

HOMELAND SECURITY COMMISSION
Friday, September 11, 2020
3:00 – 4:30 p.m.
Virtual WebEx Meeting

Commission Member Attendees: Brad Belzak (Chair), Brian Baker, Phil McNamara

HSEMA Attendee(s): Jason Rubinstein (HSEMA)

Invited Attendees: Dr. Gavin Smith, (Professor, UNC Chapple Hill)

(Commissioners open the meeting and provide introductions and participate in moment of silence to commemorate the men and women who served our country on 9/11)

Note: no members of the public are present.

Brad: Thank you very much for being here today, Dr. Smith. Could you please discuss ESF-6 from the national perspective, international perspective, and the State of Mississippi? We appreciate any insights as well as any leading practices.

Dr. Smith: I think about mass care from a different lens, namely under the principle of housing. For example, Hurricane Katrina devastated 50,000 homes. The provision of temporary housing and new permanent housing was a big issue. If there was a true catastrophe in the District of Columbia that destroyed housing units, where would the people go? Considering available housing stock that could serve as temporary or transitional shelter is a big consideration and the delta between different threats. It's important to weigh the potential options to improve the current model. For instance, could voucher programs and federal assistance programs be implemented? Where may they be accessible to the public, and could the District be reimbursed?

In Mississippi, we used to rely on the use of campers and mobile homes to house people for long periods of time. I advocated that we do better than provide campers, because campers are not meant for permanent residents and only have temporary electric systems. So, we submitted a request to congress and obtained a grant to provide modular housing. The housing used a wheeled undercarriage that could be set on a permanent foundation. I bring this example up, because, although it may be out of the box, we could draw lessons learned from the Mississippi Alternative Housing Program. Mississippi did transition back to the camper model, even after we got the grant and implemented the new method. We developed this better idea (modular housing). However, FEMA opposed it. So, we went around them and went to congress. But, after we implemented it once, FEMA just went back to the old model because it was what they knew. So, the institutional resistance was an important lesson learned.

Brian: Do have thoughts on the state of FEMA's current policy posture and the ability to be creative and open to these solutions? In the city, could we turn parking lots into aesthetic areas? Do you see FEMA going in the direction towards innovation?

Dr. Smith: I don't see it as FEMA's strong suit. We were able to move past FEMA initially due to our political structure. However, local governments are often overwhelmed during a disaster, financially, and are required to go back to FEMA's provided structure/methods. Smaller communities often are forced to fall back on what FEMA provides. Having connections to Council is a big asset.

Also, it's important to consider where you place the housing site and make sure they are placed strategically and consider community impact. (For instance, if you use a park, consider where the kids will play).

Another issue I saw in NC and New Orleans was temporary resettlement and bringing people back, post-recovery. (Draws on example of Mayor LaToya Cantrell in New Orleans, who spurred tremendous efforts to preserve a community, post hurricane Katrina).

Brad: The Waterfront in DC used to just be neighborhoods, with little tourism. Now, we have a large thriving community from Georgetown to Alexandria, to the national harbor, to Anacostia, up to the Whitehouse. It's a soft target. Our worry is that the water table is already high.

Dr. Smith: Something you may want to explore is the temporary relocation of residents. For example, if electrical generators are flooded, where would you send the affected populace? In Hurricane Mathew, we developed Land Suitability Analysis. We looked at areas in the town that were appropriate to move people and considered how to sustain the tax base. Distance to schools, roads, available housing, etc., are all related to the buyout. For addition information, I recommend you check out the Hurricane Mathew Disaster Recovery Resilience Initiative and <https://coastalresiliencecenter.unc.edu/>.

Phil: I think we need the report to reflect the importance of pre-planning mass care efforts in the District. We should have mass care prep contemplation pre-disaster and pre-incident. Thank you, Gavin.

Dr. Smith: Pre-event planning is a crucial step, and meeting with your land use planning department. Land use planners say emergency managers don't plan and emergency managers say planners don't operate their plans. The integration is crucial. Transit-oriented development along nodes of subway systems are physically designed for the purpose. In mass care, you ask how you can prepare for the demographic populations and think about the areas that are best suited to relocate.

Phil: The notion of nodes around subway stations really hits a good point. I'm embarrassed to admit, you sent me to google because I didn't know which agency did land use planning in the District. There is an entire office. Did HSEMA ever work with the Office of Planning, Brian?

Brian: It is a close relationship that is built around mitigation, much more so than disaster planning. We were very involved in the city master plan and aligning mitigation dollars. A lot of people don't realize how flood prone DC is. In SW, we built out the city near the Potomac, which is prone to flooding. More focus could be placed if we had to establish temporary housing

sites and address potential displacement. Which areas of the city could we build up and entwine with areas that didn't have opportunities for growth? Involving the Office of Planning on those contingency plans would be very useful.

Phil: I could see us recommending stronger linkage between the Office of Planning and HSEMA.

Brad: On resilience, are there innovations or design principles (from New Zealand or your experience internationally) that we could incorporate in DC?

Dr. Smith: The Hurricane Mathew analysis is worth reviewing. Also, looking at mass care from the lens of new issues, for example, extreme heat. In the early 90s we had people die during a heat wave because they didn't want to leave their homes. The fatalities were preventable. Design issues and psychological issues were the barriers. How are we going to retrofit the big cities to avoid preventable deaths? We want to consider city design, human capital, and incentivize people to go to the cooling center. Considering mobility, mass care and extreme heat in the wake of climate change will be increasingly important.

Brad: I know heat is a big constant issue. Can you speak to exercising?

Dr. Smith: I haven't done a lot of exercise related to mass care. I've done more on recovery. But what I would say is that exercises are often only done with government actors. How often does it engage nonprofits and the private sector? We find out in a disaster (or afterwards) that these groups played a role and would have benefited from being at the table. This also stretches out the recovery and response time.

Brad: Thank you. On COVID, we are facing simultaneous events right now. How do deal with this? Are there any best practices or lessons learned?

Dr. Smith: I have some thoughts on this, looking at collaboration across entities, and from a University setting. We had political pressure to bring students back to UNC. I argued we were not ready, and we spent millions on preparedness measures. I said it would not work. The administration was not listening. We reopened and, in a week, we had 300 cases. Eventually we closed back. We spent millions preparing to be in-person, but our emphasis was misplaced. More relevant to you, it goes back to the issues of temporary housing. It has a technical and social side. How do we convey messages to people to do work for the public good? How do we invest in messaging while also doing things like putting together cubicles and physical infrastructure that keeps people safe? We need both the technical applications and the right messaging.

Thinking about the shelter in place option - like if it's a hurricane, you think about whether you shelter-in-place and if the supporting structure is vulnerable. If your HVAC survives but your generator is in a flood prone area, you could be stuck with no elevator in a 15 story walk up. (Shares experience from Houston where this was a big issue where it impacted losing cancer research). A shelter-in-place approach requires this consideration.

Brad: Thanks so much.

Dr. Smith leaves the call and Commissioners continue the meeting.

Brad: Is 7 jurisdictions enough for this study? (Brian, Brad, and Phil feel it is).

Phil: My question is, if we have 5-6 recommendations we believe in, do we run the risk of DC saying they are already doing those things? Do we need to ask them if they want to give us a presentation?

Brad: Great question. I'm more fervent on the notion of our current direction. I think we can produce a report with very cogent findings. They are for HSEMA, the government at large, and the American people. Drawing in leading best practices for DC from other jurisdictions is the report's emphasis.

Phil: I think you're right. We explain upfront that we made a choice not to interview DC agencies. That's enough of a caveat.

Brian: I think that works. Let's be clear in the report so that it can't be perceived internal to DC (Human Services, or HSEMA, Deputy Mayor, Mayor, Council). We are clear we are not highlighting deficiency; we are highlighting best practices. We just make sure it is presented in that lens.

Commissioners move to end the meeting. No members of the public are present. Meeting is adjourned.