

**MEETING NOTES**  
*National Mass Care Council Meeting*  
*June 10, 2011*

<b>PARTICIPANTS</b>	
Name	Organization
Mark Askey	Federal Emergency Management Agency
Heather Blanchard	CrisisCommons
Donna Brooks	Federal Emergency Management Agency
Mickey Caison	National VOAD
Lynn Crabb	American Red Cross
Patrick Crawford	Feeding America
Ben Curran	Federal Emergency Management Agency
Curt Decker	National Disabilities Rights Network
Russell Decker	National Association of Counties (NaCO)/IAEM
Jeanne-Aimee DeMarrias	Save the Children
Patrick Denis	Medical Reserve Corps
Michael Grimm	Federal Emergency Management Agency
Waddy Gonzalez	Federal Emergency Management Agency
Jack Harrald	Disaster Roundtable of the National Academies
James McGowan	National VOAD
Gerald McSwiggan	U.S. Chamber, Business Civic Leadership Center
Amy Mintz	American Red Cross
Rev. David Myers	Center of Faith-Based & Community Initiatives
Gregg O'Ryon	American Red Cross
Anne Palmer	American Red Cross
Sharon Polarek, Major	The Salvation Army
Bruce Poss	North American Mission Board of the Southern Baptist
Mark Riley	National Emergency Management Association (NEMA)
Charlene Sargent	Adventist Disaster Response Services
Deborah Schnackenberg	National Animal Rescue & Sheltering Coalition (NARSC)
April Wood	American Red Cross

**I. Introductions & Opening Remarks**

- A. Launched meeting activities with welcoming statements from each organization's leading representative.
  
- B. Each meeting participant provided personal introduction and background overview.
  
- C. Need to enhance coordination and create more capacity.
  - i. Disasters are not a competition.
  - ii. Need to evaluate the different levels of coordination.
  - iii. Need to evaluate the challenges, short and long term goals.
  - iv. Build a system that anticipates the enormous range of agencies that want to help and accommodate them.
  
- D. Forum, coalition and state affiliates play a huge role in the voluntary agency arena
  - i. Vital components for the VOAD organizations supporting four core values

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- a. Communications: Enhances organizations ability to communicate with each other. Where are the gaps? How can we improve?
- b. Cooperation: What are the mechanisms we employee allow us to cooperate together?
- c. Coordination: What tools allow our organizations to partner across networks?
- d. Collaboration: Working together – acknowledging other organizations perspectives, identify a common goal between organizations and improve on efficiencies and effectiveness.

## **II. National Mass Care Charter**

### **A. Expectations of Council**

- i. Convene at a minimum of twice a year or three times a year.
- ii. Seats will not be limited by organizations in the NVOAD.
- iii. Each organization may have up to 2 seats.
- iv. Council will extend beyond the development of the National Mass Care Strategy.

### **B. Objectives of Council**

- i. Establish goals/concrete steps that can measure successes during the development of the strategy.
- ii. Develop strategy that defines general expectations, indicates how to manage expectations and public perception.
  - a. Work to become advocates for the group – provide expertise and address national mass care issues.
  - b. Be influential and set direction and develop into an advisory group.
  - c. Vet processes, progress and provide constructive criticism - encourage innovation.
  - d. Establish common goals.
  - e. Determine whose policy are we dealing with – government, legislative,...
- iii. Need a core time commitment. Would like to be able to consult council members regularly.

## **III. National Mass Care Strategy Background**

### **A. Who are the stakeholders of “mass care”?**

- i. Group could potentially be a very broad group - can encompass all.
- ii. There are many component/parts to mass care.
- iii. How do you change the country’s culture around mass care?
- iv. What aspects of our thought process need to be the same, so we can make some aspects different?

### **B. How does “mass care” happen? (sheltering, feeding, all moving parts)**

- i. How do the national level assets contribute to the mass care process?
- ii. How is emergency management integrating into mass care?
- iii. Best Practices and Technologies
  - a. Common Operational Picture (COP) (defined by the user)
  - b. Must be examined to determine what how organization current contributes and their resources. Resources will assist in:

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- Creating efficiencies
  - Defining start points and exit strategies
  - Obtaining more feedback/support from the private sector
  - c. Outlining opportunities to tap into local resources (in the recovery phase) in the community to help rebuild.
  - d. Volunteering:
    - How do we determine the dollar value of volunteers (and show Congress)?
    - Detail the value of volunteerism and the “whole community” concept. Tell the story and show the value and benefits to neighbors.
    - Determine the outcome from money investments – the local impact, and return on investment.
  - e. Discover ways to integrate technology (via social media).
    - Data and the coordination of information will produce results.
    - Data needs to be vetted for good/bad information.
    - How do we capture intellectual capital? Is there an “after-action” report on disaster technology?
  - iv. Sheltering challenges
    - a. Persons with disabilities
      - Local level operations select shelters
      - Many faith-based facilities aren’t covered under ADA and aren’t accessible.
      - Eliminate myths/stereotypes about disabilities
    - b. Children and Disaster Safety Measures
      - Are children’s needs being addressed?
      - Are children’s needs being incorporated into COP?
  - v. Resources
    - Website needed to list temporary housing resources towards recovery.
    - Website needed to list all the support agencies of ESF-6.
    - How do we manage the “just-in-time” shelters, volunteer agencies and develop a better process?
    - How do we acknowledge our different structures, directives (on all levels – national, state and local) and begin to operate as one?
- C. How do we define “National Mass Care Strategy”?
- i. What are the parameters and scope around a National Mass Care Strategy?
  - ii. What do we do on the state level?
  - iii. What are our capabilities? What are we already providing? What are we missing/the gaps?
  - iv. How do we get all organization to coordinate their efforts? (i.e., joint reporting)
  - v. Are we examining the recovery efforts and making communities more resilient?
  - vi. Have we taken into account persons with disabilities and their needs?
  - vii. Have we coordinated our feeding resources and processes so that efforts are not duplicated and redundancy is eliminated?

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### D. Mass Care and the Private Sector

- i. Are we canvassing the private sector -- input is needed – as the Private Sector is the “hub” of the community returning.
- ii. How do we get the community “open” and back to business?

### E. How has emergency management changed?

- i. Communities are working more closely – neighbor-to-neighbor
- ii. Entering an age transitioning emergency management from a “closed system” to an “open system”
- iii. More agencies are volunteering to contribute and address the community's needs.
  - a. What system is in place to address these needs?
  - b. How do we mobilize these resources?
  - c. Current system has to be able to realign on a spontaneous basis.

## **IV. Break-Out Groups: What should the National Mass Care Strategy address:**

### A. Group 1

- Strategy must be scalable and collaborative
- Needs-based (versus capacity-based)
  - Recognize there are unintended consequences when resources don't meet needs
- Anticipate and address spontaneous mass care services
- Establish when “mass care” ends
  - Determine metrics/flags that mark end of mass care

### B. Group 2

#### Phase 1:

- Mission statement for National Mass Care Strategy
- Definitions & common language
- National capability assessment
- Identify existing training & gaps

#### Phase 2:

- Set expectations for all constituents of mass care by developing standards/guidelines/best practices/code of conduct
  - Preparedness
  - Tactical – local, community, state
  - National – outside support
- Develop communication strategy to include social media

### C. Group 3

- Whole community approach
- 4 C's: communication, cooperation, coordination, collaboration
- Increase efficiencies/reduce redundancy
- Scalability
- Relevance
- Knowledge management approach – share lessons learned
- Ensure diversity of participation
- Develop partnership strategy

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### **V. Action Items**

- Common Operating Picture with all agencies needs to be looked at – for gaps and commonalities.
- Develop timeline of deliverables to management and address expectations.
- Build a “Silo-of-Excellence” – identifying best practices and ideas in place for technology and volunteerism efforts.
- Develop a training compendium – specifying how all organizations do training, all the training that exists and how to collaborate on training we can use.
- Develop a resource compendium – specifying what collective resources we have available.
- Flow-charts: Graphic depiction of how mass care gets accomplished; food distribution
- Post ESF-6 Annex on website
- Develop/determine if there’s a tool the communities can use indicating what resources are available.
- Identify a method to capture intellectual capital – after-action report on disaster technology.
- Milestones document for Congress – highlighting milestones in the development of a NMCS.
- COP for Mass Care
- Define expectations – tool to help manage public perception and expectations during disasters.

### **VI. Top Priorities Moving Forward**

- Develop Mission Statement
- Define “mass care” and its components
- Define who the audience is
- Identify who the stakeholders are
- Set strategic goals & objectives with reasonable timelines
- Specify what the baseline is for mass care
- Determine national capacity