

POWER OUTAGE INFORMATIONAL BRIEFING



SENATE COMMITTEE ON CONSUMER PROTECTION
Senator Rosalyn Baker, Chair

SENATE COMMITTEE ON ENERGY AND ENVIRONMENT
Senator Mike Gabbard, Chair

Testimony on the Blackout.

Good afternoon, my name is Toby Clairmont and I am the Director of Emergency Services for the Healthcare Association of Hawaii. I am here on behalf of Rich Meiers, President and CEO of the Association, who is in Washington, D.C. today. Our Association represents the entire spectrum of health care, including acute care hospitals, two-thirds of the long term care beds in Hawaii, as well as home care and hospice providers. Thank you for this opportunity to present testimony regarding the blackout on Oahu that occurred from Dec. 26-27, 2008.

We are responsible for the development and operation of a federally-funded Healthcare Emergency Preparedness Coalition. Our efforts include the development of communications systems, repositories of medical equipment and supplies, the training of response teams and hospital staff, and other activities. All Hawaii hospitals, over 35 nursing homes and assisted living facilities, air and ground ambulance providers and other organizations are members of the coalition.

In any community emergency, my staff and I work closely with relevant State and county agencies in an effort to fashion a coordinated response. For example, during the recent blackout, we activated our Emergency Operating Center and collaborated with the Hawaii State Department of Health, the Honolulu Department of Emergency Management and other emergency management agencies.

Hospitals represent a key component to the state's emergency management system. People depend on hospitals for the highest level of care, and rightly so. However, many people assume too much and incorrectly believe that hospitals have an unending capacity to care for patients. The fact is that hospital resources are limited. And in certain types of emergencies, resources are actually reduced. During the blackout, for example, Oahu hospitals were forced to rely on backup generators for their power. Due to cost considerations, these generators supply only about half of the power that hospitals usually operate with. So during a community emergency the resources of a hospital may be reduced at exactly the time when demand for services increases. It is imperative that the response of hospitals to community emergencies is coordinated so that they function as a unified system.

A large portion of the federal funds received by the Healthcare Association have been used to improve communications, to develop emergency response practices, and to develop coordinating mechanisms among hospitals. It is with some degree of pride when I say that the hospital emergency management system worked well during the recent blackout. For example:

- (1) The telecommunication system operated well among all affected hospitals despite the failure of the electric grid;

POWER OUTAGE INFORMATIONAL BRIEFING

- (2) Hospital Command Centers were activated and prepared for an influx of patients;
- (3) Basic medical services were provided without interruption during the blackout; and
- (4) There were no deaths or serious injuries resulting from the blackout.

The efforts that hospitals have made to prepare for emergencies proved to be worthwhile. There were a few minor glitches during the blackout, but Oahu hospitals generally responded well to it. Hospitals continue to strengthen their response to community emergencies.

I would like to make a few observations about the overall community emergency response system. These observations are not meant as criticism, but are offered as suggestions for improvement:

- (1) Individuals with certain types of special needs, including residents of adult residential care homes, were taken to hospitals because care could not be provided where they are usually housed due to the lack of electricity. This population could have been cared for in special needs shelters, which were not available, causing limited hospital resources to be used unnecessarily.
- (2) The spokesperson for Hawaiian Electric Company (HECO) informed the public about public health needs, which should have instead been announced by a spokesperson of a public health agency; and
- (3) The Honolulu Emergency Medical Services Division (EMS) did not execute a coordinated response.

The recent blackout was a wake up call for Oahu and the entire state because the impacts of this particular emergency were relatively mild. The next time we may not be so lucky. We cannot predict what kind of community emergency will occur next, nor its magnitude. Let us take the lessons learned from the blackout to prepare more fully for the next emergency.