

**TESTIMONY OF SHARON L. HOFER, PUBLIC HEALTH NURSE AND COMMUNITY ADVOCATE  
SUBMITTED TO THE SENATE COMMITTEE ON VETERANS AND EMERGENCY PREPAREDNESS  
IN THE MATTER OF SB 808 - TUESDAY, APRIL 7, 2015**

**Introduction**

Chairman Boquist, Members of the Senate Committee,

My name is Sharon Hofer and I reside in SE Portland. I am a Public Health Nurse and I am here today not representing any organization but as a concerned citizen and community advocate. In the interest of full disclosure, my husband is Jay Wilson, current Chair of OSSPAC.

I'm here today to support the intent of the amended language submitted for Senate Bill 808 that calls for mass care and shelter planning for a Cascadia Subduction Zone catastrophic earthquake and subsequent tsunami, an event that will result in the mass displacement of tens of thousands of Oregon residents.

*(Spoken testimony will be a brief summary of the statement below.)*

**Testimony Statement**

"A disaster is a sudden, calamitous event that seriously disrupts the functioning of a community or society and causes... losses that exceed the community's or society's ability to cope using its own resources." - *International Federation of Red Cross and Red Crescent Societies*

"A catastrophic disaster is one that so overwhelms response agencies that local, state and federal resources combined are insufficient to meet the needs of the affected public." – *Working definition from the Catastrophic Course Development Summary, FEMA Emergency Management Institute, Rick Bissell, Ph.D*

A massive Cascadia Subduction Zone earthquake and tsunami will result in a multi-layered and hypercomplex catastrophic disaster. Thousands of homes and buildings will be uninhabitable or structurally compromised after the devastation from the tsunami, seismic impacts, the effects of landslides, liquefaction and fires. Additionally, the findings of the Oregon Resilience Plan report that the interdependent network of transportation, power, water and sanitation, fuel and telecommunications will be destabilized by this event. As a result, the foundations for basic life support mechanisms – shelter, food, water, sanitation and health care, will be limited to unavailable for tens of thousands residents (and visitors) of this state.

The impact of this disaster will not be ours alone. We will be in the company of the more populous state of Washington, communities on the Northern-most California coast and British Columbia in our need for aid. Our collective, varied and evolving needs will go on for weeks, months and as we are seeing in Japan and New Zealand, even years.

**Mass Care and Shelter Planning for a Catastrophic Disaster**

Care and shelter after a catastrophic disaster is not merely the provision of a roof, food and water. As we are learning in the initial phase in our multidisciplinary, collaborative effort working towards a Multnomah County Mass Care and Shelter Plan, it is a massive and complex endeavor. Also, lessons

from Hurricanes Katrina, Sandy and the Great East Japan Earthquake and Tsunami of 2011 have shown that minimally, the following points must be taken into consideration for any planning effort:

- For those on the coast, getting out of the tsunami zone means just having enough time or ability to evacuate oneself and/or to provide help to those who need assistance. Residents will be lucky if they could also carry a basic preparedness kit. Once out of the inundation zone, there will likely not be enough (if any) shelter, food and water awaiting them in quantities needed until resources and help arrives in a substantive way.
- Outside of the inundation zone and along the I-5 corridor, care and shelter needs will vary. Some residents will not be able to safely enter their homes, while others will be able to shelter in place. Many, even when their residences are structurally sound, will seek or need a shelter setting for support of their functional needs. This varied scenario will be repeated in the thousands of neighborhoods and communities along the length of this state.
- Until all communities have access to resources and services, they will be their own first responders and the responsibility of care and shelter will rest on their shoulders. In the initial days and weeks, spontaneous forms of care and shelter will outnumber traditional shelters set up by disaster response organizations.
- Even if community members arrive at shelters with few if any injuries, every shelter will have people with functional, medical and behavioral health needs. Chronic health conditions can become acute medical conditions quickly if regimens that maintain stasis are disrupted. Minor illness can become serious for the medically fragile living in poor conditions. For these people, calling an ambulance for transport to the local hospital will not be a likely option.
- On any given day, most hospitals are at 85-100% capacity. Medical services will be instantly overwhelmed by the number of casualties after an event like Cascadia. Coupled with structurally compromised hospitals and clinics, along with the disrupted infrastructure that supports daily hospital operations makes for yet another disaster – one of access to medical care.

#### **What Can Be Done: Supporting the Amended Language for SB 808 – Mass Care and Shelter Planning**

Mass care and shelter planning has already started on a state and local level in partnership with disaster response organizations and communities are engaged in preparing for disasters, but there must be a more ambitious planning effort commensurate with the scope of a catastrophic disaster resulting from a great Cascadia Subduction Zone earthquake and tsunami. Such endeavors must be supported by a robust and long-term collaborative effort that brings together state and local agencies, non-governmental organizations, the health care systems, community-based organizations and community members. A process model, such as the one used to create the Oregon Resilience Plan, brings together the aforementioned multidisciplinary, collaborative groups to examine all facets of this enormous task, perform a gap and asset analysis and work on strategies for long-term planning. A Task Force can facilitate this effort.

As seen over and over again, volunteers from the community and community-based organizations play a critical role in disaster response and must be included any mass care and shelter planning.

Any work that we start today can make a difference in the quality of life for all Oregonians affected by this disaster.

Thank you Chairman Boquist and members of this Senate Committee for the opportunity to present this testimony.