

OPERATION HAITI RELIEF

January 12 – February 20, 2010

After Action Report

July 15, 2010



Florida Division of Emergency Management

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EXECUTIVE SUMMARY

The purpose of this report is to provide information on the State of Florida's support to the Federal Government during Operation Haiti Relief. The Florida State Emergency Operation Center (SEOC) was activated to a Level Two (Partial) for 29 days from January 13, 2010 through February 10, 2010. This report was initiated by the State Emergency Response Team (SERT) for its own review and analysis on the efficacy and efficiency of their performance during that time. It contains recommendations for improving upon operations and procedures for future activations.

On January 12, 2010 at 1703 hours local time, a 7.0 magnitude earthquake occurred in Ouest, Haiti, a very highly populated region. The epicenter of the earthquake was about 10 miles from the capital city of Port-au-Prince with the closest civilian airport, Mais Gate, approximately 11.8 miles away. Aftershocks with magnitudes of 5.5 and 5.9 were felt fourteen minutes after the initial quake. There was no impact to the continental United States (U.S.).

On January 13, 2010, Governor Crist ordered the SEOC to activate in support of our neighbors in Haiti. The SEOC activated to Level Two with operating hours set at 0700 – 1900. The following objectives were established:

1. Response
2. Repatriation
3. Medical Evacuation

Two (2) Florida based Federal Emergency Management Agency (FEMA) Urban Search and Rescue Teams (USAR), and one Disaster Medical Assistance Team (DMAT), as well as a host of logistical support for donated goods to support Operation Haiti Relief. Florida's two USAR teams rescued eighteen survivors from the rubble and millions of pounds of donated goods were sent to Haiti through volunteer agencies in the State of Florida.

Repatriation was led by the State of Florida's Department of Children and Families (DCF) in support of the U.S. Health and Human Services (HHS) Office of Refugee Resettlement (ORR). DCF also supported the ORR in processing adoptees. These operations centered on supporting 26,671 U.S. citizens, Haitian and other foreign nationals with passports or visas being transported back to the U.S., primarily on military aircraft. In all cases, they were met and offered support in the form of airplane tickets to their final destination, food, cash advances or hotel accommodations. A

portion of these flights involved 751 adoptees from Haiti who were allowed to enter the U.S. to be united with their prospective parents. The state and local agencies supported these activities through volunteer agencies, emergency management, fire/rescue agencies and the Florida National Guard. In coordination with DCF, these agencies provided translators, Creole speaking attorneys, and baggage handlers for the military aircraft. The financial support was provided by way of a loan program administered through DCF in support of ORR. Medical evaluations were completed by local and state teams until relieved by federal medical teams.

The Florida Department of Health (DOH) and the Agency for Health Care Administration (AHCA) coordinated medical evacuations. Flights initially arrived by private charter and military aircraft from Guantanamo Bay which filled South Florida hospitals with critically injured and burn patients. Later flights were coordinated through U.S. Transportation Command (TRANSCOM) and arrived at various Florida airports to include Miami, Ft. Lauderdale and Tampa. DOH coordinated these patients through their regional plans to area hospitals. At the request of Governor Crist, Secretary Sebelius from HHS activated the National Disaster Medical System (NDMS) on February 2, 2010 and all subsequent medical flights went to Tampa or Atlanta. Throughout the Operation Haiti Relief over 717 patients were treated in Florida's hospitals.

The deactivation of the State of Florida Emergency Repatriation Plan was authorized by HHS ORR on February 20, 2010.



Repatriates on the tarmac Sanford International Airport after arriving from Haiti.

Best Practices

The best practices identified during this operation are as follows:

- *Support by Executive Leadership in the Governor's Office*
- *Interagency Coordination*
- *Reversed Operational Roles/Responsibilities*
- *Department of Children and Families Coordination*
- *Flight Following Cell*
- *Airport Operations (Gathered from local AAR)*
- *Support from Federal Agencies (Conference Calls)*
- *Regional Medical Coordination*
- *Cost Capturing*
- *Emergency Management Assistance Compact*
- *Coordination and Support of Nongovernmental Organizations (NGOs)*
- *Expanded Use of Google Products*

Issues and Challenges

Throughout the event, several opportunities for improvement in the ability to respond to the incident were identified. The primary issues and challenges are as follows:

- *Coordination with Multiple Federal Partners*
- *Lack of In-Country Intelligence (Rumor Control)*
- *Federal Support for Airport Operations*
- *Coordination of Public Information*

Recommendations

The following recommendations are based upon the above best practices and issues:

1. *Revise current Federal repatriation plan.*
2. *Develop an International Emergency Response Framework.*
3. *Revise State Plan to be consistent with updated Federal Plan.*
4. *Incorporate Flight Following Cell into the Standard Operating Procedures.*
5. *Incorporate Open Source Technology into the Standard Operating Procedures.*
6. *Expand training opportunities for all stakeholders and non-traditional lead agencies.*
7. *Develop airport support plans for repatriation.*
8. *Develop a mechanism in the Federal Repatriation Plan for the lead Federal Agency to task other Federal Agencies.*

9. *Develop an active, working list of policy decisions.*

10. *Ensure all federal emergency response agencies utilize the National Incident Management System.*



Flights arriving with awaiting buses to transport repatriates to the processing center at Homestead Air Reserve Base.

SECTION 1: SUMMARY OF ACTIVITIES

Response

Due to the close proximity to Haiti, Florida-Task Force 1 (82 personnel) & Florida-Task Force 2 (84 personnel) Search and Rescue teams were deployed to Haiti from January 14, 2010 to January 25, 2010. These two teams saved a total of 18 earthquake survivors, including a Pembroke Pines woman who spent five days trapped in debris. The Task Forces were assigned as a U.S. Agency for International Development (USAID) asset through an interagency agreement executed between the Federal Emergency Management Agency (FEMA) and USAID.



Miami-Dade Task Force 1 rescues a trapped Two-year old.

In testimony to the United States Congress from Florida-Task Force 1, it was noted that that the many years of work put into developing adequate equipment caches and training personnel on the proper techniques paid off. The search and rescue efforts were successful, aided by their canines which performed remarkably. Additionally their technical search operations which used cameras and listening devices, their breaching and breaking tools and techniques, and their medical care to those trapped for extended periods of time proved to work well.

In their testimony, the Task Force recommended several areas for improvements: to

include incorporating the National GeoSpatial Intelligence Agency (NGA) early in a disaster response; implementing the National Grid Reference System for all search and rescue operations to ensure that priority areas are identified and grid searches are accomplished in the most expeditious fashion possible; deploy Task Forces with all of their transportation assets, or accommodations must be made to obtain transportation on-scene; Urban Search and Rescue (USAR) elements should not be engaged until there are medical care facilities established to receive the victims, and integration with Disaster Medical Assistance Teams (DMAT's) are a viable option of providing the necessary care; and security for task forces operating at a disaster must be addressed.

The efforts of the six USAR task forces from the U.S., coupled with the other 40-plus teams from around the globe, resulted in more survivors rescued than in any other disaster in history.

Volunteers and Donations

Nongovernmental Organizations (NGOs) involved in the response in both Haiti and Florida coordinated information and operations with the ESF 15 (Volunteers and Donations) lead by the Governor's Commission on Volunteerism and Community Service (Volunteer Florida). Several of the ESF 15 Support Organizations had operations in Haiti prior to the earthquake and they proved to be one of the better sources for information early on. The volunteer organizations on the ground in Haiti were also instrumental with establishing infrastructures for providing medical assistance, feeding, communications and logistics for transporting needed materials and supplies. ESF 15 Support Organizations were able to support various requests for assistance from the SEOC, businesses, voluntary organizations that conducted fund raising and donation drives, and individuals simply wanting to volunteer. For example, Royal Caribbean Cruises donated space on their cruise ships to NGOs in order to move humanitarian supplies from Florida ports to Port Labadee, Haiti. Over 5 million pounds of donated goods were ferried by Royal Caribbean. ESF 15 assisted and supported ESF 14 (Public Information) with press releases on how to help and provided guidance on donating and helping via the Volunteer Florida website. Volunteer Florida staff was assigned to support the Florida Emergency Information Line Call Center and managed the ESF 15 Volunteers and Donations Hotline.

Once the repatriation process started in Florida, ESF 15 Support Organizations were involved with supporting citizens and Haitian Nationals including families of medical patients that arrived. Listed below is a summary of some of the accomplishments being reported by twenty (20) ESF 15 Support Organizations:

- Volunteers Mobilized in Florida – **15,006**

- Total Volunteer Hours in Florida – **126,639**
- Financial Contribution (Cash) - **\$3,086,649.85**
- In-kind Contribution (Non-cash) - **\$2,200,000.00**
- Goods shipped from Florida - **1,746,050 pounds**
- Total Volunteers in Haiti (Florida Volunteers) – **1,290**
- Total Volunteer Hours in Haiti – **32,179**
- Goods Handled in Haiti by Florida Organizations - **7,214,513 pounds**



Repatriation

The Florida Department of Children and Families (DCF), whose personnel handle repatriation on a daily basis, was the lead agency for the repatriation efforts at the State level with support from the State Emergency Response Team (SERT). Support for repatriation efforts was also provided by the Emergency Support Function (ESF) 1 (Transportation), Plans Section, ESF 6 (Mass Care), ESF 8 (Health and Medical Services), ESF 13 (Military Support) and ESF 15 (Volunteers and Donations) from the SERT, the U.S. Department of State (DOS), U.S. Customs and Border Protection (CBP), and the U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR), along with airport and emergency management personnel at the local level.

The State of Florida had a Emergency Repatriation Plan as an annex to its State Comprehensive Emergency Management Plan in place prior to Operation Haiti Relief. This plan however, was not fully in line with the operational situation that was presented to the State of Florida. The State of Florida began to receive repatriation flights on January 14, 2010. By the end of the operation, over 26,000 U.S. and foreign nationals were evacuated from Haiti to Florida following the catastrophic earthquake.

Table One: Total number of passengers, adoptees, and flights that arrived in the State of Florida

	Total
Passengers	26,671
Adoptees	751
Flights	1,277

Repatriation flights were initially directed into Miami International Airport and Homestead Air Reserve Base. Later repatriation flights were directed to Sanford International Airport. Repatriation processing centers were set up at all sites. Although flights were directed to these airports, flights eventually came into a number of other airports throughout Florida including: Ft. Lauderdale Executive, Ft. Lauderdale International, Ft. Pierce/St. Lucie International, Orlando International, Opa Locka, and Palm Beach International.

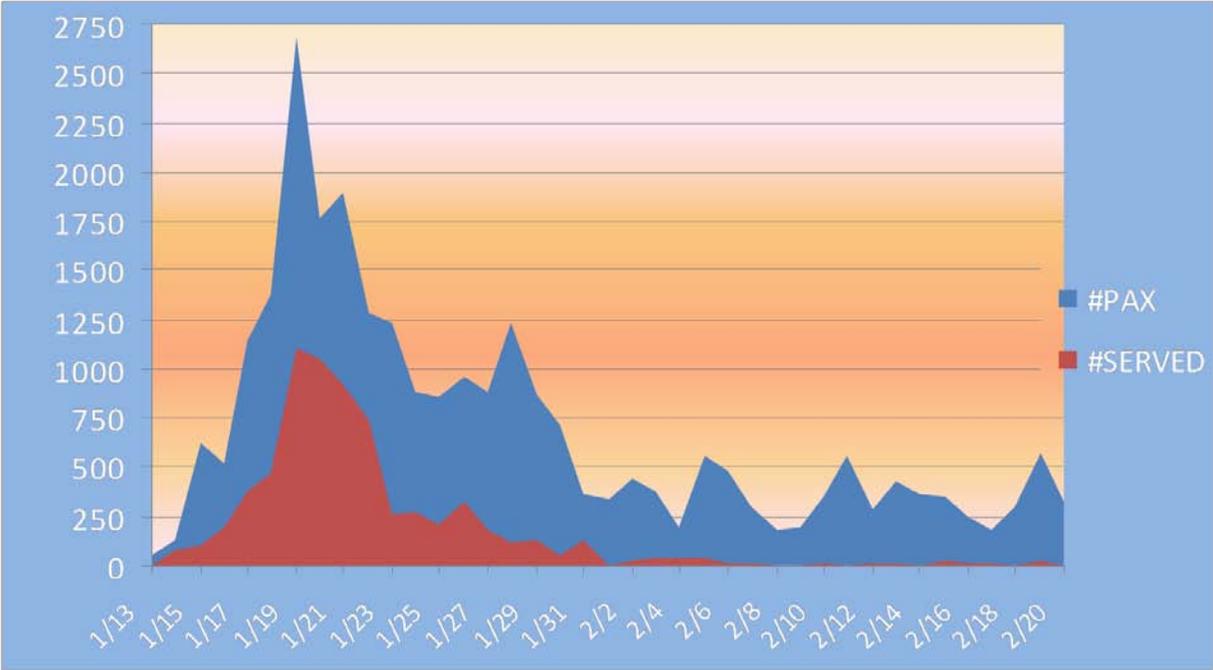


Figure One: Daily number of repatriated citizens that arrived and were served by DCF

Homestead Air Reserve Base (HARB)

The Federal Government designated HARB as the first point of debarkation for repatriation operations. This decision was made because flights carrying relief and response supplies were originating from and returning to HARB. Once supplies were

unloaded in Haiti, repatriates were provided opportune transportation to the United States. An Emergency Operations Center (EOC) was activated on base in close proximity to the air field where repatriation flights would land. The EOC was staffed mainly by military personnel both from HARB and across the country. DCF and DEM also had a presence at the EOC on base, along with Miami-Dade Emergency Management and law enforcement

When flights carrying repatriated citizens landed at HARB, CBP, base police, and medical personnel greeted the plane. No other personnel were allowed past a secured point on the tarmac. The luggage was removed first, searched, and taken to the gymnasium. A bus, either a military school style bus from HARB, or a transit bus if wheelchair access was needed, transported the repatriates to the gymnasium to be processed.

The repatriation processing center was located in the gymnasium on the base. Having the processing center on a military base, instead of a commercial airport equipped with customs controls already in place did not hinder the HARB processing center operations. When the repatriates arrived at the gymnasium, they were directed using roped barriers to the customs station. Once clearing customs, there were several stations set up to further serve the citizens. There were two designated waiting areas for those traveling on to Miami International Airport and for those going to the reunification center. Provided in the waiting areas were cots and cribs with blankets and pillows for resting, Red Cross provided meals and other essentials, private medical service area, and DCF assistance to provide any other services necessary such as further travel plans, phone bank for calling relatives, and cash. Portable restrooms were set up outside the gymnasium to maintain the integrity of security for the surrounding areas on the base. Once the citizens were through with processing, Miami-Dade Transit buses were waiting to take them to their next destination which was either the reunification center established at St. Thomas University, the airport, or other locations for connecting travel.



Repatriates fill the processing center located at the gymnasium at Homestead ARB.

Translators were also on hand at HARB, the reunification center at St. Thomas University, and Miami International Airport. Early in the response effort Miami-Dade County surveyed their county workers and came up with a list of approx 8,000 people who spoke Creole. Miami-Dade Emergency Management (EM) helped to coordinate with Switch Board Miami for a 24-hour translator and mental health counselor for all locations. Additionally, HARB had several soldiers who spoke Creole and volunteered to help.

The process from debarkation to boarding the Miami-Dade transit buses took approximately 1 to 1 ½ hours depending on the number of repatriates being processed.

The nongovernmental organizations in Florida supported the repatriation by providing 15,006 volunteers working 126,639 volunteer hours and contributing \$3,086,649.85 in cash assistance and \$2,200,000.00 in other assistance.

Miami International Airport

Executive leadership from the State of Florida and Miami International Airport (MIA) met to work out a solution to continue support for the repatriation efforts. MIA supported the repatriation plan throughout the remainder of the event. The Department of Children and Families provided staff at Miami International Airport to provide assistance to repatriates in need of assistance or continuing to another destination. Repatriates were

provided assistance with overnight lodging and cash assistance as well as transportation to their final destination through the Repatriation Loan Program.



Personnel ready to assist repatriates as they disembark their flight from Haiti at Sanford International Airport

Sanford International Airport

Sanford International Airport and Seminole County EM were notified early in the morning of January 16, 2010 that incoming repatriation flights were planned and they would need to prepare to receive them. The first flight landed at Sanford International Airport at 5:00 p.m. that evening.

A joint Emergency Operations Center (EOC) was set up that morning at the airport. Having the EOC in close proximity to the event allowed the operation to be more effective. State partners from DCF also arrived in support of Seminole County EM along with the Chief Executive Officer of Sanford International Airport. Seminole County EM and the airport staffed the entire EOC. A SERT State Management Team (SMT) was dispatched to provide support and eventually transitioned to a single SERT Liaison. The EOC immediately began tracking down flights and any other available information.

Upon landing, aircraft carrying repatriated citizens were able to pull in immediately adjacent to the customs terminal and were met on the tarmac by CBP, Transportation Security Administration (TSA), DCF, a Creole Translator (staffed volunteers from workforce innovation, the Haitian consulate or the National Guard), local EMS and Fire, and various other personnel. Personnel boarded the plane and the repatriated citizens

were briefed in Creole by a translator, informing them of where they were, and the customs process. The repatriates were helped off the airplane and given wheelchairs when necessary. TSA agents formed a secure boundary between the plane and the airport, and directed the repatriates to customs. If anyone was in need of immediate medical attention, they were transported by emergency medical service to a local hospital. When they were cleared to leave the hospital, DCF arranged to pick them up and transport them back to Sanford International Airport to finish processing.

Once passing through customs, they were directed upstairs to the processing center where they were greeted by one of several volunteer Creole translators, who helped to guide them through the process. The repatriated citizens were given snacks and drinks from the Red Cross, and then sat down with their translator to fill out the DCF processing form. A computer bank staffed by DCF personnel allowed citizens to book any further travel, lodging, or to receive cash they may have needed. The repatriated citizens were allotted \$50 per person and \$25 for each additional minor family member. DCF started with a \$25,000 cash bank and also the use of their P-Cards for booking travel and lodging.

Once citizens were finished filling out their paperwork, they signed up on a list to signal that they were in need of booking further travel, lodging, or cash. When the next available computer bank terminal opened, a flag was raised to signal their availability. Personnel with a bullhorn then announced the name of the citizen next in line on the list, and directed them to the available computer terminal. This system was capable of handling over 200 repatriates at a time.

There were also volunteer nurses, clothing, toys, phone bank, and a mental health counselor available for the citizens who wish to utilize them. Ample seating was provided in the terminal for resting, or waiting if the citizen was to be transported to another destination. Originally school buses were used for transporting the citizens and later Lynx provided the transport. The buses were on hand to transport those citizens who needed to go to a hotel, continue on to a connecting flight at Orlando International, board a train at Amtrak or a Greyhound bus.

DCF had a presence at both Sanford and Orlando International Airports with an average of 100 total staff personnel on hand every 12 hours handling as many as 200-300 repatriates at a time. There were DCF personnel and the Red Cross at Orlando International Airport with a base set up in a vacant car rental counter waiting for citizens transported from Sanford International Airport to help guide them to their next destination.

Child Investigators were also on hand to care for any unaccompanied minors. DCF

staff would accompany teenagers and older children to the correct gate or would fly with a child aged eight years or younger if they were continuing on to another destination.

February 4, 2010 the Federal Government designated Charleston, South Carolina as the preferred destination to receive any further repatriation flights into the United States. On February 8, 2010, operations at Sanford International Airport stood down.

Medical Evacuee Flights

Medical evacuation flights occurred throughout the response to the Haitian earthquake. In the early stages of the operation, medical evacuation flights were directly coordinated with hospitals located in South Florida, primarily in Miami-Dade and Broward Counties, and the patients were directly admitted into the hospitals.

There was a concern that Florida's health care system could begin to reach saturation, especially in the area of high level trauma care. With the continual inundation of repatriation flights from Haiti, an additional demand for medical services was placed on South Florida's medical system. The operation was conducted during the peak winter tourism and seasonal residents' migration which further complicated Florida's healthcare system capacity.

A protocol for regional medical coordination for evacuation flight reception was developed by Florida DOH prior to National Disaster Medical System (NDMS) being activated. It included plans for notification of arriving flights, activation of participating agencies, response to the arriving flights, public information notifications, and alternative scenarios and other contingency plans. The protocol also included a diagram and flow of the operations from landing at the gate, through triage, and onto customs and immigration, and ambulance staging areas. This led to smoother operations and better preparedness in receiving the patients once the NDMS was activated.

National Disaster Medical System (NDMS)

Florida was notified that federal planning was underway to move 30 to 50 critically ill patients per day for an indefinite period of time from Haiti to Florida. The State of Florida believed that this would not be sustainable and Governor Crist requested the activation of the NDMS to assist in distributing these critically ill medical patients to other states and ensure states are appropriately reimbursed for their services. Secretary Sebelius activated NDMS on February 2, 2010 and was suspended on March 2, 2010.

Through HHS, the NDMS allows reimbursement for the first 30 days of hospital care for eligible patients. Only patients who satisfied specific medical screening criteria for evacuation and went through the NDMS Medical Review Board were considered to be

eligible to leave Haiti under the NDMS. Haitian and American patients were referred for review under NDMS by Haitian hospitals, Nongovernmental Organizations, the USNS Comfort, or other facilities if they meet criteria for evacuation.

The evacuations were reserved for the rare patients with life-threatening conditions that could not be handled within Haiti or by evacuation to another country.

In response to the activation of NDMS the U.S. Veterans Administration established a Federal Coordinating Center (FCC) in Tampa. Tampa International Airport and Dobbins Airbase were declared as the locations by the Federal Government to receive flights carrying survivors of the earthquake with urgent medical needs.

The Incident Command Center (ICC) at Tampa International Airport was set up in the conference room in the Airport Police Department and Communications Center with the triage area set up in the In-Transit Lounge adjacent to the arrival gates for the medical evacuee flights.

Upon receiving information of an impending inbound flight, the local participating agencies on the ground were notified via an e-mail distribution list. The e-mail included estimated time of flight arrival, activation time for airport ICC, reporting time, location and procedure for accessing that location for operational personnel set-up, number of individuals on the flight including patients and non medical attendants, and number of adults and children. When the aircraft arrived, Immigration and Customs Enforcement (ICE) boarded, took photographs, and began to process the patients while transportation units were on standby in the staging area. Patients were deplaned, identified, triaged, tracked and then moved to the staging area to be transported to area medical facilities. If the patient was accompanied, they were also transported to the medical facilities pending clearance from ICE. DCF, Catholic Charities, and the Red Cross were also on hand to assist as needed with translation, lodging, family assistance, case work, and follow-up work.

Flight Following Cell

The need arose early on for a systemic way to track flights carrying repatriated citizens to the State of Florida. The flight following cell (FFC) was created through coordination between SERT Plans Section and ESF 13 (Military Support). The idea of the FFC was adapted from its previous use on a smaller scale during Hurricane Gustav by the FEMA Region IV. However, it was on a much smaller scale and mostly entailed tracking evacuation flights away from areas affected by Hurricane Gustav.

Google docs Repatriation View only Share

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	A	B	C	D	E	F	G	H	I	J	K
	STATUS	CALLSIGN	TAIL NUMBER	TYPE	DESTINATION	AIRPORT	ETA ZULU (EST = -5)	# PAX In State	#PAX Out State	AMCITs	F
2											
3	ARRIVED - OUT OF STATE	RCH277A		C17	DOV	DOVER INTL	2345Z	0	5	2	
4	ARRIVED	N173PA		GLF3	FLL	FORT LAUDERDALE INT	2250Z	7	0	7	
5	ARRIVED	N413CM		BE190	FLL	FORT LAUDERDALE INT	0030Z	13	0	0	1
6	ARRIVED	N325SV		SF34	FLL	FORT LAUDERDALE INT	0046Z	18	0	10	
7	ARRIVED	N1BX		GLF4	FXE	FORT LAUREDALE EXEC	2240Z	10	0	10	
8	ARRIVED	N59KS		MU2	FXE	FORT LAUREDALE EXEC	0045Z	3	0	3	
9	ARRIVED	N123CJ		C525	FPR	FORT PIERCE	2335Z	6	0	6	
10	ARRIVED	GTM02		BE20	FLL	FT LAUD INTL	2010Z	6	0	2	
11	ARRIVED	N11FT		BE91	MLB	MELBOURNE	2355Z	6	0	6	
12	ARRIVED	N31HKV		LJ35	MIA	MIAMI	2120Z	4	0	1	
13	ARRIVED	N52ET		C525	MIA	MIAMI	0841Z	7	0	7	
14	ARRIVED	N52ET		C25B	OPF	OPALOCKA	1425Z	6	0	5	
15	ARRIVED	C2117		FA20	OPF	OPALOCKA	1830Z	3	0	3	
16	ARRIVED	N91LA		GLF5	PBI	PALM BEACH INTL	1710Z	1	0	1	
17	ARRIVED	N520CH		G150	PBI	PALM BEACH INTL	1913Z	5	0	5	
18	ARRIVED	RCH282A		C17	SFB	SANFORD	0923Z	12	0	12	
19	ARRIVED	RCH284A		C17	SFB	SANFORD	1632Z	108	0	99	
20	ARRIVED	RCH273A		C17	SFB	SANFORD	1933Z	74	0	74	
21	ARRIVED	RCH299A		C17	SFB	SANFORD	0415Z	79	0	79	
22	ARRIVED - OUT OF STATE										

15FEB10 14FEB10 13FEB10 12FEB10 11FEB10 10FEB10 9FEB10 8FEB10 7FEB10 6FEB10 5FEB10 4FEB10 3FEB10 02FEB10 01FEB10 31JAN10 STATUS

Figure Two: Example of Flight Following Cell in Google Docs

The FFC for Operation Haiti Relief created a spreadsheet in Google Docs, a free web-based technology. The technology allows for the managing and viewing of document changes in real time at separate remote locations. The document was created and used as the primary source for an overview of flight information which identified essential elements of information. The Google Docs spreadsheet contained the following information for all flights inbound to the U.S.: the aircraft's call number, type of aircraft, number of U.S. passengers (detailing those coming into Florida and those that were landing elsewhere), number of foreign national passengers, number of crew members, destination, estimated time of arrival, number of injured people, medical or other requests, and any additional relevant information. The operations of the FFC were transitioned from ESF 13 to ESF 1 (Transportation) with ESF 13 still providing technical assistance where needed. Personnel and representatives from U.S. Department of Defense, the Federal Aviation Administration (FAA), FEMA, CBP, and Florida Department of Transportation (FDOT) were involved in tracking flights and

managing the FFC.

To help ensure the most accurate visibility on inbound flights an FAA Liaison was requested and then arrived on January 17, 2010 to set up a FAA Web Based Traffic Situation Display (WTSD), which had the ability to display a digital representation of the Miami Air Route Traffic Control Center radar. The WTSD system allows an operator to track actual flights in real time. Additionally, the FAA Liaison could contact an aircraft's destination airport and ask traffic controllers to talk with the pilot to obtain the relevant passenger and needs information. FDOT created a dedicated FFC e-mail address which was intended to enhance the sharing of this vital information. The Google Docs spreadsheet was viewable as a real time read-only document providing another way for agencies and airports to track and prepare for incoming flights.

Mass Migration Planning

With the severity of the destruction in Haiti, contingency planning for possible mass migration was initiated. The SERT worked closely with the Homeland Security Task Force Southeast (HSTF-SE) which is a long standing task force headed by the Coast Guard, and is built to handle mass migration situations. There was no indication of mass migration issues due to the military presence in the water in the vicinity of Haiti's coastline.

SECTION 2: BEST PRACTICES

Support by Executive Leadership in the Governor's Office

From the beginning of the event, Governor Crist made it clear that the State Emergency Response Team (SERT) would be in full support of Haiti for all aspects of response, repatriation, and medical support operations. It is important to have this support from executive leadership on any level of government in order to successfully implement emergency response operations in a coordinated effort. Governor Crist remained as the lead of the state's response and was in constant coordination with the federal agencies during the event.

Interagency Coordination

Diverse groups were brought into the State Emergency Operations Center (SEOC) and were immediately integrated and worked well together. The successful integration of Department of Children and Families (DCF) into the SERT as prescribed by the State's Comprehensive Emergency Management Plan (CEMP) was vital to the mission.

In all local operations the response organizations had existing relationships from

regularly conducted exercises and monthly meetings, as well as real world operation coordination. The Interoperable Communications Network was used to connect the multiple radio platforms for seamless communications.

Reversed Operational Roles/Responsibilities

Standard operating procedures are for the State to support local government response operations. The Federal Government is there to assist the State in this response process as local governments have responsibility for the event. However, repatriation is the responsibility of the Federal Government under the Social Security Act. Under a memorandum of understanding the State supports the Federal Government repatriation effort and local governments are asked to support the State in this role. The reversal of normal procedures, roles, and responsibilities can cause significant coordination problems. The State was able to overcome these issues through the implementation of SERT coordination.

Department of Children and Families (DCF) Coordination

DCF coordination at three separate sights, working around the clock, made the repatriation effort a huge success. Additionally initial confusion occurred with regards to tracking medical patients. Questions arose as to who was being transported to which hospital and what their immigration status was: American citizen, Haitian National, humanitarian parolee, etc. DCF quickly responded to solving this issue by going to the hospitals to gather requisite information and perform a needs assessment to ensure that the patients and their families were taken care of properly. Their goal was to help support hospital providers by having a presence in their facilities, educating hospital personnel on benefits available through the U.S. Repatriation Program and the refugee assistance program available to Haitian humanitarian parolees. DCF staff helped patients apply for assistance, determine eligibility for patients to include ongoing service needs and mobilize area community resources to support the Haitian evacuees.

A spreadsheet was created and used to track and monitor the status of the patients. It noted the name, citizenship status, length of time they were hospitalized, if they had any relatives in the United States or any unaccompanied children, the current cost of the care, and what room number they were in. The hospitals then coordinated with local resources to assist with any unmet needs such as housing, clothing, transportation, and meals. This coordination through local hospitals helped to avoid duplication of effort. DCF also initiated a contract for medical case management under the Repatriation Program to assist repatriation clients with long-term medical needs.

It should be noted that medical evacuees who were not repatriates, who represent the majority of patients currently remaining in hospitals, were not eligible for medical case

management services. However, DCF has coordinated with the USCIS Cuban Haitian Entrant Program (CHEP) to make initial resettlement assistance available to eligible Haitian parolees. Haitians with visitors visas are ineligible for either program.

Flight Following Cell

The flight following cell data located in Google Docs helped to disperse flight information to the airports around the State. It required coordination from a number of different agencies to succeed. From the start, this coordination was effortless between the Florida Division of Emergency Management (DEM), Federal Emergency Management Agency (FEMA), U.S. Department of Defense (US DOD), US Customs and Border Protection (CBP), Florida Department of Transportation's (FDOT) Emergency Management and Aviation teams, the Federal Aviation Administration (FAA), and Florida Fish and Wildlife Commission (FWC). As noted above, it provided real time accurate information and served as a line of communication for intelligence information for the vast amount of personnel and agencies in need of the information. Beyond tracking flights, the flight following cell helped to curb rumors and misinformation regarding incoming flights.

Airport Operations

Operations at the international airports ran smoothly for a number of reasons. First, the great cooperation of the leadership for the airports and the flexibility at each airport allowed for rapid changes in the repatriation plan to be implemented. Each airport gave large amounts of space to the State and Federal Agencies, as well as their own staff's time for repatriation and adoptee support.

The airports also allowed use of their wireless internet for all those involved in Operation Haiti Relief and they brought in portable cameras to the Emergency Operations Center (EOC) in order to see the operations at the gates of the arriving flights.

The use of busses, coordinated between the private and public sector, allowed the ease of transporting repatriates throughout the operations.

Support from Federal Agencies (Conference Calls)

Several conference calls with various partners were held daily. Because there were multiple partners on multiple levels of government, operating out of multiple locations, the calls were a necessity in order to keep the lines of communication open thus diminishing the chances of miscommunication.

Regional Medical Flight Coordination

The Department of Health with its development of a regional medical coordination cell, was able to handle numerous flights and dozens of critical injured patients over the course of this event. The Broward based coordination of these patients to numerous hospitals was a true test of regional coordination and for local involvement in that coordination. Patients were provided immediate care and transport with minimal advance notice as to the patient numbers or their conditions.

Cost Capturing

There was concern that the costs of the operation were not being captured because DCF has not traditionally been in the lead agency role. In order to mitigate any reimbursement issues, DEM provided cost capturing recovery staff to DCF and other partner agencies in the Orlando and Miami areas.

The DEM recovery staff met with financial personnel from each of the participating agencies to explain what costs to look for and how to track them. A model spreadsheet was created and given to each agency. The spreadsheet aided in capturing personnel, labor and equipment costs including cleaning costs and supplies, and employees' fringe benefits, thus providing the real cost of running the operation.

Emergency Management Assistance Compact (EMAC)

EMAC provides form and structure to interstate mutual aid. Through EMAC, a team from Mississippi Emergency Management Agency (MEMA) arrived in the SEOC on January 29, 2010 and worked through February 5, 2010. They provided support to the Plans Section, Operation Section, and Public Information Officer. Their help in relieving Florida SERT members was immeasurable and contributed greatly to the success of the operation.

Coordination and Support of Nongovernmental Organizations (NGOs)

From the onset of this event, volunteer organizations played a significant role in the immediate response. Several of the ESF 15 (Volunteers and Donations) Support Organizations had operations on-going in Haiti prior to the earthquake. These organizations were very instrumental in sharing information with the SEOC, establishing communication, and making recommendations on how best to help. The volunteer organizations' logistics operations in Haiti were a vital link to getting aid to survivors until other operations were established.

ESF 15 coordinated numerous requests from individuals, volunteer groups and businesses wanting to help. As referenced earlier, ESF 15 worked with ESF 14 to coordinate information on how best to help and modified the Volunteer Florida's homepage to provide the most current information on donating and volunteering.

Numerous businesses stepped forward offering donations and services to the relief effort. Partnering businesses and individuals with volunteer groups proved very cost effective and saved valuable time by utilizing voluntary agencies' existing logistics infrastructure.

Expanded Use of Google Products

Google Earth was employed to provide a better understanding of the devastation that took place in Haiti. Before and after photos allow personnel to analyze the current situation and the extent of the damage on the ground. It is especially helpful in identifying the hardest hit areas with the most destruction and the greatest need. This is a tool that can be utilized during any type of disaster.

Google Docs was also used in the Flight Following Cell to disseminate real time information, from multiple points of contacts, on repatriation flights inbound to Florida from Haiti.

SECTION 3: ISSUES AND CHALLENGES

Coordination with Multiple Federal Partners

The lack of clear, direct federal support and guidance hindered progress, especially during the early stages of repatriation planning. Questions were raised as to who should be or who was the lead agency with the authority to give direction: U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR), Federal Emergency Management Agency (FEMA), U.S. Department of State (DOS), U.S. Agency for International Development (USAID), or U.S. Department of Defense (DOD).

Once determining there was no single point of central leadership from the federal government that directed the entire operation, liaisons were requested from the various federal entities to ensure coordination. Three weeks into the event leadership conference calls were established at the Federal level, and this lessened the need for a physical presence in the State Emergency Operations Center (SEOC).

USAID and HHS are not typical lead response agencies. This put some constraints on running operations correctly and in the most efficient manner. Questions were raised as to why a single federal agency with experience in leading emergency operations successfully was not given the lead. This lack of direction applies to both the operations (mission tasking) and financial reimbursement. Federal authority to mission task was clear through USAID in Haiti, but was unclear through HHS/ORR. A conference call was held with DEM and other agencies and the Office of Refugee Resettlement on

January 17, 2010 to provide direction on reimbursable expenses. The HHS/ORR regulation relating to repatriation expenditures (45 C.F.R. 212) provides only limited direction that reimbursements for repatriation expenditures must be allocable, necessary and reasonable. To meet the state disbursement requirements, it was determined that each participating agency would sign a provider agreement with the Florida Department of Children and Families (DCF) as the lead agency in Florida. A unified command between DOD, DOS, and HHS could have been established to allow closer coordination.

Health and Medical Services (ESF 8)

Since the disaster did not occur on U.S. soil, there was no U.S. disaster declaration process. Without that declaration, the National Disaster Medical System (NDMS) was not initially activated. It was later activated at the request of Governor Crist in a letter sent to Secretary Sebelius. In the future, if Disaster Medical Assistance Teams (DMATs) are sent to an international event, the NDMS Hospital plan should be implemented immediately. In addition, non-government medical flights put added pressure on the health and medical systems. They arrived often times unannounced with patients in need of urgent care. Hospitals cared for them regardless of the situation, even though many arrived without any papers, and they are not qualified for reimbursement by the Federal Government.

Lack of In-County Intelligence (Rumor Control)

Significant issues arose with misinformation about arriving flights and the misuse and incorrect application of terms; such as “mass migration” instead of “repatriation.” Planning efforts during the operation were vastly decentralized, with information streaming in from a number of different sources both in Haiti and in the United States from government, military, and airport personnel. The information was not always properly vetted, and was assumed to be accurate when it sometimes was not, adding to the momentum of the rumor mill.

Federal Support for Airport Operations

Reporting of the number of flights and on board passengers en route to the U.S. during the early stages of the planning process was disorganized and fractured due to a general lack of visibility on the ground in Haiti.

Repatriation efforts in Miami took place at two different locations: Miami International and Homestead Air Reserve Base (HARB). Because of this, at various times there was a shortage of personnel. At the peak of activity, Sanford had approximately 200 people

working every 24 hours whereas only 40 were working two locations every 24 hours in the Miami area.

Security was a major concern for the airports and they had to bring in additional resources due to strains on security personnel. With so many response personnel from so many agencies, access to secured areas required an airport escort.

Coordination of Public Information

While the State partners were running the operations on the ground, there was little realization and acknowledgement by the Federal partners and the media as to the extent of the State of Florida's efforts, including the extent of the volunteer effort that was coordinated by the State. The media displayed the catastrophe occurring and did not focus on the positive efforts taking place. It was not until late in the operations that Florida was recognized for its effort and vast amount of volunteers (15,006 volunteers who donated 126,639 man hours towards the effort). Erroneous statements were made by Federal agencies that Florida had asked to halt repatriation flights for flights into Florida. It took enormous efforts by the Emergency Support Function 14 (Public Information) to correct these federal mis-statements.

A great deal of effort in the area of public information was expended on the issue of adoptions in response to the significant public interest in this area. Media reports on orphans and suggestions that there may be a fast-tracked adoption process created intense interest, when in reality adoptions processes were only available for individuals already in the process.

SECTION 4: RECOMMENDATIONS

The following recommendations are based upon the above issues and best practices:

1. *Revise current Federal Repatriation Plan.*

- Tasked to Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)

ORR's emergency repatriation plan during Operation Haiti Relief was in draft form and did not fully integrate the National Incident Management System (NIMS). It is recommended ORR revise and finalize this document to incorporate NIMS and lessons learned from the Haiti repatriation effort.

2. Develop an International Emergency Response Framework.

- Tasked to the U. S. Agency for International Development (USAID)

USAID should develop an International Emergency Response Framework with the input from Federal and State Agencies.

3. Revise State Plan to be consistent with updated Federal Plan.

- Tasked to Florida Division of Emergency Management (DEM), Florida Department of Children and Families (DCF), and Florida Department of Health (DOH)

Once the Federal Repatriation Plan is finalized, the repatriation plan currently in effect for the State of Florida should be updated to incorporate any changes to the federal plan. While the State plan was eventually activated for Operation Haiti Relief, it was not utilized in its intended and fullest capacity. In the State's Repatriation Plan, MacDill Air Force Base was the assigned airport for receiving repatriated citizens; however most of the flights were directed to Sanford International Airport, Homestead Air Reserve Base (HARB), and Miami International Airport by the Federal Government.

The revision should allow for multiple opportune points of entry, an overview of the macro and micro flows of the general operations and repatriation processing center, functional staff matrix including a shift schedule to be followed by everyone involved showing the amount of personnel needed to run the operations given a certain amount of arriving citizens, communications protocol, and briefing procedures both for the agencies involved and the arriving citizens. Additionally, the plan should include a more robust medical response plan and guidance on what services, beyond the repatriation processing center, are available to those arriving into the country. It should also examine the roles and responsibilities for various agencies across the state for implementation of the plan with little to no notice. The plan should discuss the use of military bases and include methods for incorporating non-military personnel into operations taking place on the base.

4. Incorporate Flight Following Cell into the Standard Operating Procedures (SOPs).

- Tasked to Florida Division of Emergency Management (DEM)

It is recommended that the flight following cell procedures be incorporated with the DEM Operations Section SOP. Procedures should include an identification of personnel needed to run and monitor the flight following cell, along with

communication devices necessary to distribute pertinent information. Procedures and metrics for transitioning to a virtual flight following cell should also be included. A list of supporting acronyms should be provided in the live document. It is also recommended that other technology outlets, beyond Google Docs, be examined for their ability to manipulate and distribute real time data.

5. *Incorporate Open Source Technology into the Standard Operating Procedures.*

- Tasked to Florida Division of Emergency Management (DEM)

It is recommended that the use of Open Source Technology be incorporated with the DEM Plans Section SOP. Procedures should include personnel tasked to gather Google Earth images, analyze, and present the pertinent data. Google Docs should also have associated procedures for maximizing its effectiveness.

6. *Expand training opportunities for all stakeholders and non-traditional lead agencies.*

- Tasked to all applicable government agencies

This pertains to the overarching operations procedures that take place during an emergency as well as to financial tracking and obligations, and a working knowledge on the subject matter. Many government agencies are not trained to operate under emergency situations. Training is needed for mission assignment input, tasking and tracking in EM Constellation, and standard procedures for planning and operations. Additionally, agencies should have more personnel trained in the Incident Command System (ICS), National Incident Management System (NIMS) and Emergency Operations Center (EOC) operations in the event that a disaster such as this occurs again.

7. *Develop airport support plans for repatriation.*

- Tasked to all airports

It is recommended that airports develop a contingency plan, or if a contingency plan exists, include in it a plan for receiving any unplanned influx of repatriation or medical flights. As a part of the plan, be sure to task and determine how to track the unplanned flights. Airport contingency plans should be equipped to work with or without the State Flight Following Cell. Military bases should develop a process or contingency plan for allowing civilians access to the base to pick up repatriates during unplanned emergency situations. Allow the

contingency plan to include outside agencies necessary for support, the use of technology and other available resources at the airport.

- 8. Develop a mechanism in the Federal Repatriation Plan for the lead Federal Agency to task other Federal Agencies.**
 - *Requested of applicable Federal Government agencies*

The Stafford Act is specifically limited to events that take place "in any part of the United States" and there is no provision for the domestic impacts of international events. When a foreign disaster occurs if portions of that disaster are brought into the U.S., it is recommended that a system similar to disaster declaration occur within 72 hours of the response effort in order to activate agencies and expert personnel to aid in the response. It may be preferable for FEMA to be given lead agency authority because of their experience and proven success to lead in disaster recovery. The method should include standards for activating the relevant portions of other Federal agencies and providing temporary spending authority where necessary.

- 9. Develop an active, working list policy decisions.**
 - *Tasked to SERT Plans Section*

It is recommended that an active list of policy decisions be developed and maintained for quick reference for all coordinating partners.

- 10. Ensure all federal emergency response agencies utilize the National Incident Management System (NIMS).**
 - *Requested of applicable Federal Government agencies*

Homeland Security Presidential Directive-5 directs that NIMS is only applicable to "domestic incidents." However, HSPD-5 does provide for interagency policy coordination on international incident management and requires that the "Assistant to the President for Homeland Security and the Assistant to the President for National Security Affairs shall work together to ensure that the United States domestic and international incident management efforts are seamlessly united". NIMS has been shown as an effective management system and should be considered as the standard for international relief missions.

- 11. Develop a process to ensure that decision-making on immigration status for victims of international incidents are made in consultation with states.**

- *Requested of DHS and ORR*

Immigration status has long-term implications on the ability of states and communities to respond to the needs of repatriated family members. The decision to give visitors visas to nearly 1,400 Haitians arriving with repatriated citizens makes them ineligible for public benefits or work authorization, creating a tremendous hardship for communities. DCF notified DHS of this issue as early as January 16th, but there was no transparency in decision making or opportunity for meaningful input. In the future, the implications of immigration decisions on receiving communities should be considered in consultation with those communities.

APPENDIX A: LIST OF ACRONYMS

Acronym	Meaning
AAR	After Action Report
AFB	Air Force Base
ARB	Air Reserve Base
CHEP	Cuban Haitian Entrant Program
DCF	Department of Children and Families
DEM	Florida Division of Emergency Management
DMAT	Disaster Medical Assistance Team
DOH	Florida Department of Health
EAD	Employment Authorization Document
EM	Emergency Management
EMA	Emergency Medical Assistance
EOC	Emergency Operations Center
ESF	Emergency Services Function
FAA	Federal Aviation Administration
FDOT	Florida Department of Transportation
FEMA	Federal Emergency Management Agency
FFC	Flight Following Cell
FWC	Florida Fish and Wildlife Commission
HARB	Homestead Air Reserve Base
HSTF-SE	Homeland Security Task Force Southeast
IAP	Incident Action Plan
ICC	Incident Command Center
ICE	Immigration and Customs Enforcement
ICS	Incident Command System
MEMA	Mississippi Emergency Management Agency
NDMS	National Disaster Medical System
NGO	Nongovernmental Organization
NIMS	National Incident Management System
OCR	Operations Control Room
ORR	Office of Refugee Resettlement
RMA	Refugee Medical Assistance
SEOC	State Emergency Operations Center
SERT	State Emergency Response Team
SMRT	State Medical Response Team
SMT	State Management Team
SOP	Standard Operating Procedures
SWO	State Watch Office
TSA	Transportation Security Administration

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AFTER ACTION REPORT/IMPROVEMENT PLAN

Acronym	Meaning
US CBP	United States Customs and Borders Protection
US DOD	United States Department of Defense
US DOS	United States Department of State
US HHS	United States Department of Health and Human Services
USAID	United States Agency for International Development
VFFC	Virtual Flight Following Cell
WTSD	Web Based Traffic Situation Display