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Oregon Seismic Safety Policy Advisory Committee

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OSSPAC has provided a great service for Oregonians by researching and publishing The Oregon Resilience Plan. Here in the Portland Metropolitan Region, we used information in that plan to emphasize the need for a structure for regional disaster response coordination. Stakeholders in the response community quickly identified significant gaps in coordination and scarce resource allocation decision methods, and we recently completed the first Regional Multi-Agency Coordination System Concept of Operations Plan to begin addressing those gaps.

One striking element in the Oregon Resilience Plan is the resilience triangle, which portrays Oregon's relatively low infrastructure resilience and the expectation of a significant loss of sector services and a slow recovery time. The Portland metropolitan region contains a very complex and tightly interdependent infrastructure that serves not only the local area but the state and beyond. This combination of highly a highly interdependent and potentially low resilience infrastructure has major implications for human services and human resilience.

And then there was Katrina

Some of the complexities of sheltering and human services began to come into focus for me 9 years ago this month, when Multnomah County was notified that 1,000 Katrina evacuees would be airlifted to Portland. Other than a predictable overseas refugee resettlement influx, we had not planned for a mass displacement, let alone suddenly, and from over 2,000 miles away. Operation Welcome Oregon had begun. The County's Health Department and Department of Community Human Services, along with other agencies, began rapidly planning a multi-service reception and medical screening center operation at an unused hangar at Portland International Airport. The operation was essentially ready for the first evacuees when word arrived that no one was coming by air.

About the same time, the State asked Red Cross to provide shelter for 1,000 people. The Washington High School building in Portland was chosen as a shelter site. The reception system for the airport was transferred, enhanced and opened at the Family Assistance Center, which then began operating at the Washington High School. The Family Assistance Center (or Welcome Center) took a multi-disciplinary approach, which was not a standard Red Cross model at the time. The Center provided information on County services available, housing, an internet café set up by Intel, FEMA online applications for assistance, basic outpatient health care and mental health services. Red Cross operated a staffing center to register and credential volunteers and provide volunteer training on shelters and logistics. In the end, approximately 1,000 evacuees made their way to Portland and most found help at the Center.

What did we learn?

The people coming from the hurricane affected area were primarily African-American, and a smaller number of people of Korean or Vietnamese descent. For that reason, consultation with, and assistance from leaders of African-American and Asian community organizations was critical. Genuine engagement and careful listening helped policy makers make good decisions and service providers deliver culturally appropriate services. This engagement must be a day-to-day endeavor, not just reserved for emergencies. This led to Multnomah County working with organizations to form Communities Active in Disasters (COAD) to develop and maintain an ongoing planning and working relationship.

Local residents began asking why we were seeking housing for people from the Katrina disaster when we weren't helping our own residents find a home. We had a "quiet disaster" right here. In Multnomah County, that led to a plan to house 100 local families in 100 days.

Human services providers were unfamiliar with the organizational structures and methods used by Public Health Incident Command. That led to an intensive orientation to the Incident Command System at Multnomah County Department of Human Services.

Where are we now?

Multnomah County has embarked on a Mass Care and Shelter planning process that while focused on Multnomah County, acknowledges that a catastrophic event will require all counties to reach outside the region for resources. The plan aims for a concept of operations for mass shelters, smaller localized shelters, open space (outdoor) sheltering and self-isolated communities that may not trust working with government or service organizations.

Based on the available literature and our experience with Katrina evacuees, the planning process is designed to actively engage with non-governmental organizations, non-profits, private sector, faith-based organizations, and advocacy groups to build the plan.

Achilles had two heels. OSSPAC has identified the Achilles heel of Oregon's low resilience infrastructure. I suspect the other is the combination of chronic inequity and insufficient human services capacity.

Emergency management community outreach programs work on the margins of resilience, using interventions such as promoting personal, family and community preparedness. It is not uncommon for outreach providers to encounter individuals who are struggling daily with providing food, and in some cases, shelter for their families. Making or buying a preparedness kit is not a simple solution for them. Mapping your neighborhood is helpful only if you plan to live there for awhile.

OSSPAC has described the infrastructure resilience triangle. What is the nature of Oregon's human services resilience triangle? Just like the metropolitan region's physical infrastructure, human services are highly complex and tightly interdependent.

One does not need to look too hard to see that the need for mental health and addiction services already outstrips service capacity. Hospitals operate on a very slim staffing margin and "surge capacity" can be a challenge well before care demand reaches a major emergency level. Elderly and medically fragile individuals depend on care centers and in-home services for their daily needs. How well prepared are care providers for a prolonged emergency? We are in Cascadia subduction territory. Are the preparedness standards what they should be? Where and how are they planning to relocate their clients if they can't sustain their services in their own facility?

Two things we do know.

First, all of the dynamics of poverty, inequity, mental illness, substance abuse, and medical frailty that we see on a normal day are exacerbated very quickly in a disaster. It doesn't take much. Even in Portland's 2008 winter storm, in just a few days we were struggling with the medical and mental health needs of winter shelter residents and snowbound clients.

Second, people will tolerate the slow pace of infrastructure repair much better than they will tolerate a relatively brief period of human suffering.