

Opening Statement of

**Senator Susan M. Collins
Chairman, Committee on Homeland Security
and Governmental Affairs**

**“Challenges in a Catastrophe: Evacuating New Orleans
in Advance of Hurricane Katrina”**

January 31, 2006

Today, the Committee continues its investigation into the preparation for and response to Hurricane Katrina. The focus of today’s hearing will be on the pre-storm evacuation of the greater New Orleans area in general, as well as on the special challenges faced by hospitals, nursing homes, and other facilities that care for people with special needs.

In the days following Katrina’s landfall, the nation – indeed, the world – watched their televisions in horror as tens of thousands of people in New Orleans scrambled to the roofs

of their homes to escape the rapidly rising water and await rescue. Some residents crowded onto the dry asphalt islands of highway on-ramps, where they remained for far too long, or suffered in the hot, dirty, and undersupplied Superdome and Convention Center. Confronted with these heartbreaking and infuriating images, we all asked: How could such a thing happen? Why were so many left behind? What was the City's plan for evacuating those who were frail or ill or who lacked the means to evacuate themselves?

We hope today to get answers to those, and other troubling questions. This is the Committee's thirteenth hearing on Hurricane Katrina. Of all the lessons to be learned from Katrina, effective evacuation to escape a looming catastrophe is among the most urgent.

The initial evacuation from New Orleans in advance of the storm went relatively well. Approximately one million

people left the greater New Orleans area in a much more efficient and orderly manner than in hurricane evacuations of years past. It appeared that the State of Louisiana's phased evacuation plan, which was revamped in response to a flawed exodus for Hurricane Ivan a year earlier, worked quite well.

Then, so to speak, the wheels came off. Those without access to transportation out of the region found themselves stranded, high and dry, but only in the figurative sense.

Among those left behind were thousands of elderly, disabled, and disadvantaged residents. A central purpose of this hearing is to learn why the responsible government agencies failed to make adequate arrangements for those who needed help with transportation or who were too ill or too frail to leave on their own. Why did so many buses sit idle? Why weren't trains used? Why weren't those in hospitals and nursing homes made more of a priority?

Our witnesses today will provide valuable insight into these issues. The first panel will discuss general evacuation procedures and the arrangements made for those who could not, or would not, evacuate. The second panel will focus specifically on health-care facilities.

Among the specific questions we will seek answers to are these:

What factors contributed to the general success of the motor vehicle mass evacuation from the greater New Orleans area? From the pre-positioning of gasoline for motorists who might run out to the refinement of the traffic-management technique known as contra-flow, this is one of the very few positive stories regarding Katrina preparation.

Why did the New Orleans Office of Emergency Preparedness and the Louisiana Department of Transportation

and Development fail to make adequate arrangements in advance for the pre-storm, mass transit evacuation of residents without access to motor vehicles? Transportation concerns were raised in the Hurricane Pam exercise, yet no final or workable arrangements were made to ensure reliable sources of buses and drivers for the evacuation.

The Hurricane Pam exercise also predicted that the City of New Orleans would flood in a storm of the magnitude and path of Katrina. Given this widely known prediction, why was the only designated shelter for people in the region who did not evacuate a refuge of last resort at the Superdome? Given that plan, why was the Superdome so ill equipped and poorly supplied to serve as a full-scale shelter?

Some of the most horrific problems in the immediate aftermath of Katrina were at hospitals and nursing homes. Such essentials as safe drinking water and fuel for emergency

generators were quickly depleted. The difficulty inherent in moving patients and nursing home residents only became worse once the City flooded. And the loss of dozens of lives at nursing homes illustrates the awful consequences of a broken system. We must examine the adequacy of the plans for these facilities, and why these facilities did not evacuate their patients sooner and were so ill prepared to meet such basic needs.

The particular aspect of Hurricane Katrina that we take up today encapsulates all that went wrong with our preparation and response. Accurate predictions of the consequences of such a storm were in hand, and considerable planning had been undertaken to address those consequences. Yet that knowledge and effort were overwhelmed by a lack of coordination, by governmental complacency, and, at times, by utter dereliction of duty.

The result was incomprehensible and unnecessary suffering, deprivation, and death. It produced those appalling televised images that shocked the world. Those images are now a part of history, a history that must never be repeated.