

**Congressional Briefing on Rational Homeland Security:
Lowering Obstacles and Creating Economically and Socially Sensible Policies**

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September 19, 2007

Good afternoon, Representative Kennedy, Senator Landrieu, and distinguished colleagues. I am Dr. Roz Lasker, Director of the Division of Public Health and the Center for the Advancement of Collaborative Strategies in Health at The New York Academy of Medicine. This afternoon, I will be talking about a missing ingredient that is preventing us from lowering obstacles and creating socially sensible homeland security policies. That missing ingredient is the public's knowledge.

The United States has been investing billions of dollars preparing to respond to emergencies, but our research has identified a fundamental flaw that is undermining efforts in all areas of emergency preparedness. Currently, planners are developing emergency instructions for people to follow *without* finding out whether it is actually possible for them to do so or whether the instructions are even the safest action for certain groups of people to take.

In 2004, our *Redefining Readiness* study documented this problem in preparations for terrorist-initiated dirty bomb explosions and smallpox outbreaks, predicting that millions of people would suffer or die unnecessarily if response strategies are not based on what people will actually face when a disaster strikes. One year later, this prediction was proven to be correct during Hurricane Katrina, when many people could *not* follow instructions to evacuate due to barriers that had not been identified or addressed beforehand.

Over the last two years, our Center has been working with teams in four *Redefining Readiness* demonstration sites to fix this fundamental flaw by enabling the people who actually need to be protected in emergencies – the general public – to contribute their essential knowledge to preparedness efforts. In more than 200 small group discussions, almost 2,000 community residents – from very diverse backgrounds and walks of life – explored the problems they would face trying to protect themselves in emergencies and the actions that they and other people and organizations could take to address those problems. The demonstration communities where the discussions took place were in Carlsbad, NM; Chicago, IL; Savannah, GA; and southeast Oklahoma.

Last week, we released the first products of that work – a report and practical tools that will enable households, work places, schools and early childhood/youth programs, and governments to anticipate and address critical problems they would face in the broad

range of emergencies that require people to shelter in place. These products are available online at www.redefiningreadiness.net.

Sheltering in place means staying inside whatever building you happen to be in – a workplace, school, store, or at home – for a period of a few hours to several days, even if that requires you to be separated from other family members. Sheltering in place is an important protective strategy in a variety of situations, ranging from dirty bombs, toxic explosions, and chemical spills to much more common emergencies, like electrical blackouts and snowstorms.

Our 2004 research study found that only 59% of the American people would be able to shelter in place in a dirty bomb explosion. This is cause for concern because people who do not shelter in place will endanger not only themselves but also others. When they go outside, they will expose themselves to toxic dust and radiation, and when they open the door to leave, they will put others in the building at risk by letting dust and radiation inside. If people with critical responsibilities leave their work places, the people who remain will lack needed support in handling the emergency and, in some cases, needed care as well (such as care for children in a day care center or for dependent residents in a nursing home). If a lot of people in the danger zone do not shelter in place, they will crowd the streets and roads when they leave their buildings, making it more difficult for first responders to get to the scene of the explosion.

Our new report, entitled *With the Public's Knowledge, We Can Make Sheltering in Place Possible*, explains why so many Americans are not currently able to shelter in place and what individuals, organizations, and governments can do to remedy the situation.

The report identifies serious and unanticipated problems that currently make it neither feasible nor safe for many people to shelter in place, including not knowing what kind of emergency has occurred (i.e., one requiring evacuation or sheltering in place), not having a place to stay that is actually safer than being outside, and – perhaps most important – not being able to protect yourself without endangering the children, disabled adults, or pets who depend on you but are not with you at the time. Just think for a minute of what *you* and your family would face if an emergency occurred right now and you needed to protect yourself by sheltering here.

When we reviewed the emergency preparedness instructions that people and organizations are currently being given, we found that the instructions do *not* address most of problems that community residents identified through the small group discussions and sometimes make matters worse. Let me give you a few examples:

- The public is being instructed to keep a supply of food and water in their homes, and most keep their medications there as well. But in a shelter-in-place emergency, many people will not be at home and will need to take shelter in other buildings, so their home-supply of food, water, or medicines *won't* be accessible.

- The public is being told to identify places for family members to reunite in the event of an emergency. But those instructions don't address situations in which it might be unsafe to go to such a place, such as if you would have to go through a danger zone to get there.
- While instructions describe how to identify and seal "safe rooms" in homes, schools, and other buildings, they pay little attention to assuring that the rooms can accommodate the number of people who are likely to need shelter, provide them with breathable air and tolerable temperatures, or give them safe access to water, food, lavatories, telephones, and medical supplies.
- Schools have been preparing for emergencies that affect the school directly, but children are also at risk if their parents and other guardians need to shelter in place because of an emergency and no other adult is available to pick the children up or be at home with them after school.

The disconnect between current instructions and the problems people face in shelter-in-place emergencies isn't really surprising, since the *Redefining Readiness* demonstrations provided the public with their first opportunity to think in detail about these kinds of situations. Now, thanks to the insights of the community residents in the small group discussions, these problems *are* on the radar screen, and we know that most of them *can* be addressed, through a variety of approaches.

To enable people and organizations around the country to take action on our findings, we have prepared *Shelter-in-Place Issue Sets*, tailored specifically for people in four groups: households; work places; schools, day care, and after school programs; and local governments. These practical tools – available in Spanish as well as English – are designed to help people in each group become aware of critical protection problems that are within their purview to address and to help them develop workable solutions. Of note, the household issue set is designed to help household members shelter in place safely *wherever* they may be – not just at home.

The issue sets are unique in a number of ways. They are based on the insights of a broad range of people who would need to be protected in shelter-in-place emergencies. The issues are posed as *questions* rather than instructions, which enable the people in a household or organization to identify their own particular vulnerabilities and develop actions that work in their particular circumstances. In contrast to traditional approaches to emergency preparedness, households and organizations are encouraged to use an inclusive process to consider the issues. For example, schools would involve not only the safety officer, building custodian, and principal in the process, but also the school's teachers, teacher's aides, bus drivers, nurses, guidance counselors, parents, and students.

The issue sets have just begun to go into circulation, and early reports show that people are finding them to be very useful. Repeatedly, people have told us how shocked they were by the number of vulnerabilities their household or organization identified. Many of the issues seemed obvious to them after going through the questions, but they were

stunned that they had never been directed to think about such issues before – particularly since workable solutions jumped to mind after the issue set made them aware of the problems.

Now that the hard work of developing these issue sets is done – funded by the W. K. Kellogg Foundation – tools are available that can help communities around the country protect millions more people in shelter-in-place emergencies than is currently possible. The question now is: How can we realize the full potential of these tools to prevent unnecessary death and suffering from occurring?

For one, we can make the report and issue sets available on private sector and public web sites so they will be accessible to as many people and organizations as possible.

Second, we can provide households, work places, and schools with additional incentives and supports to use these tools. As our report describes, the issue sets can help schools and work places avoid liability by clarifying what they might reasonably be expected to do in shelter-in-place emergencies. Government agencies and private philanthropies can go a long way toward helping schools and work places realize those expectations – protecting employees, students, and customers in the process – by integrating the use of the issue sets in current grant programs. One potentially suitable example is the Emergency Response and Crisis Management program operated by the U.S. Department of Education, under which hundreds of schools districts have applied for federal funding. Additional grant programs could also be developed for businesses and non-profit organizations. These are sorely needed since continuity of operations – rather than the safety and well-being of employees and customers – has been the primary focus of preparedness efforts in these sectors.

Going beyond shelter-in-place emergencies, the *Redefining Readiness* demonstration sites have also applied their small group discussion process to understanding what community residents would face trying to protect themselves in deadly contagious disease outbreaks – like smallpox and pandemic flu. A broadcast presenting these findings is currently available and a report will be coming out soon.

We are also preparing a manual that communities can use to apply the *Redefining Readiness* small group discussion process to understanding what people would face in other kinds of emergencies – particularly those most likely to occur in *their* area. If policy makers become committed to grounding preparedness efforts in the knowledge and experiences of the people who will need to be protected in emergency situations, we can fix the fundamental flaw that is undermining so many of the nation's current preparedness efforts.

If you take only one message back with you today, I hope it is this: ***We need to learn from the public before we can protect the public.*** Because of the *Redefining Readiness* demonstration projects, we now know how to do that. Thank you.