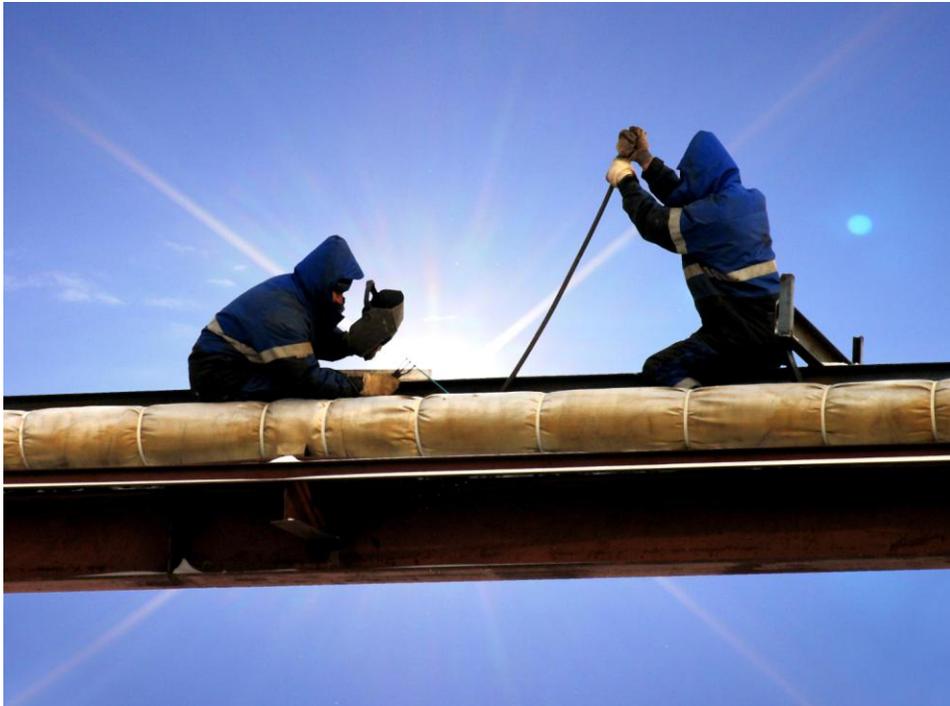


# EMERGENCY PREPAREDNESS

## EXECUTIVE SUMMARY

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The Emergency Preparedness report was developed by the **The American Red Cross of Greater Chicago** in collaboration with an advisory committee. The report is commissioned by The Chicago Community Trust to support the 2040 comprehensive regional planning effort led by the Chicago Metropolitan Agency for Planning.

## INTRODUCTION

Home to more than eight million people, the Chicago metropolitan area is the capital of the American heartland. A predominantly urban region, it serves as a major hub for coast-to-coast travel, commerce, industry, and national security.

Paradoxically, the region's many strengths place it at great risk of experiencing a major emergency or catastrophic disaster such as a terrorist attack, pandemic flu, bioterrorism incident, hazardous materials shipping accident, or nuclear reactor mishap (with eleven reactors in the Chicago metropolitan area).

In addition to the region's vulnerabilities to man-made disasters, a major earthquake from the New Madrid fault, which lies several hundred miles to the south, would create severe local damage and require mass evacuation, mass care and sheltering for the displaced population as well as for those from neighboring states. Finally, the region's most common natural challenges -- floods, tornadoes, and blizzards -- seem to be occurring in increasing numbers due to climate change and the environment.

Because of these vulnerabilities, it is crucial that both the emergency response community and the region's 8.6 million residents be well prepared for disaster. But a 2006 report by the Council for Excellence in Government found that people in the Chicago metropolitan area are inadequately prepared for a catastrophic disaster; four out of ten people have done nothing to prepare. Some believe no preparation would be effective; others just lack a sense of urgency about it.

Furthermore, according to the study, many public and private institutions are not ready for a catastrophic disaster. Among the challenges:

Early warning communications systems vary widely between jurisdictions;

Multiple information sources make it challenging to provide the consistent, clear information people need to avoid confusion that may delay life-saving actions;

First responder communication systems are not fully interoperable;

Inadequate capacity is available for emergency response operations such as sheltering and feeding;

The region does not have a comprehensive recovery plan to restore normal operations following a catastrophic disaster event.

While progress is being made, more needs to be done to reduce the potential for loss of life, minimize the amount of damage, and enable the quickest recovery possible should disaster occur.

What's needed is for the Chicago metropolitan region to develop a culture of preparedness. It must build this culture in such a way that the population is prepared without being overwhelmed by fear. It must develop plans that address the entire population, especially those with special needs, and all potential hazardous scenarios. This can be accomplished best by using existing networks to coordinate activities, by creating experiences via simulation and live practices, by creating exercises for all hazard scenarios, and by educating the public on both disasters and responses.

Recent data shows that for every dollar spent on preparedness, six to nine dollars are saved during disaster response and recovery.

In imagining emergency preparedness for the Chicago metropolitan area in the year 2040, the human factor must be the over-arching focus. Future efforts should prepare people to take care of themselves and each other when a disaster cannot be prevented. In her book, "The Unthinkable: Who Survives When Disaster Strikes and Why," Amanda Ripley notes, "Only after everything goes wrong do we realize we're on our own. And the bigger the disaster, the longer we will be on our own."

With this in mind, the vision for 2040 emphasizes the role of the community in caring for itself in the event of an emergency or disaster. In this vision, individuals will expand their sense of community to include not only themselves and their loved ones but also their neighbors, especially those who may have special needs. This type of community will be resilient: better able to withstand an emergency or disaster situation through effective mitigation activities, better able to care for itself until outside resources can be mobilized, and better able to quickly recover from the devastating effects of a disaster.

Many times, people expect someone else, some other organization, or some level of government to address these issues. Often the Federal government unfairly absorbs much of the blame when things go wrong. The fact is that disaster preparedness is everyone's problem, and no single agency or government entity can do it alone. All residents can and must do better to improve the region's preparedness by transforming the way they think and act regarding disasters.

People must be mobilized to prepare for disaster through training and personal plans for evacuation, shelter, food and water. Preparedness should be more than a passing thought or buzzword. Each family's daily routine should include the provision of emergency supplies and specific plans for what their household will do in an emergency.

But people power is not enough. The community must optimize existing its resources. This includes the pre-positioning of food, water and supplies throughout the area and establishing cross-regional agreements that will create redundant coverage in any sector. Communities should fully utilize resources and use local businesses as an integral part of the disaster response. Local governments and relief agencies should have pre-arranged agreements with businesses to provide emergency goods, services, and volunteers and should inform businesses on the non-confidential aspects of response logistics.

Officials must also begin to view residents in disaster areas as resources rather than “victims.” They must increase training and integrate it into existing activities (such as high school athletic and health programs or the state driver’s education process) so that it becomes part of normal routine. Plans and processes between health care providers, human services, first responders, relief agencies and community groups need to be streamlined and coordinated to prevent duplication of efforts and wasted resources.

This report is the first step in creating a comprehensive plan to take bold and innovative approaches to make the metropolitan area a safer, more resilient environment for all citizens. Changes in attitude, action, and aggressive public policy will be needed to achieve this goal. The combined efforts of government, business, philanthropy, community-based groups and the faith community must be meshed into a singular purpose. Failure is not an option. The very lives and welfare of the region’s citizens are at stake.

Therefore, the GO TO 2040 Emergency Preparedness Advisory Committee offers the following vision and recommendations for action.

## **VISION STATEMENT**

By 2040, a culture of preparedness will exist within the region so that when a disaster strikes, people will be prepared to care for themselves and their communities. We will build this culture through education, training, public policy and a collaborative effort among response resources.

Each person in the community will prepare him or herself to take personal responsibility in the event of a disaster, thus building a culture of preparedness from within.

Organizations of first responders will work together seamlessly, with a common understanding of each others’ roles and responsibilities. Activities will be coordinated in order to provide the most efficient and effective use of equipment, supplies, and personnel. There will be effective communication and collaboration across the network of organizations and consistent interaction with the community from a common trusted source.

Technology and resources, such as food and water, supplies, shelter, transportation and utilities, will be made available to all those within the community who have been directly or indirectly impacted by the disaster and will be allocated based on need, across all segments of the population, with particular consideration given to those with special needs.

## **RECOMMENDATIONS**

This vision can be achieved if the following recommendations are implemented:

***CITIZEN PREPAREDNESS***

1. Provide training to a greater percentage of the population in basic CPR and First Aid.
2. Increase the number of participants in disaster education programs.
3. Increase the number of households with disaster kits/plans.

***MUNICIPAL PLANS AND CAPACITIES***

4. Ensure levels of preparedness funding are consistent with population and all-hazards assessments of risks.

***MASS CARE / CAPACITY***

5. Provide for adequate shelter, feeding, volunteer and logistical resources to address all-hazards catastrophic event needs sufficient to sustain the region's recovery for up to 72 hours without outside resources.

***EMERGENCY RESPONDER COMMUNICATIONS***

6. Ensure complete interoperable communications capabilities between all responder organizations within the region.

***ALL-HAZARDS PLAN FOR SPECIAL NEEDS POPULATIONS***

7. Develop comprehensive planning processes between public and private sectors to address the needs of special needs populations for maintaining independence, medical care supervision, transportation and communication.

***ANIMAL EVALUATION***

8. Develop a regional all-hazards plan to address the needs of pets and livestock for evacuation, sheltering, and medical care during a catastrophic event.

***ALL-HAZARDS EARLY WARNING***

9. Provide standardization of early warning systems for municipalities and institutions across the region.

***MEDICAL EVALUATION***

10. Assure coordination of medical response capabilities and provide for uniformity of public health emergency plans across the region.

***DISASTER SURVIVOR OUTCOMES***

11. Assure adequate transitional plans for post-disaster survivor recovery including mental health services, housing, transitional care and long-term recovery.

***BUSINESS COMMUNITY***

12. Ensure business continuity plans are adequate and consistent and address interdependencies with public and private sector plans.

***PUBLIC BUILDING / INSTITUTIONAL ALL-HAZARDS PLANS***

13. Ensure building and institutional all-hazards plans exist to provide transparency with other regional catastrophic planning efforts.

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