary.

In the decade leading up to the now infamous Hurricane Pam exercise, numerous officials of all government agencies addressed the enormity of the task. Following on Hurricane Georges in 1998, (a near-miss wake-up call for the New Orleans metro area), the Southeast Louisiana Hurricane Task Force and the Louisiana State Police updated the evacuation plan for Southeast Louisiana and included within it, for the first time, the contra-flow strategy in an attempt to reduce the clearance time necessary for the area. Although all involved with this first contra-flow plan believed that it would

shave a few hours off the clearance time, once again, the lack of effective transportation for up to 100,000 residents of the area, raised its head. From 1998 on, in every exercise, presentation and meeting where evacuation was discussed, this issue became prominent.

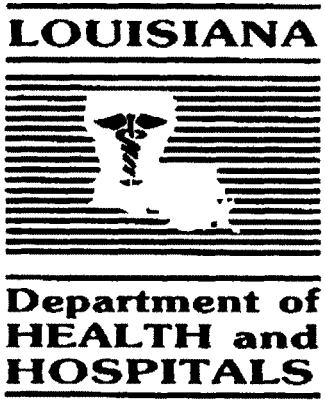
At the Hurricane Pam exercise first sessions in 2004, all participants recognized the evacuation problem, and specifically the lack of effective transportation for a large segment of the population, as crucial to the planning for Metropolitan New Orleans in a major hurricane. Ron Castleman, FEMA Region VI Director in 2004, identified the Pam exercise as the major planning tool available to create a bridge between local, state and federal evacuation and recovery plans. And although during those initial sessions of the exercise evacuation was not directly addressed, it was foremost in the minds of all involved. Pam allowed local and state officials to identify the resources necessary to achieve the survival of the metro area residents, and the fact that they were not available in the state and local arsenal. In fact, during the conference calls that took place between local, state and federal officials before Hurricane Katrina made landfall, reference was made to the Pam decisions and recommendations regarding pre-

positioning of transportation resources for evacuation of the citizens without adequate personal transportation abilities.

We now all know the result of the failure to provide those resources. And, while I understand the necessity of investigation and analysis of what occurred and who was responsible for it, I respectfully request that the committee consider using this catastrophic event as a method to identify what can be done to evacuate and shelter the citizens of any major metropolitan area in the nation if a major disaster occurs.

In closing, I want to sincerely thank the committee for the opportunity to share with it my understanding of these events. I can assure the committee that the elected and appointed officials of Jefferson Parish, Louisiana stand ready to join with them and the President of the United States in assuring that such a catastrophe never happens again.

Thank You.



Jimmy Guidry, MD

State Health Officer & Medical Director

Hospital Disaster Preparedness: Past, Present and Future

Committee on Homeland Security & Governmental Affairs

Tuesday, January 31, 2006

Washington, D.C.

Summary of accomplishments by DHH and Partners:

Hurricane Katrina:

PRE-STORM:

- Established Triage lines to assist special needs evacuees to make decisions about leaving with their families, reporting to special needs shelters as a last resort or seeking shelter or care at hospitals.
- Accepted 150 special needs evacuees in Baton Rouge from the Superdome prior to storm.
- Assisted with equipment and staffing to City of Orleans to open section of Superdome for special needs evacuees (approximately 400 capacity).
- Opened with DSS and DHH staff and supplies 7- Special Needs Shelters
- Cared for 1200 special needs evacuees pre-storm
- Nursing Home Association assisted 19 nursing homes evacuate pre-storm
- LA Hospital Association assisted hospitals evacuate patients that were able to travel and admitted patients that were too ill to travel
- EMS assisted with the transport of hospital and special needs evacuees

Summary of accomplishments by DHH and Partners:

Hurricane Katrina:

POST-STORM:

- Federal DMAT sent to the Superdome with a DHH Advance Team to assist with medical needs
- Special Needs sheltering expanded at Nicholls State University and LSU to establish TMOSAs – Temporary Medical Operations and Staging Areas.
- LSU – TMOSA, Pete Maravich Assembly Center opened as a surge facility for emergency rooms with the capacity for 800 beds. Over 40,000 evacuees were triaged at this facility.
- Nicholls State TMOSA, Lafourche – triaged over 20,000 evacuees.
- Other Special Needs Shelters around the state expanded capacity to care for over 2000 special needs evacuees at one time.
- Worked with NDMS to create a Med-evac Program at the Kenner Airport – to send 1800 hospital patients out of state.

- Sent EMS Teams to Search and Rescue Base of Operations (SARBOO) at the Causeway to help triage thousands of evacuees.
- LA Nursing Home Association helped get resources to evacuate another 34 homes
- LA Hospital Association helped evacuate 25 hospitals – 12,000 patients and caregivers
- Evacuated 120 premature and newborn babies to Woman's Hospital in Baton Rouge
- Immunizations and pharmaceuticals provided to evacuees in shelters with the help of OPH, NDMS, and USPHS.
- Assisted with medical professionals and supplies to support West Jefferson, East Jefferson and Oschner hospitals to remain open
- Coordinated credentialing and placement of medical volunteers
- Worked with DMORT to address the deceased

PRE-STORM:

- The Special Needs Shelters in Lake Charles and Lafayette moved to Shreveport and Monroe respectively.
- The Special Needs Shelters in Alexandria and Baton Rouge increased their capacity to receive evacuees
- School gymnasiums opened to Nursing Homes to evacuate because the other nursing home facilities were already filled with Katrina evacuees (24 nursing homes evacuated for Rita pre-storm).
- 19 hospitals evacuated patients within the state with a few patients going out of state
- Medical needs of general shelters addressed with EMS, DMAT and USPHS teams because all shelters were already at capacity.

POST-STORM:

- Re-opened Special Needs Shelters and operated a TMOSA in Lafayette to serve returning Rita and Katrina evacuees
- Opened a TMOSA at St. Patrick's Hospital, Lake Charles
- Opened a SARBOO at the Convention Center, Lake Charles
- Assisted with hospital surge by accepting hospital discharge patients to special needs shelters.
- Sent medical professionals and DMAT teams to identified hospitals so that they could address surge
- Worked with DMORT to address re-interment

Crosswalk of LRA and Healthcare Reform Projects

	Louisiana Recovery Authority	**Healthcare Reform**
Primary Question:	*How do we mitigate disaster?* *How do we minimize risk?*	*How do we address the changing population needs?* *How do we improve health outcomes?*
Imminent Threat:	Upcoming Hurricane Season Pandemic Flu	Increased healthcare demands Decreased resources
Pre-Katrina/Rita Plans:	Model Home Health Plan Model Nursing Home Plan Dialysis Referral Network Health Resources and Services Administration (HRSA) Hospital Network Special Needs Sheltering Network	A: Provide Care to the Uninsured B: Access to appropriate healthcare resources C: Improve and restructure long-term care D: Health Education and Awareness E: Improve administrative delivery of healthcare F: Focus on performance outcomes using evidence based principles

Crosswalk of LRA and Healthcare Reform Projects

	Louisiana Recovery Authority	Healthcare Reform
Post-Katrina/Rita Plans:	Review, Reinforce, Reformulate Model Plans to address gaps	A: Uninsured - Determine the population, demographics, and funding for the uninsured
	Integration of networks	B: Access - Address the increase in mental health and primary care needs; address health in schools
	Support for the Louisiana Emergency Response Network (Trauma/Time-sensitive illnesses network)	C: Long-Term Care - incentivize assisted living and right-sizing institutional care
	Support for development of DHH Emergency Preparedness Office	D: Health Education - Incentivize wellness to decrease demand on limited resources
	Address building codes to mitigate threat risk	E: Delivery/ Accountability - Revisit Medicaid policy to incentivize preventive care to mitigate increase in healthcare spending
		F: Performance Outcomes - Continue to encourage and incentivize best practices

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	Special Needs Sheltering Network	E: Improve administrative delivery of healthcare
		F: Focus on performance outcomes using evidence based principles

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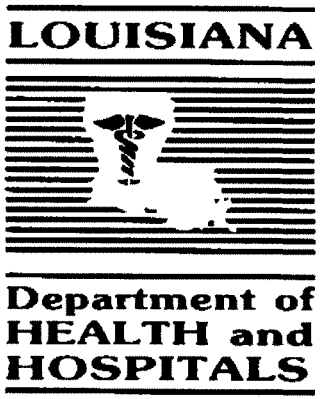
		F: Performance Outcomes - Continue to encourage and incentivize best practices

The Future:

Health Care's Needs to Prepare and Respond to Catastrophic Disasters

- Continue HRSA Grants, with increased level of funding
- Reform Stafford Act to include health care costs for catastrophic events and long term response
- Funding for purchase and pre-staging of generators for special needs shelters
- Mitigation funds for relocation of hospital generators



Jimmy Guidry, MD

State Health Officer & Medical Director

Hospital Disaster Preparedness: Past, Present and Future

Committee on Homeland Security & Governmental Affairs

Tuesday, January 31, 2006

Washington, D.C.

Summary of accomplishments by DHH:

PRE-Hurricane Katrina and Rita:

- Opened with DSS and DHH staff and supplies 7- Special Needs Shelters
- Established Triage lines to assist special needs evacuees to make decisions about leaving with their families, reporting to special needs shelters as a last resort or seeking shelter or care at hospitals.
- Accepted 150 special needs evacuees in Baton Rouge from the Superdome prior to storm.
- Assisted with equipment and staffing to City of Orleans to open section of Superdome for special needs evacuees (approximately 400 capacity).
- Cared for 1200 special needs evacuees pre-storm
- Moved Special Needs Shelters in Lake Charles and Lafayette to Shreveport and Monroe respectively to accommodate needs.
- Increased the capacity in the Special Needs Shelters in Alexandria and Baton Rouge to receive evacuees and meet need.

Summary of accomplishments by DHH :

POST-Katrina/Rita:

- Special Needs sheltering expanded at Nicholls State University and LSU to establish TMOSAs – Temporary Medical Operations and Staging Areas.
- LSU – TMOSA, Pete Maravich Assembly Center opened as a surge facility for emergency rooms with the capacity for 800 beds. Over 40,000 evacuees were triaged at this facility.
- Nicholls State - TMOSA, Lafourche – triaged over 20,000 evacuees.
- Expanded capacity of Special Needs Shelters around the state to care for over 2000 special needs evacuees at one time.
- Re-opened Special Needs Shelters and operated a TMOSA in Lafayette to serve returning Rita and Katrina evacuees
- Assisted with hospital surge by accepting hospital discharge patients to special needs shelters.

Lessons Learned

- Communication Challenges
- Policy Implications and Gaps
- Building Codes
- Transportation Issues

Policy Decision Points

- Prevention and Primary Care
- Secondary Care
- Tertiary Care
- Graduate Medical Education

The Future:

Health Care's Needs to Prepare and Respond to Catastrophic Disasters

- Continue HRSA Grants, with increased level of funding
- Reform Stafford Act to include health care costs for catastrophic events and long term response
- Funding for purchase and pre-staging of generators for special needs shelters
- Mitigation funds for relocation of hospital generators

POST-HEARING QUESTIONS FOR THE RECORD

SUBMITTED TO DR. JIMMY GUIDRY FROM SENATOR DANIEL K. AKAKA

1. The Public Health Service teams are controlled by HHS and the DMATs are part of FEMA, yet they had virtually identical jobs in the immediate response to Hurricane Katrina. Was there sufficient coordination of these public health assets or was the response impaired because the resources were divided between two Federal agencies?

The problem to be addressed is that the entity with the responsibility for coordinating a response did not "own" the asset. Specifically, HHS as the lead ESF 8 for health and medical activities has the responsibility to assist the State ESF 8 with placing, monitoring, and coordinating a response activity. The assets—i.e., DMAT team—are not under their direct control. The additional layers to obtain approval, placement, and payment/reimbursement impaired effective coordination. Dividing responsibility from asset ownership impairs the fabric of accountability.

2. Some public health officials who the Committee interviewed said that outside resources were not helpful unless the personnel could be self-sustained—in other words—they came with their own security, housing, and food. Did you encounter this problem with the medical personnel sent to Louisiana, and if so, do you believe that in the future only self-sustained teams should be sent to a disaster site?

We found that self-sustained teams of volunteers were more effective in response coordination efforts than "plug and place" of self-deployed volunteers. To address the needs (security, housing, and food) of the self-deployed volunteers added significantly to an already overwhelming workload. Teams that had trained together and understood NIMS were more apt to complete a shift and thereby relieve the workload. Volunteers—while well-intentioned—became more demanding than the patients that we were trying to help. In many cases, the volunteers would not complete a shift as they would often prefer to respond to the "hot zone" rather than the coordinated areas of care.

Response to Committee on Homeland Security and Governmental Affairs

"Challenges in a Catastrophe: Evacuating New Orleans in Advance of Hurricane Katrina"

CITY OF NEW ORLEANS
HEALTH DEPARTMENT

Kevin U. Stephens, Sr., MD, JD, Director

Special Needs Shelter Plan Activation Guidelines

- A Category 3 or greater hurricane is projected to strike the city
- A probability greater than 20% of the hurricane hitting the city
- A recommended evacuation order from the Mayor of New Orleans has been announced
- The hurricane will reach landfall within 36 hours.

Purpose of the Special Needs Shelter

The Special Needs Shelter (SNS) was intended for individuals who have no other recourse put to remain in the city and who need assistance that cannot be guaranteed in a regular shelter, i.e. medication that requires refrigeration, oxygen equipment, etc. Individuals will be admitted to the SNS based on specific and stated criteria. Admission to the SNS does not relieve any individual of the responsibility for their own care. The City of New Orleans is not assuring protection from harm within these facilities and admission into the SNS is **NOT TO BE INTERPRETED AS A GUARANTEE OF SAFETY OR PROVISION OF SERVICES**.

It is critical that individuals understand that this shelter will not be a substitute for the comforts of the individuals' homes, and that all equipment and special furniture which they are normally accustomed to **WILL NOT** accompany them. It is absolutely necessary for the individuals with special needs and/or their responsible family members to develop a viable plan for transportation out of this community to a community that will be able to assist them long-term. The potential exists that this community will be without sufficient supplies to meet the needs of persons who do not have special medical problems or chronic conditions, and there is a significant risk being taken by the individuals who decide to remain in a SNS.

Population Admissible to Shelter

Individuals who are without the resources to evacuate from the city as requested by city officials and meet the following criteria will be admitted to the SNS:

- Individual is able to provide their own basic care but has a chronic, debilitating medical condition requiring intermittent or occasional assistance
- Individual is not acutely ill
- Individual is dependent on electricity on an intermittent basis for necessary medical treatments or refrigeration of medications.
- Individual has been triaged by shelter staff to assure that he/she meets the criteria and is a candidate for services that can be supported by the SNS.

Individuals that require constant care or who require constant electricity to support machines necessary to maintain life will not be admitted. Individuals who are evaluated by SNS staff and found to be acutely ill will be referred to local hospitals for definitive care.

Each individual admitted to the SNS will be responsible for:

- Personal medications, equipment necessary to administer medications such as inhalation machines, etc.
- Personal care materials (toothbrush, soap, towels, drinking water, blanket, pillow, air mattress, diapers, etc.)
- Personal belongings including at least five (5) changes of clothes.
- Non-perishable foodstuffs, including specific dietary requirements. This includes at least five (5) days worth of meals.
- One (1) caregiver will be allowed to accompany an individual admitted into the SNS. Entire families will not be allowed into the SNS.

Activation Procedure

The announcement by the Mayor will trigger the mobilization of the following agencies to coordinate and operate the Special Needs Shelter.

- Designated representatives from NOHD and DSS will oversee the SNS operations (medical and non-medical respectively) and will report to both the NOOEP Emergency Operations Center and the State of Louisiana Command and Control Center (CCC) as necessary.
- DHH will provide medical support in the form of eight (8) nurses.
- DSS will provide support in the form of social services staff to assist as needed.
- The Louisiana Army National Guard will provide one medical company as well as Guardsmen for security and policing of the Superdome grounds.
- The New Orleans Criminal Sheriff-Food Service Division will provide meals for the staff.
- NOHD will provide ten (10) community health nurses, shelter administrative staff, EMS staff, food service staff, medical supplies and equipment as available.

The Superdome will be used as a refuge of last resort after a curfew is activated by the mayor.

Transportation

Every attempt will be made to use every available mode of transportation to evacuate the city. We will make every attempt to fill those special need shelters first.

Specific Actions Taken:

Place: Superdome Girard Street Loading South Loading Dock Gate E

Call: 658-2500 for triage

Time: Sunday August 28, 2005 at 8am

Criteria: Must not need electricity on a constant basis

Need caretaker (only one)

Must bring food, medications and water three days

Must bring batteries and oxygen for three days

Need of medical care with disabilities, not nursing home patients.

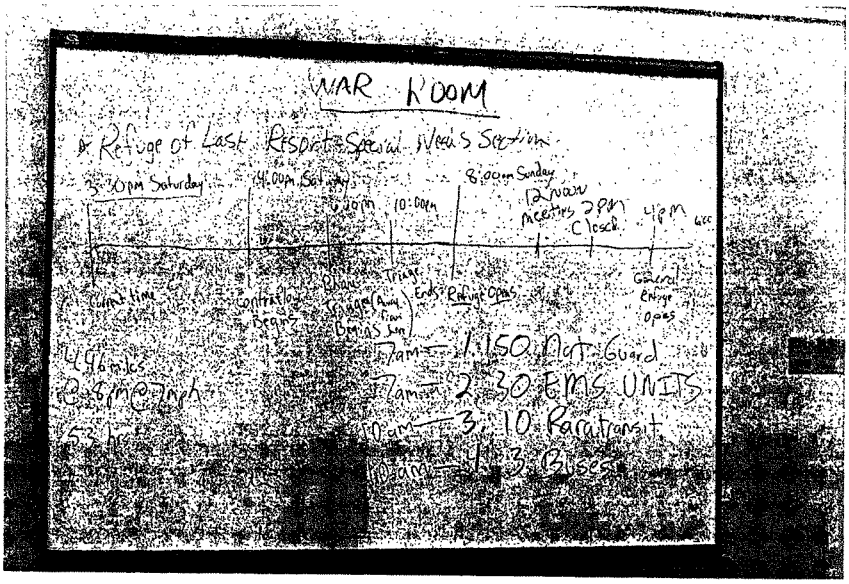
Displayed for the public were the following numbers for assistance:

Triage #'s are as follow:

Baton Rouge:	800 349-1372
Alexandria:	800 841-5778
Monroe:	866-280-7287

Transportation Assistance #'s:

Acadian	1-800-259-1111
Lifeguard	214-1711
Guardian	818-2600
A-Med	362-9490
On Call	866-0481
Care	367-4231



The New Orleans Health Department calls to order many meetings in preparation of upcoming hurricanes. Also called are debriefing meetings where we incorporate the lessons learned into our hurricane planning. With a history of opening the Superdome as a Special Needs Shelter as recent as Hurricanes Isidore and Ivan, these meetings call for mandatory attendance by all involved.

Once again, the New Orleans Superdome was opened by the City of New Orleans Health Department on Saturday, August 28, 2005 for staging and stocking with supplies. We able to stock dry goods along with beverages that would last for (5) five days. Food for Families assisted in providing the necessary supplies.

On Sunday August 29, 2005, the Superdome was opened for special needs patients. We were able to obtain (10) ten para-transit vans and (3) three city buses which allowed us to transport over 450 special needs patients to the Baton Rouge Special Needs Shelter. Due to traffic congestion, 600 patients remained in the Superdome. These patients were appropriately triaged for the duration of Hurricane Katrina and were evacuated immediately once we were cleared to leave.

Prepared Statement of Joseph A. Donchess
Executive Director
Louisiana Nursing Home Association
January 31, 2006

Louisiana Nursing Home Association (LNHA) has a membership of approximately 80% of the nursing homes in Louisiana, 250 of 310. LNHA is one of two professional associations that has a desk at the Emergency Operations Center in Baton Rouge, Louisiana. LNHA has been an emergency operations participant since after Hurricane Andrew struck in 1992.

On Saturday, August 27, 2005 at 6:30 a.m. LNHA began maintaining its desk on a 24-hour basis. We maintained that status for nearly three weeks, and then came Hurricane Rita and we did it again.

For Hurricane Katrina, twenty-one nursing homes evacuated before the storm and thirty-six nursing homes evacuated after the storm. Approximately 5500 patients were evacuated from nursing homes pre- and post-storm. LNHA posted 5,344 names of nursing home patients on our website. A special webpage was created to list patients' names and their host facilities. This allowed family members to locate their loved ones and contact them. LNHA staff successfully located the list of out-of-state evacuees from the Global Patient Movement Resource Center. That list had more than 4,000 names on it. LNHA staff were personally responsible for locating literally hundreds of displaced elderly who were flown out of state after Hurricane Katrina.

There are still 21 nursing homes in Orleans, Jefferson, St. Bernard and Plaquemines Parishes that are closed. Many others are operating fewer beds because of their inability to find health care employees to staff all beds.

Katrina was an unusual , remarkable storm. On Friday, August 26th, 2005, the storm's projected path had it moving toward the panhandle of Florida. It was not until late Friday night that a projected path change was announced that the hurricane was coming to Louisiana.

By Saturday morning health care facilities had less than 48 hours' notice of the impending danger. This short period of time to react is rare. Health care facilities typically have at least 72 hours notice of an oncoming storm. Was this a reason that not more facilities evacuated by Sunday?
Yes, I think so. Also, many people remembered the transportation nightmare of Hurricane Ivan the year before. The transportation of elderly, fragile patients on buses for nine to twelve hours to traverse the eighty miles to Baton Rouge is an ordeal no one wishes to repeat.

Issues Immediately following Katrina

1. For the first two days, there was an inability to communicate with decision-makers. Our E-Team requests were not acknowledged for many hours.

LNHA staff set up our own rescue missions. Colonial Oaks Nursing Home, which was told on Sunday that its bus transportation contractor released its drivers to evacuate, had no power after the storm and flood waters were threatening to encompass it. LNHA contacted State Senator Cleo Fields who volunteered leadership buses to help with the evacuation of patients at Colonial

Oaks. Late Monday and early Tuesday, patients were loaded on the buses and transported to safety.

St. Margaret's Nursing Home evacuated on Sunday before the storm hit to Varnado High School, a town which was nearer to where the eye of the hurricane passed. The area lost power and communication. We were fortunate to get intermittent contact with them through the Washington Parish Sheriff's Office. With the help of State Senator Sherri Cheek in Shreveport, we located private bus companies which sent buses to Varnado late Tuesday night and transported the patients to host nursing homes in North Louisiana.

Bethany Nursing Home in New Orleans was surrounded by flood waters, but the patients were safely housed on the 2nd floor. On Tuesday, LNHA arranged for two buses to be positioned a few blocks away on high ground. Two high water vehicles had been requested to drive through the flood waters and extract the patients. As the buses were in place waiting, the two high water vehicles were diverted from our mission (by the National Guard we were told). Shortly thereafter the two buses were commandeered by FEMA (we were told). The surviving patients at Bethany did not get out until Friday – three days later.

Gunfire by marauding criminals made rescue missions dangerous and some attempts to rescue elderly in nursing homes were aborted because of the gunfire. Such was the case with Maison Hospitaliere.

2. Lack of communications with certain parishes was a critical issue. Washington, St. Tammany, St. Bernard, Plaquemines, Orleans and to some extent Jefferson are parishes that had very little communication capabilities. Cell towers were down. Land lines were not operating. Ham radios were the only reliable sources of communication.

Nursing homes and hospitals were not a priority during the rescue process. For the first two days, LNHA was on its own to improvise and find ways to rescue the elderly in nursing homes. We helped members and non members alike.

At first, LNHA could submit E-Team missions. By the 4th day our E-Team missions were denied because we were not a governmental agency. Our hands became tied.

Now, months later, our manpower is scattered to winds; many are out of state and some may never return. Others have been hired by FEMA or clean-up crews or other businesses at higher wages. Today, nursing homes statewide could hire 4,200 people including 2,300 certified nursing assistants. Our Medicaid payment is not adequate. Our Medicaid Agency, DHH, refuses to pay nursing facilities in accordance with its State Plan. Facilities are underpaid approximately $3 per patient day. And cuts by DHH of 10% will further hurt nursing homes' abilities to provide adequate care. This cut will take effect in a few days. Overtime and transportation costs incurred from the storm have not been reimbursed by FEMA for private, for-profit facilities. LNHA is currently working with Louisiana's congressional delegation to change the Stafford Act to allow payment for Medicare and Medicaid patients in nursing homes who were affected by disasters.

Solutions

Passage of the Reconciliation Bill by the House of Representatives in the next few days is a helpful start to getting health care in the Gulf Coast Region back on its feet. It provides for 100% Federal funding of Medicaid for most of this fiscal year. Nursing facilities need staff flexibility. The use of uncertified aides for one year should be allowed until people can be attracted to South Louisiana to work in this area. We need an expansion of visas for more foreign nurses – registered nurses and licensed practical nurses. While Congress can and should get tough on illegal immigration, it should recognize the needs of health care providers in Louisiana and elsewhere and expand visas for trained individuals who can offer a valuable, needed service to the many fragile elderly living in nursing facilities.

LNHA has proposed state legislation that would empower and direct the State Office of Homeland Security and Emergency Preparedness to order the evacuation for health care providers and provide the wherewithal for providers to do it. State of Texas learned from our experiences and reacted quickly to an oncoming Hurricane Rita. And Louisiana reacted in a timely fashion for Hurricane Rita. Nursing home patients were moved to host sites, including many uncomfortable gymnasiums because all nursing homes were filled with Katrina evacuees.

The State Agency, under our proposal, would provide the means of transportation, the host sites and the manpower to effectuate a timely and safe evacuation. If a facility fails to comply with a timely called and arranged evacuation order, it would be subject to regulatory sanction. Facilities would be given immunity from lawsuits for acting responsibly in accordance with the evacuation order. And costs incurred by a facility would be reimbursed in a timely fashion by the State Medicaid Agency.

Small special operations teams should be given assignments in the next disaster. Let their team leaders requisition equipment and supplies to effectuate a mission. This would cut out most of the bureaucratic process of coordinating a mission with three or four different agencies. One breakdown in any one of the agencies sets back the whole mission.

Finally, the vast majority of our nursing facilities weathered Hurricane Katrina. At 10 a.m. on Monday, August 29th, after the storm passed, patients were safely sheltered. Shortly, thereafter, the breaks in the levee system created an unprecedented disaster with eighty percent of the city of New Orleans inundated with flood waters. The floods and an unexpected lawless segment of those trapped created an untenable situation. Disaster plans became meaningless at that point in time.

In closing, let me say our population is a fragile one and their safety must be a priority. Thank you for this opportunity to comment.

Committee on Homeland Security and Governmental Affairs
EXHIBIT #2

STATE OF LOUISIANA

Office of Homeland Security and Emergency Preparedness

EMERGENCY OPERATIONS PLAN

APRIL 2005

EMERGENCY SUPPORT FUNCTION 1

TRANSPORTATION ANNEX

I. PURPOSE:

ESF 1 provides transportation out of a disaster area for people in need, and provides transportation essential to support emergency response in the event of a disaster.

II. SCOPE:

The State services provided under this ESF will include the identification, mobilization and coordination of available state owned, private industry and volunteer transportation equipment, manpower and technical expertise to meet the requirements of providing essential emergency response in the event of an emergency or disaster.

III. CONCEPT OF OPERATIONS:

A. MITIGATION:

The Secretary of the Department of Transportation and Development will designate an ESF 1 Emergency Transportation Coordinator to organize and coordinate transportation services.

B. PREPAREDNESS:

1. The Coordinator will develop plans and procedures to mobilize transportation to support emergency evacuation for at risk populations and to support other operations of State Agencies. Plans will include coordination with the Louisiana State Police on the lifting of laws and regulations regarding load limits and other hindrances to rapid deployment.

2. The Coordinator will maintain information about transportation resources, with particular emphasis on resources in or near state risk areas.

C. RESPONSE:

1. The Coordinator will process requests for transportation and arrange for National Guard, state agency, private industry and volunteer resources to be allocated to the highest priority missions.

2. The Coordinator will continue to acquire, allocate and monitor transportation resources as the emergency continues.

D. RECOVERY:

When the emergency is concluded, the ESF 1 Transportation Coordinator will release transportation assets to their responsible owners and compile an after action report on the operation.

IV. ORGANIZATION AND RESPONSIBILITIES:

A. The Department of Transportation and Development has the Primary Responsibility for Emergency Transportation. That responsibility includes coordinating with support agencies to make sure that they develop and maintain plans and procedures.

B. The Support Agencies for Emergency Transportation are responsible for developing and maintaining plans, procedures and asset inventories to support the ESF 1 Coordinator. Support Agencies include, but are not limited to:

1. The Louisiana National Guard.

2. The Department of Corrections.

3. The Office of the Governor – Elderly Affairs.

4. The Board of Regents.

5. The Louisiana State Police.

6. The Department of Wildlife and Fisheries.

7. Volunteers.

V. COMMAND AND CONTROL:

Command and control will be exercised as provided in the basic plan.

VI. CONTINUITY OF GOVERNMENT:

Continuity of government will be as provided in the basic plan.

VII. ADMINISTRATION AND LOGISTICS:

A. If transportation needs exceed available resources, the ESF 1 Coordinator will report the situation to the Office of Homeland Security and Emergency Preparedness, which will seek additional resources from EMAC and from the federal government pursuant to a Presidential Disaster Declaration.

B. Every agency providing emergency transportation support will maintain records of the operations, including cost records that can be used after the emergency to obtain reimbursement from state or federal sources.

VIII. PLAN MAINTENANCE:

This ESF 1 Emergency Transportation Coordinator is responsible for developing, maintaining and coordinating plans, procedures, arrangements and agreements in support of this ESF.

IX. AUTHORITIES AND REFERENCES:

Authorities and references are included in the Basic Plan.

X. APPENDICES:

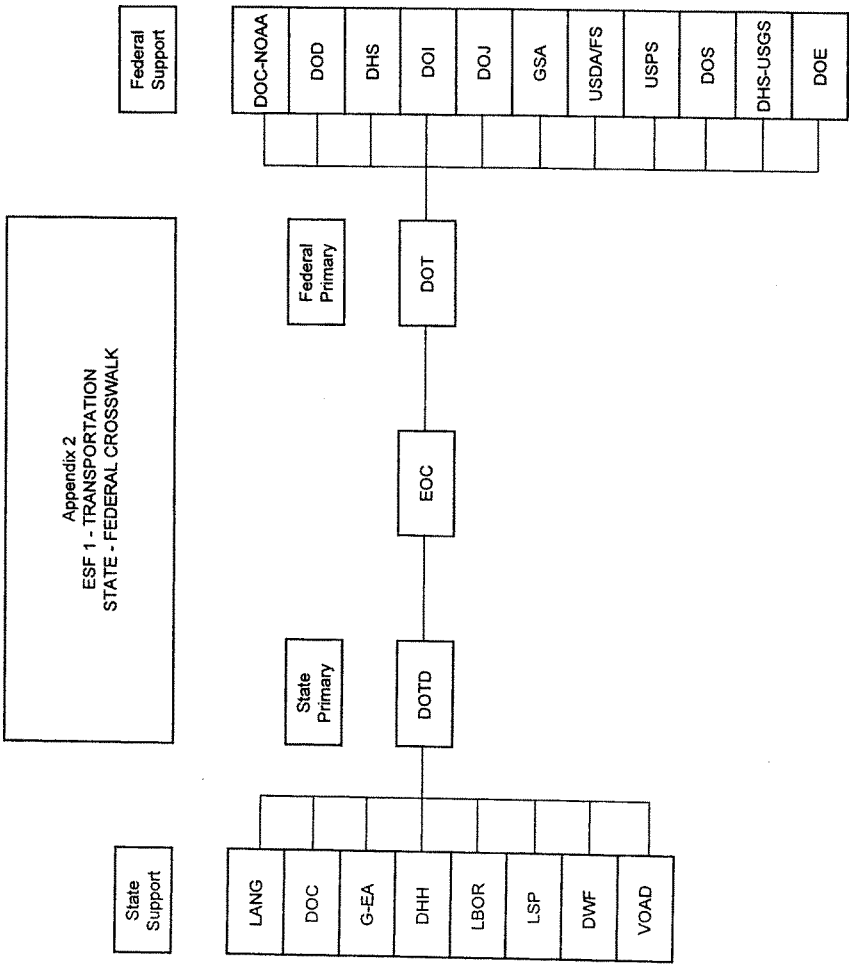
1. ESF 1 Responsibility Chart.

2. State – Federal Crosswalk.

Appendix 1
ESF 1 – Transportation
Responsibility Chart

Agency support to the Louisiana Department of Transportation and Development	Transportation – Air		Transportation – Water		Traffic Control & Routing		Fuel Supply
Louisiana National Guard	X		X		X		X
[redacted]							
Governor – Office of Elderly Affairs							
[redacted]							
Louisiana Board of Regents	X	X		X			
[redacted]							
Department of Wildlife & Fisheries	X		X		X		
[redacted]							

* To include private relief organizations (i.e. American Red Cross, Salvation Army, Mennonite Disaster Service, etc.); private industry; professional associations and participants in mutual aid agreements, etc.


Appendix 2
ESF 1 - TRANSPORTATION
STATE - FEDERAL CROSSWALK
State Support
LANG
DOC
G-EA
DHH
LBOR
LSP
DWF
VOAD
State Primary
DOTD
EOC
Federal Primary
DOT
Federal Support
DOC-NOAA
DOD
DHS
DOI
DOJ
GSA
USDA/FS
USPS
DOS
DHS-USGS
DOE

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EMERGENCY SUPPORT FUNCTION 8

PUBLIC HEALTH AND MEDICAL SERVICES ANNEX

I. PURPOSE:

ESF 8 provides public health and sanitation, emergency medical, dental and hospital services, crisis counseling and mental health services to disaster victims and workers, to supplement and support disrupted or overburdened local medical personnel and facilities and relieve personal suffering and trauma.

II. SCOPE:

A. Public Health and Sanitation refers to the services, equipment and staffing needed to protect the health and general welfare of the public from communicable diseases, contamination and epidemics; the development and monitoring of health information; inspection of food and water quality and sanitation measures; immunizations; laboratory testing; animal and vector control; inspection of public drinking water supplies and sewage treatment services.

B. Medical care refers to emergency and resident medical and dental care; doctors, technicians, supplies, equipment, ambulance and emergency medical services, hospitals, clinics and units, planning and operation of facilities and services.

C. Crisis Counseling and Mental Health refer to the provision of professional personnel, services and facilities essential to relieve victim trauma and mental health problems caused or aggravated by a disaster or its aftermath.

III. CONCEPT OF OPERATIONS:

ESF 8 has two Primary Responsible agencies. The Department of Health and Hospitals (DHH) is responsible for public health, sanitation, medical and health assistance to Special Needs shelter operations, and mental health and crisis counseling. The Louisiana State University Health Sciences Center (LSUHSC) is responsible for providing hospital care and shelter support for nursing home and home health patients with acute care requirements, as well as casualties of emergencies and disasters. LSUHSC will have the lead role in coordinating hospital planning and actions with private hospitals and other facilities.

A. MITIGATION:

The Secretary of DHH and the Chief Executive Officer of LSUHSC will designate ESF 8 Public Health and Medical Services Coordinators to organize and administer the ESF.

B. PREPAREDNESS:

1. The ESF 8 Coordinators will develop plans, procedures, arrangements and agreements to identify, acquire and mobilize public health and medical resources for emergencies and disasters.

2. ESF 8 Coordinators will develop and maintain information and liaison with public health and medical resources in local, parish, state government, federal government, private industry and volunteer organizations that could furnish assistance in an emergency or disaster.

C. RESPONSE:

1. As an emergency develops, the ESF 8 Emergency Coordinators will activate and mobilize their respective personnel, facility and material resources.

2. The ESF 8 LSUHSC Coordinator will ensure that the state hospitals and facilities under LSU control are ready to deal with the situation and that arrangements have been made to work with private hospitals and facilities to meet the medical needs of the situation.

3. The ESF 8 Public Health Coordinator will have the disaster area surveyed as soon as possible to determine whether the disaster has created any public health problems or threats. The Coordinator will direct the appropriate resources to the area to remove and solve problems and suppress any threats to health and sanitation.

4. The ESF 8 Public Health Coordinator will assess the public health impact of utility damages and outages and recommend the allocation of generators, potable water and other resources to areas that are in need. The Coordinator will compile lists of particular health, medical and sanitation facilities that are in need of priority utility restoration and forward that information to the appropriate utility providers.

D. RECOVERY:

Public Health and Medical services and activities will continue as long as necessary after the conclusion of the emergency or disaster. The ESF 8 Coordinators will continue to gather information on the restoration of health, medical and sanitation facilities and assets to acceptable levels.

IV. ORGANIZATION AND RESPONSIBILITIES:

A. The Department of Health and Hospitals has primary responsibility for providing and coordinating public health, sanitation, medical and health assistance to Special Needs shelter operations and mental health and crisis counseling.

B. The Louisiana State University Health Sciences Center has primary responsibility for providing and coordinating hospital care and shelter for nursing home and home health patients with acute care requirements, as well as casualties of emergencies and disasters.

C. The Support Agencies for Public Health and Medical Services are responsible for developing and maintaining plans, procedures and asset inventories to support the Primary Coordinators. Support Agencies include, but are not limited to:

1. The Louisiana National Guard.
2. The Department of Agriculture and Forestry.
3. The Department of Corrections.
4. The Department of Environmental Quality.
5. Board of Regents
6. The Department of Transportation and Development.
7. Volunteer Organizations.

V. COMMAND AND CONTROL:

Command and control will be exercised as provided in the Basic Plan.

VI. CONTINUITY OF GOVERNMENT:

Continuity of government will be as provided in the Basic Plan.

VII. ADMINISTRATION AND LOGISTICS:

A. If state resources are inadequate to the tasks assigned, the ESF 8 Coordinators will report the situation and the needs to LLOHSEP, which will seek additional resources from EMAC and from the federal government pursuant to a Presidential Disaster Declaration.

B. Every agency providing emergency Public Health and Medical services support will maintain records of the operations, including cost records that can be used after the emergency to obtain reimbursement from state or federal sources.

VIII. PLAN MAINTENANCE:

The ESF 8 Public Health and Medical Services Coordinators are responsible for developing, maintaining and coordinating plans, procedures, arrangements and agreements in support of this ESF.

IX. AUTHORITIES AND REFERENCES:

Authorities and references are included in the Basic Plan.

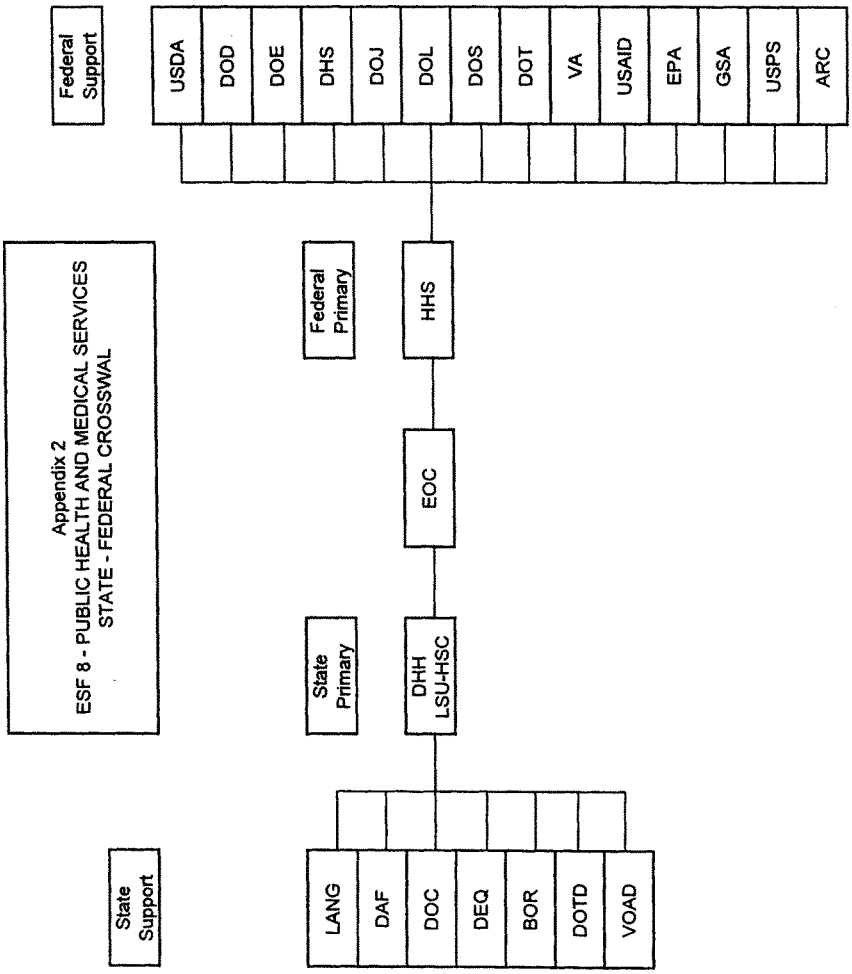
X. APPENDICES:

1. ESF 8 Responsibility Chart.
2. State – Federal Crosswalk
3. Mass Fatalities Incident Response Plan

Appendix 1
ESF 8 – Public Health and Medical Services Responsibility Chart

Agency support to the Louisiana Department of Health and Hospitals, and the Louisiana State University Health Sciences Center	Medical – Facilities	Medical Consultation	Medial – Field Hospitals	Technical Assistance – Food	Communications Equipment	Transportation – Land
Louisiana National Guard	X	X	X	X	X	X
[illegible]						
Department of Corrections	X	X				
[illegible]						
Board of Regents		X				X
Department of Transportation and Development					X	X
Volunteer Organizations*	X	X	X	X	X	X

* To include private relief organizations (i.e. American Red Cross, Salvation Army, Mennonite Disaster Service, etc.); private industry; professional associations and participants in mutual aid agreements, etc.


Appendix 2
ESF 8 - PUBLIC HEALTH AND MEDICAL SERVICES
STATE - FEDERAL CROSSWAL
Federal Support
USDA
DOD
DOE
DHS
DOJ
DOL
DOS
DOT
VA
USAID
EPA
GSA
USPS
ARC
Federal Primary
HHS
EOC
State Primary
DHH
LSU-HSC
State Support
LANG
DAF
DOC
DEQ
BOR
DOTD
VOAD

APPENDIX 3
MASS FATALITIES INCIDENT RESPONSE

I. PURPOSE

The purpose of this appendix is to describe and define roles and procedures in mitigation, preparedness, response to and recovery from mass fatalities incidents. The appendix provides for proper coordination of mass fatalities incident response activities, and establishes means and methods for the sensitive, respectful, orderly care and handling of human remains in multi-death disaster situations.

II. SITUATION AND ASSUMPTIONS

A. SITUATION

The State of Louisiana is vulnerable to hurricanes, tornadoes, floods, hazardous materials incidents, mass transportation accidents, and acts of terrorism. Any of these occurrences could result in multiple death response requirements that would overwhelm local capabilities.

A trained and qualified mass fatalities task force exists in the State of Louisiana. The team is comprised of individuals trained and educated in recovery, identification and returning the dead to their families for proper disposition. In the event of a mass fatalities incident, these individuals will provide support to state and local government.

B. ASSUMPTION

The Louisiana Mass Fatalities Task Force will be available to aid the parish coroner in the necessary acts of recovery, evacuation, identification, sanitation, preservation or embalming (as authorized), notification of next of kin, counseling, and facilitating the release of identified human remains to next of kin or their representative.

III. CONCEPT OF OPERATIONS

A. GENERAL

1. Mass fatalities incident response is separate from and secondary to search and rescue operations. Response activities should occur only after all survivors of the incident are moved to safety.

2. The primary concerns of mass fatalities incident response are recovery, identification of human remains and assistance to affected families.

3. Mass fatalities incidents involve many tasks and can become very complex. Teamwork and an appreciation of the roles of other agencies are crucial during planning and during the incident itself.

4. Ultimate responsibility for collection, identification, storage and dispatch of deceased victims lies with the parish coroner as set forth by law in the State of Louisiana. The Louisiana Mass Fatalities Task Force will assist at the request of the coroner, and as coordinated through the local Office of Homeland Security and Emergency Preparedness.

5. The Mass Fatalities Task Force shall send a team to the site to assess the situation and determine resource needs.

B. PHASES OF MANAGEMENT

1. Mitigation

   a. Pre-designation of temporary morgue sites

   b. Development of inter-local agreements

   c. Specialized training and education

   d. Development of inter-regional agreements

2. Preparedness

   a. Planning, training, and exercising

   b. Updating and revising plans

3. Response

   a. Identification of staging areas

   b. Coordination for transportation of equipment and personnel

c. Provisions for family reception area

d. Public information activities

e. Search and body recovery

f. Body identification

g. Logistical support

4. Recovery

a. Continuation of response activities as needed

b. Compilation of reports and records

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. GENERAL

The Louisiana Mass Fatalities Task Force is a state resource, and will be activated in time of disaster as determined by the Director, Louisiana Office of Homeland Security and Emergency Preparedness. The Task Force will deploy to the field and assist in response and recovery as requested by local government through the Louisiana Office of Homeland Security and Emergency Preparedness. Responsibility for notification and coordination of mortuary activities is with the Louisiana Mass Fatalities Task Force.

B. ASSIGNMENT OF RESPONSIBILITIES

1. Louisiana Office of Homeland Security and Emergency Preparedness

a. Coordinate response and recovery activities to include mass feeding, public information activities and transportation support

b. Conduct training and exercises in mass fatalities incident response

2. Parish Coroner/Louisiana Mass Fatalities Task Force

a. Recovery and evacuation of remains

b. Body identification

c. Disposition of human remains

d. Preservation or embalming

e. Notification of next of kin

f. Grief counseling

g. Family assistance

h. Documentation on each victim

i. Prepare and file death certificates

j. Resource listing

k. Safeguarding of personal effects

l. Identification of morgue site

m. Establish staging area

n. Determination of cause and manner of death

V. DIRECTION AND CONTROL

The governor of Louisiana has the ultimate responsibility for direction and control over state activities related to emergencies and disasters. Upon delegation of authority by the governor, the director of LOHSEP acts on behalf of the governor in coordinating and executing state activities to cope effectively with the situation. The Director of LOHSEP will determine the need to activate the Louisiana Mass Fatalities Task Force. The parish coroner is responsible by law for the collection, identification, storage and dispatch of the deceased. The Louisiana Mass Fatalities Task Force is available to assist the parish coroner in a coordinated effort of recovery and identification.

VI. CONTINUITY OF GOVERNMENT

See Basic Plan

VII. ADMINISTRATION AND LOGISTICS

Administrative and logistical support will be provided by LOEP and other state agencies as specified in the basic plan.

VIII. PLAN DEVELOPMENT AND MAINTENANCE

The Director of the Louisiana Office of Homeland Security and Emergency Preparedness is responsible for maintaining this plan. The plan will be reviewed, exercised, and updated periodically according to the basic plan. Support will be provided by representatives of the Louisiana Mass Fatalities Task Force.

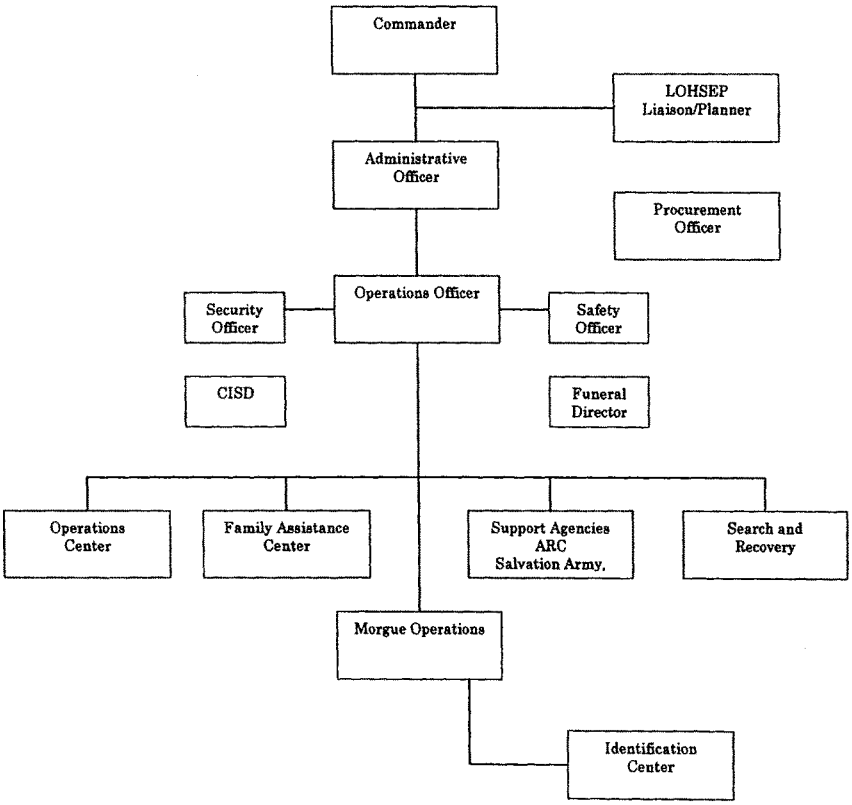
IX. AUTHORITIES AND REFERENCES

See Basic Plan

TAB

(A) Organizational Chart
(B) Memorandum of Understanding

TAB - A
MASS FATALITITES
ORGANIZATIONAL CHART



TAB - B
MEMORANDUM OF UNDERSTANDING BETWEEN THE LOUISIANA OFFICE OF HOMELAND SECURITY AND EMERGENCY PREPAREDNESS AND THE LOUISIANA MASS FATALITIES TASK FORCE

PURPOSE:

This understanding provides guidelines by which the Louisiana Office of Homeland Security and Emergency Preparedness (LHLS/EP) and the Louisiana Mass Fatalities Task Force (LMFTF) will cooperate in a mass fatalities incident.

LHLS/EP enters into this agreement with LMFTF so that the resources of LMFTF can aid in the handling of human remains from a multi-death disaster situation. A large mass fatalities incident could overwhelm local government capabilities, precipitating requests for assistance from the state.

BACKGROUND:

The idea of Civil Defense was formed by the U. S. Government as a defense for civilians in case of nuclear attack. The Louisiana Civil Defense Law, Act 38 of 1950 established the Louisiana Civil Defense Agency. The Louisiana Disaster Act of 1974 superceded the Civil Defense Law of 1950, changed the Agency's name to Louisiana Office of Emergency Preparedness, and broadened the Agency's responsibilities to include natural and other man-made disasters. The Louisiana Emergency Assistance and Disaster Act of 1993 is the current law under which emergency preparedness operates. In 2003, the Louisiana Legislature changed the Agency's name to Louisiana Office of Homeland Security and Emergency Preparedness.

The Louisiana Mass Fatalities Task Force was formed in 1992 when LHLS/EP recognized the need for a statewide resource to assist local governments, specifically, when a disaster results in the loss of lives which local governments are unable to accommodate. The intent of the Task Force is to assist local authorities by providing specialists in the area of handling human remains.

AUTHORITY:

The Governor has designated the Military Department, State of Louisiana as the state emergency preparedness agency under the Adjutant General. The Louisiana Office of Homeland Security and Emergency Preparedness is established within the Military Department to carry out the programs for emergency preparedness for the State of Louisiana.

The Louisiana Mass Fatalities Task Force is activated in an advisory capacity by LHLS. When a mass fatalities incident occurs, the local coroner, through his Emergency Preparedness Director, may request through LHLS/EP the assistance of the LMFTF after a state of emergency has been declared.

METHODS OF COOPERATION:

Coordination between LHLS/EP and LMFTF at times of major disaster and during the recovery period, if mass fatalities are involved, should be maintained at efficient levels.

LMFTF is included on the LHLS/EP disaster alert list so appropriate personnel can be made available.

LMFTF operates on a voluntary basis. A continuing effort will be made to acquaint all those involved with the LMFTF of this arrangement to assist the state in carrying out its emergency functions. To assure this coordinated effort, the respective agencies agree to the following:

LHLS/EP will:

1. Notify the LMFTF of emergency or major disaster declarations involving or potentially involving mass fatalities.

2. Notify the LMFTF chairman of changes in LHLS/EP regulations and procedures.

3. Distribute copies of the Mass Fatalities supplement and this Memorandum of Understanding to appropriate agencies.

4. Recognize that the LMFTF will retain its identity, and that coordination with LHLS/EP and cooperation with other state agencies will not involve subordination of the task force.

5. Be available to train LMFTF in documenting disaster expenses.

The LMFTF will:

1. Keep LHLS/EP informed of its operations.

2. Cooperate with other state agencies and local response agencies.

3. Assist in the recovery, identification and return of the dead to their families.

4. Assist with the development and implementation of the State of Louisiana Mass Fatalities Supplement.

TERMS:

This agreement will be effective for three (3) years at which time it will be reviewed, revised, and re-signed. Termination by either party may be effected by the delivery of written notice to authorized personnel of either agency, to be effective 30 days after receipt of such notice.

Signature on File
Assistant Director
Louisiana Office of Homeland Security and
Emergency Preparedness

Signature on File
Chairperson
Louisiana Mass Fatalities Task Force

Dated this _____ Day of _____, 2004.

Committee on Homeland Security and Governmental Affairs
EXHIBIT #8

Draft

MEMORANDUM OF UNDERSTANDING

Entered into by and between

The Regional Transit Authority
(United State of America)
(hereinafter referred to as "RTA")

AND

CITY OF NEW ORLEANS
(United States of America)
(hereinafter referred to as "New Orleans")

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Draft

PARTIES TO THIS MEMORANDUM OF UNDERSTANDING

The parties to this memorandum of understanding shall be:

1.1 The Regional Transit Authority (RTA) and **The City of New Orleans**

(hereinafter referred to as the **"Parties")**

2. DEFINITIONS AND INTERPRETATION

In this Memorandum:

2.1 Clause headings are for convenience only, and are not to be used in the interpretation of the clause to which they relate.

2.2 Unless the context clearly indicates a contrary intention, an expression which denotes:

2.2.1 any gender includes the other genders,

2.2.2. a natural person includes a juristic person and vice versa,

2.2.3 a singular includes the plural and vice versa.

2.3 Any reference to an enactment is to that enactment as at the date of signature hereof and as amended or re-enacted from time to time.

2.4 In this Memorandum, the following expressions shall bear the meanings assigned to them below;

2.4.1 **"Memorandum"** means this recordal, annexures thereto, amendments or modifications agreed to by the parties in a manner prescribed by this Memorandum.

2.4.2 **"Commencement date"** means date of signature.

2.4.3 **"RTA "** refers to the transportation company whose ....

2.4.4 **"New Orleans"** means a juristic person with perpetual succession as defined by the laws of the United States of America duly represented by **Mr. C. Ray Nagin** in his capacity as the Mayor, City of New Orleans.

2.5 This Memorandum of Understanding will be interpreted according to the Laws of the State of Louisiana.

3. PURPOSE AND SCOPE

3.1 The purpose of this Memorandum of Understanding is to establish a co-operation agreement between the parties

4. TERMS OF REFERENCE

4.1.1 Upon the identification by the National Oceanographic and Atmospheric Administration of a hurricane of Category Four strength or greater as measured by the Safir-Simpson Scale, with

4.1.2 The City of New Orleans falling within the projected path of the aforementioned hurricane as determined by the National Weather Service, and

4.1.3 Upon the declaration of a state of emergency by the Mayor of the City of New Orleans and,

4.1.4 Upon the declaration of a recommended evacuation by the Mayor of the City of New Orleans, the parties agree:

4.1.4.11 To coordinate activation of the emergency evacuation plan

4.1.4.12 To assist in the evacuation of the city of New Orleans

4.1.4.13 To identify all available buses and paratransit buses to be used to transport citizens as per the evacuation plan by the city of New Orleans,

4.1.4.14 To coordinate and initiate the transportation of ambulatory, or restricted mobility persons, elderly persons, or other persons from the city of New Orleans to the designated shelters from the pre-identified evacuation staging areas,

4.1.4.15 To load these persons onto the buses,

4.1.4.16 And to transport these persons to the designated shelters including but not limited to those in Hammond and Baton Rouge.

5. AREAS OF COOPERATION

5.1 **The parties agree to deliberate and cooperate on the following:**

At the 36 Hours Before the Hurricane Reaches Landfall:

- A state of emergency may be called by the Mayor.
- The City of New Orleans Emergency Operations Center will be activated.
- General Shelters will be opened under the auspices of the State of Louisiana Departments of Health and Hospitals (DHH) and Social Services (DSS), and the American Red Cross, will open in Baton Rouge at the RiverCenter and in Hammond at the Southeastern University Center.
- The Mayor will call either a precautionary or recommended evacuation, depending upon the severity of the approaching storm.

- Should the Mayor call for a recommended evacuation
  - RTA will transport **citizens without personal transportation** as follows:
    - RTA will give the City of New Orleans an estimate of how many buses and vans will be available for use in the evacuation plan approximately 72 prior to the estimate land fall time for the hurricane. It is estimated that approximately 250 buses and 30 para-transit vans will be made available for usage in this evacuation plan.
    - It is anticipated that approximately 50 passengers will be allowed to board each bus and 10 passengers on each para-transit van.
    - RTA agrees to round up available buses and drivers to commence evacuation at the time that the Mayor calls for a voluntary evacuation of the city. We estimate that the Mayor will call for an evacuation at 36 hours prior to the land fall of a hurricane. We are anticipating that evacuation by the buses will commence immediately following this declaration for a voluntary evacuation.
    - RTA will provide buses for transportation from New Orleans to Hammond and Baton Rouge as many times as feasible and practical given the conditions of the roads and weather.
    - Several buses may be designated to transport people from the train station in Hammond and from the dock in Baton Rouge to the shelter as needed.
  - The City of New Orleans will provide for
    - Timely notification to RTA that there is a potential hurricane in the Gulf of Mexico threatening New Orleans.
    - A detailed hurricane evacuation plan.
    - The pick-up points in New Orleans.
    - The transportation sites in Hammond and Baton Rouge or any other available area for sheltering
    - Specific provisions for the bus drivers and their families

Each person is responsible for

Population Admissible for transportation to Shelter

Individuals who are without the resources to evacuate from the city as requested by city officials and meet the following criteria will be admitted to the shelter:

- Individual is able to provide their own basic care
- Individual is not acutely ill
- Individual is not dependent on electricity on an intermittent basis for necessary medical treatments or refrigeration of medications.
- Individual has been triaged by shelter staff to assure that he/she meets the criteria and is a candidate for services that can be supported by the staff.

Individuals that require constant care or who require constant electricity to support machines necessary to maintain life will not be admitted. Individuals who are evaluated by staff and found to be acutely ill will be referred to local hospitals for definitive care.

Each individual admitted on the train and to the shelter will be responsible for:

- Personal medications, equipment necessary to administer medications such as inhalation machines, etc.
- Personal care materials (toothbrush, soap, towels, drinking water, blanket, pillow, air mattress, diapers, etc.)
- Personal belongings including at least five (5) changes of clothes.
- Non-perishable foodstuffs, including specific dietary requirements. This includes at least five (5) days worth of food.
- One (1) caregiver will be allowed to accompany an individual admitted into the shelter.

Again, every effort will be made to ensure that every person that wishes to evacuate, regardless of personal ability, can flee the city. Evacuation is the best option in the event of a catastrophic hurricane, and will be the primary mission of Orleans Parish officials.

5. ***DOMICILIUM CITANDI ET EXECUTANDI***

In the event of any proceedings or notices arising in consequence of this Memorandum, the parties hereby appoint the undermentioned addresses as their respective *domicilium citandi et executandi*.

6.1 New Orleans chooses as its *domicilium citandi et executandi* for all purposes arising from this MOU for the service of notices and legal process:

Street Address	:	City of New Orleans 1300 Perdido Street NEW ORLEANS, LA 70112 USA
Telephone No.	:	(504) 658-2500
Telefax No.	:	(504) 658-2520

6.2 Baton Rouge chooses as its *domicilium citandi et executandi* for all purposes arising from this MOU for the service of notices and legal process:

Physical Address :

7. VARIATION AND AMENDMENTS

No variation or amendments to this Memorandum will be of any force unless in writing and signed by the parties.

8. ATTESTATION

The parties hereby acknowledge having read and signed this Memorandum of Understanding inclusive of all Annexures, the contents of which are understood and accepted by both undersigned parties.

THUS DONE AND SIGNED AT NEW ORLEANS ON THIS _____

DAY OF _____2005

AS WITNESSES

1. _____ _____
For and on behalf of **City of New Orleans** and duly authorized thereto.

2. _____ _____

THUS DONE AND SIGNED BY RTA ON THIS _____ DAY OF

_____2005

AS WITNESSES

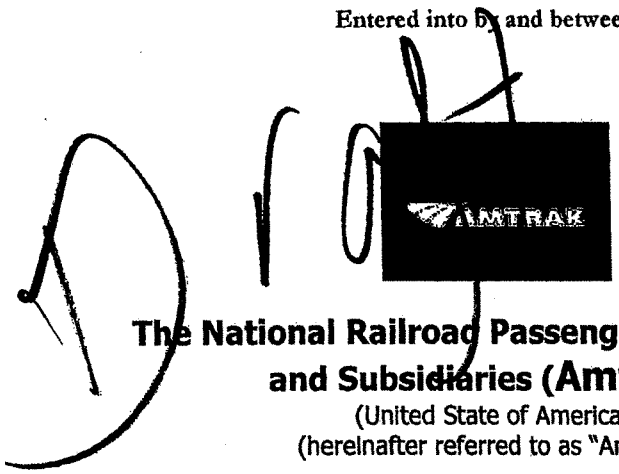
1. _____ _____
For and on behalf of RTA
and duly authorized thereto.

2. _____ _____

Draft

MEMORANDUM OF UNDERSTANDING

Entered into by and between



The National Railroad Passenger Corporation and Subsidiaries (Amtrak)
(United State of America)
(hereinafter referred to as "Amtrak")

AND

CITY OF NEW ORLEANS
(United States of America)
(hereinafter referred to as "New Orleans")

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PARTIES TO THIS MEMORANDUM OF UNDERSTANDING

The parties to this memorandum of understanding shall be:

1.1 **The National Railroad Passenger Corportation** and **The City of New Orleans**

(hereinafter referred to as the **"Parties"**)

2. DEFINITIONS AND INTERPRETATION

In this Memorandum:

2.1 Clause headings are for convenience only, and are not to be used in the interpretation of the clause to which they relate.

2.2 Unless the context clearly indicates a contrary intention, an expression which denotes:

2.2.1 any gender includes the other genders,

2.2.2. a natural person includes a juristic person and vice versa,

2.2.3 a singular includes the plural and vice versa.

2.3 Any reference to an enactment is to that enactment as at the date of signature hereof and as amended or re-enacted from time to time.

2.4 In this Memorandum, the following expressions shall bear the meanings assigned to them below;

2.4.1 **"Memorandum"** means this recordal, annexures thereto, amendments or modifications agreed to by the parties in a manner prescribed by this Memorandum.

2.4.2 **"Commencement date"** means date of signature.

2.4.3 **"Amtrak"** refers to the railway company whose ....

2.4.4 **"New Orleans"** means a juristic person with perpetual succession as defined by the laws of the United States of America duly represented by **Mr. C. Ray Nagin** in his capacity as the Mayor, City of New Orleans.

DRAFT

2.5 This Memorandum of Understanding will be interpreted according to the Laws of the State of Louisiana.

3. PURPOSE AND SCOPE

3.1 The purpose of this Memorandum of Understanding is to establish a co-operation agreement between the parties

4. TERMS OF REFERENCE

4.1.1 Upon the identification by the National Oceanographic and Atmospheric Administration of a hurricane of Category Four strength or greater as measured by the Safir-Simpson Scale, with

4.1.2 The City of New Orleans falling within the projected path of the aforementioned hurricane as determined by the National Weather Service, and

4.1.3 Upon the declaration of a state of emergency by the Mayor of the City of New Orleans and,

4.1.4 Upon the declaration of a recommended evacuation by the Mayor of the City of New Orleans, the parties agree:

4.1.4.11 To coordinate activation of the emergency evacuation plan, involving,

4.1.4.12 To cease and desists all normal passenger service to and from the City of New Orleans on routes operated by Amtrak and to disseminate information on this cessation to the general public through the mass media,

4.1.4.13 To identify all available, unused passenger railcars in the Southeastern region, and transport them to the Union Passenger Terminal in the city of New Orleans,

4.1.4.14 To coordinate and initiate the transportation of ambulatory, or restricted mobility persons, elderly persons, or other persons from the city of New Orleans to the Union Passenger Terminal from the pre-identified evacuation staging areas,

4.1.4.15 To load these persons onto the passenger railcars,

4.1.4.16 And to transport these persons to the Hammond Louisiana Station.

5. AREAS OF COOPERATION

5.1 The parties agree to deliberate and cooperate on the following:

At the 36 Hours Before the Hurricane Reaches Landfall:

- A state of emergency may be called by the Mayor.
- The City of New Orleans Emergency Operations Center will be activated.
- General Shelters will be opened under the auspices of the State of Louisiana Departments of Health and Hospitals (DHH) and Social Services (DSS), and the American Red Cross, will open in Hammond at the Southeastern University Center.
- The Mayor will call either a precautionary or recommended evacuation, depending upon the severity of the approaching storm.

- Should the Mayor call for a recommended evacuation
  - Amtrak will transport **citizens without personal transportation** to the train station in Hammond, Louisiana.
    - Amtrak will give the City of New Orleans an estimate of how many cars will be available for use in the evacuation plan approximately 72 prior to the estimate land fall time for the hurricane.
    - Amtrak agrees to round up available cars and transport them to New Orleans to commence evacuation at the time that the Mayor calls for a voluntary evacuation of the city. We estimate that the Mayor will call for an evacuation at 36 hours prior to the land fall of a hurricane. We are anticipating that evacuation by the railways will commence immediately following this declaration for a voluntary evacuation.
    - Amtrak will provide railway transportation from New Orleans to Hammond as many times as feasible and practical given the conditions of the railways and weather.
  - The City of New Orleans will provide for
    - Timely notification to Amtrak that there is a potential hurricane in the Gulf of Mexico threatening New Orleans.
    - A detailed hurricane evacuation plan.
    - Transportation from the pick-up points to the train station in New Orleans.
    - Transportation from the train station in Hammond to the shelter.

  Each person is responsible for

Population Admissible for transportation to Shelter

Individuals who are without the resources to evacuate from the city as requested by city officials and meet the following criteria will be admitted to the shelter:

- Individual is able to provide their own basic care

- Individual is not acutely ill
- Individual is not dependent on electricity on an intermittent basis for necessary medical treatments or refrigeration of medications.
- Individual has been triaged by shelter staff to assure that he/she meets the criteria and is a candidate for services that can be supported by the staff.

Individuals that require constant care or who require constant electricity to support machines necessary to maintain life will not be admitted. Individuals who are evaluated by staff and found to be acutely ill will be referred to local hospitals for definitive care.

Each individual admitted on the train and to the shelter will be responsible for:

- Personal medications, equipment necessary to administer medications such as inhalation machines, etc.
- Personal care materials (toothbrush, soap, towels, drinking water, blanket, pillow, air mattress, dispers, etc.)
- Personal belongings including at least five (5) changes of clothes.
- Non-perishable foodstuffs, including specific dietary requirements. This includes at least five (5) days worth of meals.
- One (1) caregiver will be allowed to accompany an individual admitted into the shelter.

Again, every effort will be made to ensure that every person that wishes to evacuate, regardless of personal ability, can flee the city. Evacuation is the best option in the event of a catastrophic hurricane, and will be the primary mission of Orleans Parish officials.

5. ***DOMICILIUM CITANDI ET EXECUTANDI***

In the event of any proceedings or notices arising in consequence of this Memorandum, the parties hereby appoint the undermentioned addresses as their respective *domicilium citandi et executandi*:

6.1 New Orleans chooses as its *domicilium citandi et executandi* for all purposes arising from this MOU for the service of notices and legal process:

Street Address	:	City of New Orleans 1300 Perdido Street NEW ORLEANS, LA 70112 USA
Telephone No.	:	(504) 658-2500
Telefax No.	:	(504) 658-2520

6.2 Baton Rouge chooses as its *domicilium citandi et executandi* for all purposes arising from this MOU for the service of notices and legal process:

Physical Address :

7. **VARIATION AND AMENDMENTS**

No variation or amendments to this Memorandum will be of any force unless in writing and signed by the parties.

8. ATTESTATION

The parties hereby acknowledge having read and signed this Memorandum of Understanding inclusive of all Annexures, the contents of which are understood and accepted by both undersigned parties.

THUS DONE AND SIGNED AT NEW ORLEANS ON THIS _____

DAY OF _____2005

AS WITNESSES

1. _____ _____
For and on behalf of **City of New Orleans** and duly authorized thereto.

2. _____ _____

THUS DONE AND SIGNED BY Amtrak ON THIS _____ DAY OF

_____2005

AS WITNESSES

1. _____ _____
For and on behalf of Amtrak and duly authorized thereto.

2. _____ _____

Draft

Draft

MEMORANDUM OF UNDERSTANDING

Entered into by and between

The Orleans Parish School Board
(United State of America)
(hereinafter referred to as "OPSB")

AND

CITY OF NEW ORLEANS
(United States of America)
(hereinafter referred to as "New Orleans")

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PARTIES TO THIS MEMORANDUM OF UNDERSTANDING

The parties to this memorandum of understanding shall be:

1.1 The Orleans Parish School Board (OPSB) and **The City of New Orleans**

(hereinafter referred to as the **"Parties"**)

2. DEFINITIONS AND INTERPRETATION

In this Memorandum:

2.1 Clause headings are for convenience only, and are not to be used in the interpretation of the clause to which they relate.

2.2 Unless the context clearly indicates a contrary intention, an expression which denotes:

2.2.1 any gender includes the other genders,

2.2.2. a natural person includes a juristic person and vice versa,

2.2.3 a singular includes the plural and vice versa.

2.3 Any reference to an enactment is to that enactment as at the date of signature hereof and as amended or re-enacted from time to time.

2.4 In this Memorandum, the following expressions shall bear the meanings assigned to them below;

2.4.1 **"Memorandum"** means this recordal, annexures thereto, amendments or modifications agreed to by the parties in a manner prescribed by this Memorandum.

2.4.2 **"Commencement date"** means date of signature.

2.4.3 **"OPSB "** refers to the public entity whose ....

2.4.4 **"New Orleans"** means a juristic person with perpetual succession as defined by the laws of the United States of America duly represented by **Mr. C. Ray Nagin** in his capacity as the Mayor, City of New Orleans.

Draft

2.5 This Memorandum of Understanding will be interpreted according to the Laws of the State of Louisiana.

3. PURPOSE AND SCOPE

3.1 The purpose of this Memorandum of Understanding is to establish a co-operation agreement between the parties

4. TERMS OF REFERENCE

4.1.1 Upon the identification by the National Oceanographic and Atmospheric Administration of a hurricane of Category Four strength or greater as measured by the Safir-Simpson Scale, with

4.1.2 The City of New Orleans falling within the projected path of the aforementioned hurricane as determined by the National Weather Service, and

4.1.3 Upon the declaration of a state of emergency by the Mayor of the City of New Orleans and,

4.1.4 Upon the declaration of a recommended evacuation by the Mayor of the City of New Orleans, the parties agree:

4.1.4.11 To coordinate activation of the emergency evacuation plan

4.1.4.12 To assist in the evacuation of the city of New Orleans

4.1.4.13 To identify all available school buses to be used to transport citizens as per the evacuation plan by the city of New Orleans,

4.1.4.14 To coordinate and initiate the transportation of ambulatory, or restricted mobility persons, elderly persons, or other persons from the city of New Orleans to the designated shelters from the pre-identified evacuation staging areas,

4.1.4.15 To identify 10 locations to be designated as staging areas.

4.1.4.16 And to transport these persons to the designated shelters including but not limited to those in Hammond and Baton Rouge.

5. AREAS OF COOPERATION

5.1 The parties agree to deliberate and cooperate on the following:

At the 36 Hours Before the Hurricane Reaches Landfall:

- A state of emergency may be called by the Mayor.
- The City of New Orleans Emergency Operations Center will be activated.
- General Shelters will be opened under the auspices of the State of Louisiana Departments of Health and Hospitals (DHH) and Social Services (DSS), and the American Red Cross, will open in Baton Rouge at the RiverCenter and in Hammond at the Southeastern University Center.
- The Mayor will call either a precautionary or recommended evacuation, depending upon the severity of the approaching storm.

- Should the Mayor call for a recommended evacuation
  - RTA will transport **citizens without personal transportation** as follows:
    - RTA will give the City of New Orleans an estimate of how many buses and vans will be available for use in the evacuation plan approximately 72 prior to the estimate land fall time for the hurricane. It is estimated that approximately 250 buses and 30 para-transit vans will be made available for usage in this evacuation plan.
    - It is anticipated that approximately 50 passengers will be allowed to board each bus and 10 passengers on each para-transit van.
    - RTA agrees to round up available buses and drivers to commence evacuation at the time that the Mayor calls for a voluntary evacuation of the city. We estimate that the Mayor will call for an evacuation at 36 hours prior to the land fall of a hurricane. We are anticipating that evacuation by the buses will commence immediately following this declaration for a voluntary evacuation.
    - RTA will provide buses for transportation from New Orleans to Hammond and Baton Rouge as many times as feasible and practical given the conditions of the roads and weather.
    - Several buses may be designated to transport people from the train station in Hammond and from the dock in Baton Rouge to the shelter as needed.
  - The City of New Orleans will provide for
    - Timely notification to RTA that there is a potential hurricane in the Gulf of Mexico threatening New Orleans.
    - A detailed hurricane evacuation plan.
    - The pick-up points in New Orleans.
    - The transportation sites in Hammond and Baton Rouge or any other available area for sheltering
    - Specific provisions for the bus drivers and their families

Each person is responsible for

Population Admissible for transportation to Shelter

Draft

Individuals who are without the resources to evacuate from the city as requested by city officials and meet the following criteria will be admitted to the shelter:

- Individual is able to provide their own basic care
- Individual is not acutely ill
- Individual is not dependent on electricity on an intermittent basis for necessary medical treatments or refrigeration of medications.
- Individual has been triaged by shelter staff to assure that he/she meets the criteria and is a candidate for services that can be supported by the staff.

Individuals that require constant care or who require constant electricity to support machines necessary to maintain life will not be admitted. Individuals who are evaluated by staff and found to be acutely ill will be referred to local hospitals for definitive care.

Each individual admitted on the train and to the shelter will be responsible for:

- Personal medications, equipment necessary to administer medications such as inhalation machines, etc.
- Personal care materials (toothbrush, soap, towels, drinking water, blanket, pillow, air mattress, diapers, etc.)
- Personal belongings including at least five (5) changes of clothes.
- Non-perishable foodstuffs, including specific dietary requirements. This includes at least five (5) days worth of meals.
- One (1) caregiver will be allowed to accompany an individual admitted into the shelter.

Again, every effort will be made to ensure that every person that wishes to evacuate, regardless of personal ability, can flee the city. Evacuation is the best option in the event of a catastrophic hurricane, and will be the primary mission of Orleans Parish officials.

5. ***DOMICILIUM CITANDI ET EXECUTANDI***

In the event of any proceedings or notices arising in consequence of this Memorandum, the parties hereby appoint the undermentioned addresses as their respective *domicilium citandi et executandi*:

6.1 New Orleans chooses as its *domicilium citandi et executandi* for all purposes arising from this MOU for the service of notices and legal process:

Street Address	:	City of New Orleans 1300 Perdido Street NEW ORLEANS, LA 70112 USA
Telephone No.	:	(504) 658-2500
Telefax No.	:	(504) 658-2520

6.2 Baton Rouge chooses as its *domicilium citandi et executandi* for all purposes arising from this MOU for the service of notices and legal process:

Physical Address :

Draft

7. **VARIATION AND AMENDMENTS**

No variation or amendments to this Memorandum will be of any force unless in writing and signed by the parties.

8. **ATTESTATION**

The parties hereby acknowledge having read and signed this Memorandum of Understanding inclusive of all Annexures, the contents of which are understood and accepted by both undersigned parties.

THUS DONE AND SIGNED AT NEW ORLEANS ON THIS _____

DAY OF _____2005

AS WITNESSES

1. _____ _____
For and on behalf of **City of New Orleans** and duly authorized thereto.

2. _____ _____

THUS DONE AND SIGNED BY RTA ON THIS _____ DAY OF

_____2005

AS WITNESSES

1. _____ _____
For and on behalf of RTA and duly authorized thereto.

2. _____ _____

MEMORANDUM OF UNDERSTANDING

Entered into by and between

CITY OF BATON ROUGE
(United States of America)
(hereinafter referred to as "Riverview")

AND

CITY OF NEW ORLEANS
(United States of America)
(hereinafter referred to as "New Orleans")

Draft

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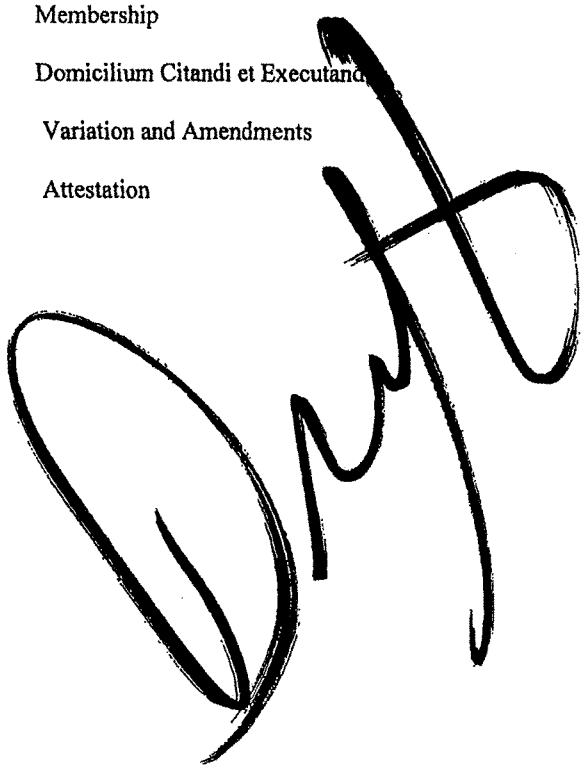

1. PARTIES TO THIS MEMORANDUM OF UNDERSTANDING

The parties to this memorandum of understanding shall be:

1.1 **The City of Baton Rouge** and **The City of New Orleans**

(hereinafter referred to as the **"Parties"**)

2. DEFINITIONS AND INTERPRETATION

In this Memorandum:

2.1 Clause headings are for convenience only, and are not to be used in the interpretation of the clause to which they relate.

2.2 Unless the context clearly indicates a contrary intention, an expression which denotes:

2.2.1 any gender includes the other genders,

2.2.2. a natural person includes a juristic person and vice versa,

2.2.3 a singular includes the plural and vice versa.

2.3 Any reference to an enactment is to that enactment as at the date of signature hereof and as amended or re-enacted from time to time.

2.4 In this Memorandum, the following expressions shall bear the meanings assigned to them below;

2.4.1 **"Memorandum"** means this recordal, annexures thereto, amendments or modifications agreed to by the parties in a manner prescribed by this Memorandum.

2.4.2 **"Commencement date"** means date of signature.

2.4.3 **"Baton Rouge "** means a juristic person with perpetual succession as defined by the laws of the United States of America duly represented by **Mr. Kip Holden** in his capacity as the Mayor, City of Baton Rouge.

2.4.4 **"New Orleans"** means a juristic person with perpetual succession as defined by the laws of the United States of America duly

represented by **Mr. C. Ray Nagin** in his capacity as the Mayor, City of New Orleans.

2.5 This Memorandum of Understanding will be interpreted according to the Laws of the United States of America and the Laws of the State of Louisiana.

3. **PURPOSE AND SCOPE**

3.1 The purpose of this Memorandum of Understanding is to establish a co-operation agreement between the parties

4. **TERMS OF REFERENCE**

4.1.1 Upon the identification by the National Oceanographic and Atmospheric Administration of a hurricane of Category Three strength or greater as measured by the Safir-Simpson Scale, with

4.1.2 The City of New Orleans falling within the projected path of the aforementioned hurricane as determined by the National Weather Service, and

4.1.3 Upon the declaration of a state of emergency by the Mayor of the City of New Orleans and,

4.1.4 Upon the declaration of a recommended evacuation by the Mayor of the City of New Orleans, the parties agree:

4.1.4.11 To coordinate activation of the emergency evacuation plan, involving,

4.1.4.12 To coordinate and initiate the transportation of ambulatory, or restricted mobility persons, elderly persons, or other persons from the city of New Orleans to the city of Baton Rouge at RiverCenter from the pre-identified evacuation staging areas,

4.1.4.13 To house these persons for the duration of the declared state of emengency.

5. **AREAS OF COOPERATION**

5.1 The parties agree to deliberate and cooperate on the following:

At the **36 Hours Before the Hurricane Reaches Landfall:**

- A state of emergency may be called by the Mayor.
- The City of New Orleans Emergency Operations Center will be activated.
- General Shelters will be opened under the auspices of the State of Louisiana Departments of Health and Hospitals (DHH) and Social Services (DSS), and the American Red Cross, will open in Baton Rouge at the RiverView Center.
- The Mayor will call either a precautionary or recommended evacuation, depending upon the severity of the approaching storm.

- Should the Mayor call for a recommended evacuation
  - The Regional Transit Authority (RTA) will transport **citizens without personal transportation** to the RiverCenter in Baton Rouge .
    - Pick-up points will be at each of the NOPS high schools. After the storm passes, the buses will return to these same sites for drop-off.
    - 150 buses will go to Baton Rouge for sheltering.
    - It is anticipated that the RTA buses can carry 50 persons per bus carrying a total of 7,500 people to shelter.
    - The RiverCenter in Baton Rouge has a capacity of 17,800 people.
  - New Orleans Public School System (NOPS) will transport citizens without transportation to the RiverCenter in Baton Rouge.
  - Pick-up points will be at each of the NOPS high schools. After the storm passes, the buses will return to these same sites for drop-off.
- 100 of these buses from 10 sites will go to RiverCenter for sheltering to Baton Rouge for sheltering.
  - It is anticipated that the school buses can carry 5,000 people to shelter.

Homeless Population

- The UNITY for the Homeless organization has a representative in the NOOEP Emergency Operations Center that will be responsible for maintaining communications with homeless service providers, and will establish, in cooperation with NOOEP, contact locations at which homeless individuals can receive evacuation information.
- RTA vehicles will be utilized to transport homeless individuals from the six (6) pick-up points designated for homeless evacuation and transport them to the nearest staging site. These pick-up points are:
  - Immaculate Conception Center (Downtown)
  - New Orleans Mission (Central City)
  - Salvation Army (Uptown)
  - Covenant House (Uptown)
  - CCYAD (9th Ward/New Orleans East

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- House of Ruth (Westbank)

Elderly Population

Riverboats donated by private companies will be used to evacuate the elderly population and those with medical needs and who are ambulatory.

- It is anticipated that approximately 3,500 people will be able to utilize the riverboats to ride to shelter in Baton Rouge at the RiverView Center.
- Each person will be encouraged to have formulated a person available to assist them in this evacuation in traveling to Baton Rouge. These individuals will be encouraged to have planned for all resources including, medications, special meals, clothing etc.

Again, every effort will be made to ensure that every person that wishes to evacuate, regardless of personal ability, can flee the city. Evacuation is the best option in the event of a catastrophic hurricane, and will be the primary mission of Orleans Parish officials.

5 *Population Admissible to Shelter*

Individuals who are without the resources to evacuate from the city as requested by city officials and meet the following criteria will be admitted to the shelter:

- Individual is able to provide their own basic care
- Individual is not acutely ill
- Individual is not dependent on electricity on an intermittent basis for necessary medical treatments or refrigeration of medications.
- Individual has been triaged by shelter staff to assure that he/she meets the criteria and is a candidate for services that can be supported by staff.

Individuals that require constant care or who require constant electricity to support machines necessary to maintain life will not be admitted. Individuals who are evaluated by staff and found to be acutely ill will be referred to local hospitals for definitive care.

Each individual admitted to the Shelter will be responsible for:

- Personal medications, equipment necessary to administer medications such as inhalation machines, etc.
- Personal care materials (toothbrush, soap, towels, drinking water, blanket, pillow, air mattress, diapers, etc.)
- Personal belongings including at least five (5) changes of clothes.
- Non-perishable foodstuffs, including specific dietary requirements. This includes at least five (5) days worth of meals.
- One (1) caregiver for the elderly will be allowed to accompany an individual admitted into the shelter.

6. *DOMICILIUM CITANDI ET EXECUTANDI*

In the event of any proceedings or notices arising in consequence of this Memorandum, the parties hereby appoint the undermentioned addresses as their respective *domicilium citandi et executandi*:

6.1 New Orleans chooses as its *domicilium citandi et executandi* for all purposes arising from this MOU for the service of notices and legal process:

Street Address	:	City of New Orleans 1300 Perdido Street NEW ORLEANS, LA 70112 USA
Telephone No.	:	(504) 658-2500
Telefax No.	:	(504) 658-2520

6.2 Baton Rouge chooses as its *domicilium citandi et executandi* for all purposes arising from this MOU for the service of notices and legal process:

Physical Address : City Hall

Draft

7. **VARIATION AND AMENDMENTS**

No variation or amendments to this Memorandum will be of any force unless in writing and signed by the parties.

8. **ATTESTATION**

The parties hereby acknowledge having read and signed this Memorandum of Understanding inclusive of all Annexures, the contents of which are understood and accepted by both undersigned parties.

THUS DONE AND SIGNED AT NEW ORLEANS ON THIS _____

DAY OF _____2005

AS WITNESSES

1. _____ _____
For and on behalf of **City of New Orleans** and duly authorized thereto.

2. _____ _____

THUS DONE AND SIGNED BY BATON ROUGE ON THIS _____

DAY OF _____2005

AS WITNESSES

1. _____ _____
For and on behalf of Baton Rouge and duly authorized thereto.

2. _____ _____

Draft

MEMORANDUM OF UNDERSTANDING

Entered into by and between

CITY OF Hammond
(United States of America)
(hereinafter referred to as "University Center")

AND

CITY OF NEW ORLEANS
(United States of America)
(hereinafter referred to as "New Orleans")

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Draft

1. **PARTIES TO THIS MEMORANDUM OF UNDERSTANDING**

The parties to this memorandum of understanding shall be:

1.1 The City of Hammond and **The City of New Orleans** (hereinafter referred to as the **"Parties")**

2. **DEFINITIONS AND INTERPRETATION**

In this Memorandum:

2.1 Clause headings are for convenience only, and are not to be used in the interpretation of the clause to which they relate.

2.2 Unless the context clearly indicates a contrary intention, an expression which denotes:

2.2.1 any gender includes the other genders,

2.2.2. a natural person includes a juristic person and vice versa,

2.2.3 a singular includes the plural and vice versa.

2.3 Any reference to an enactment is to that enactment as at the date of signature hereof and as amended or re-enacted from time to time.

2.4 In this Memorandum, the following expressions shall bear the meanings assigned to them below;

2.4.1 **"Memorandum"** means this recordal, annexures thereto, amendments or modifications agreed to by the parties in a manner prescribed by this Memorandum.

2.4.2 **"Commencement date"** means date of signature.

2.4.3 **"Hammond "** means a juristic person with perpetual succession as defined by the laws of the United States of America duly represented by **Mr.** in his capacity as the Mayor, City of Hammond.

2.4.4 **"New Orleans"** means a juristic person with perpetual succession as defined by the laws of the United States of America duly represented by **Mr. C. Ray Nagin** in his capacity as the Mayor, City of New Orleans.

2.5 This Memorandum of Understanding will be interpreted according to the Laws of the State of Louisiana.

3. PURPOSE AND SCOPE

3.1 The purpose of this Memorandum of Understanding is to establish a co-operation agreement between the parties

4. TERMS OF REFERENCE

4.1.1 Upon the identification by the National Oceanographic and Atmospheric Administration of a hurricane of Category Three strength or greater as measured by the Safir-Simpson Scale, with

4.1.2 The City of New Orleans falling within the projected path of the aforementioned hurricane as determined by the National Weather Service, and

4.1.3 Upon the declaration of a state of emergency by the Mayor of the City of New Orleans and,

4.1.4 Upon the declaration of a recommended evacuation by the Mayor of the City of New Orleans, the parties agree:

4.1.4.11 To coordinate activation of the emergency evacuation plan, involving,

4.1.4.12 To coordinate and initiate the transportation of ambulatory, or restricted mobility persons, elderly persons, or other persons from the city of New Orleans to the city of Hammond at University Center from the pre-identified evacuation staging areas,

4.1.4.13 To house these persons for the duration of the declared state of emergency.

5. AREAS OF COOPERATION

5.1 The parties agree to deliberate and cooperate on the following:

At the 36 Hours Before the Hurricane Reaches Landfall:

- A state of emergency may be called by the Mayor.
- The City of New Orleans Emergency Operations Center will be activated.
- General Shelters will be opened under the auspices of the State of Louisiana Departments of Health and Hospitals (DHH) and Social Services (DSS), and the American Red Cross, will open in Hammond at the University Center.
- The Mayor will call either a precautionary or recommended evacuation, depending upon the severity of the approaching storm.

- Should the Mayor call for a recommended evacuation
  - The Regional Transit Authority (RTA) will transport **citizens without personal transportation** to the University Center in Hammond.
  - Pick-up points will be at each of the NOPS high schools. After the storm passes, the buses will return to these same sites for drop-off.
  - 100 buses will go to Hammond for sheltering.
  - It is anticipated that the RTA buses can carry 50 persons per bus carrying a total of 5,000 people to shelter.
  - The University Center in Hammond has a capacity of 9,000 people.
- Pick-up points will be at each of the NOPS high schools. After the storm passes, the buses will return to these same sites for drop-off.

Homeless Population

- The UNITY for the Homeless organization has a representative in the NOOEP Emergency Operations Center that will be responsible for maintaining communications with homeless service providers, and will establish, in cooperation with NOOEP, contact locations at which homeless individuals can receive evacuation information.
- RTA vehicles will be utilized to transport homeless individuals from the six (6) pick-up points designated for homeless evacuation and transport them to the nearest staging site. These pick-up points are:
  - Immaculate Conception Center (Downtown)
  - New Orleans Mission (Central City)
  - Salvation Army (Uptown)
  - Covenant House (Uptown)
  - CCYAD (9th Ward/New Orleans East
  - House of Ruth (Westbank)

Elderly Population

A train donated by Amtrak will be used to evacuate the elderly population and those with medical needs and who are ambulatory.

- It is anticipated that approximately 1,000 people per trip will be able to utilize the train to ride to the train station in Hammond. It is estimated that the train will be able to transport 4,000 people to Hammond.
- The City of New Orleans via the Regional Transit Authority will provide transportation from the train station to the University Center.

- Each person will be encouraged to have formulated a person available to assist them in this evacuation in traveling to Hammond. These individuals will be encouraged to have planned for all resources including, medications, special meals, clothing etc.

Again, every effort will be made to ensure that every person that wishes to evacuate, regardless of personal ability, can flee the city. Evacuation is the best option in the event of a catastrophic hurricane, and will be the primary mission of Orleans Parish officials.

5.1.1 Population Admissible to Shelter

Individuals who are without the resources to evacuate from the city as requested by city officials and meet the following criteria will be admitted to the shelter:

- Individual is able to provide their own basic care
- Individual is not acutely ill
- Individual is not dependent on electricity on an intermittent basis for necessary medical treatments or refrigeration of medications.
- Individual has been triaged by shelter staff to assure that he/she meets the criteria and is a candidate for services that can be supported by staff.

Individuals that require constant care or who require constant electricity to support machines necessary to maintain life will not be admitted. Individuals who are evaluated by staff and found to be acutely ill will be referred to local hospitals for definitive care.

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1300 Perdido Street
NEW ORLEANS, LA 70112
USA

Telephone No. : (504) 658-2500
Telefax No. : (504) 658-2520

6.2 Hammond chooses as its *domicilium citandi et executandi* for all purposes arising from this MOU for the service of notices and legal process:

Physical Address : City Hall

7. VARIATION AND AMENDMENTS

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8. ATTESTATION

The parties hereby acknowledge having read and signed this Memorandum of Understanding inclusive of all Annexures, the contents of which are understood and accepted by both undersigned parties.

THUS DONE AND SIGNED AT NEW ORLEANS ON THIS _____

DAY OF _____2005

AS WITNESSES:

1. _____ _____

For and on behalf of **City of New Orleans** and duly authorized thereto.

2. _____ _____

THUS DONE AND SIGNED BY HAMMOND ON THIS _____ DAY

OF _____2005

AS WITNESSES

1. _____ _____

For and on behalf of Hammond and duly authorized thereto.

2. _____ _____

Committee on Homeland Security and Governmental Affairs
EXHIBIT #13

From: Beall, Jack [/O=ORGANIZATION/OU=FEMAUS/CN=RECIPIENTS
Sent: Sunday, August 28, 2005 9:44 AM
To: Lowder, Michael
Subject: RE: FYI

The NDMS Section is working to identify what actions have taken place and what is future plan.

From: Lowder, Michael
Sent: Sunday, August 28, 2005 7:24 AM
To: Beall, Jack
Subject: RE: FYI

Anything changed on this?

From: Beall, Jack
Sent: Saturday, August 27, 2005 5:41 PM
To: Lowder, Michael
Subject: FW: FYI

Mike, information I spoke with you about. NDMS has been in contact with HHS and is moving ahead to craft an evacuation plan to be ready for patient evacuation if requested.

From: EST-ESF08-A
Sent: Saturday, August 27, 2005 3:27 PM
To: EST-ESF08; Jevec, Robert; Beall, Jack; Koerner, Harry; 'hhs.soc@hhs.gov'; 'Treber, Meghan (HHS/OS)'; 'robert.blitzer@hhs.gov'
Subject: FYI

All-
I spoke with Dr. Roseanne Pratts who is the Louisiana Department of Health Emergency Preparedness Director at 2pm and inquired if Federal HHS assistance was needed for patient movement/evacuation or anything else. She responded no, that they do not require anything at this time and they would be in touch if and when they needed assistance.

Just an FYI.

Erin