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SANDY HOOK ADVISORY COMMISSION

FEBRUARY 22, 2013

9:30 AM

Legislative Office Building

Hartford, CT

TERRY EDELSTEIN, Committee Co-Chair

BERNIE SULLIVAN, Committee Co-Chair

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AGENDA

I. Call to Order

II. Report on Lessons Learned

Commissioner Patricia Rehmer, Department of
Mental Health and Addiction Services
Commissioner Joette Katz, Department of Children
and Families
Commissioner Stefan Pryor, Department of
Education
Commissioner Jewel Mullen, Department of Public
Health

III. National Perspective in School Crisis Response

Marleen Wong, LCSW PhD - Assistant Dean and
Clinical Professor at the University of
Southern California School of Social Work
Thomas Demaria, PhD - Long Island University,
Director of the Psychological Services
Center and Trauma Response Team of the
Doctoral Psychology Program

IV. Local Experts in Trauma Response

Steven Marans, PhD - Yale University, Harris
Professor and Director of the Trauma Service
at Yale Child Study Center (Cancelled)

V. Other Business

VI. Discussion

VII. Adjournment

1 (The proceedings commenced at 9:30 a.m.)

2 CO-CHAIR EDELSTEIN: Good morning, everyone. I'd
3 like to call this meeting of the Governor's Sandy Hook
4 Advisory Commission to order. My name is Terry Edelstein,
5 I'm the co-chair along with Bernie Sullivan of this
6 commission. Our chair is out of state and Scott Jackson
7 asked me to chair today, and near the end of the day Bernie
8 will take over as chair.

9 We have several items of business before our
10 presentations. The first is that we have sent out an
11 agenda. Commission members have copies of the agenda on
12 your table. I'm looking for a motion to amend the agenda
13 of -- Dr. Marans was supposed to be with us this afternoon
14 and is unable to join us. So I'm offering that we have a
15 new agenda that starts with lessons learned, national
16 perspective and school crisis response.

17 (Motion approved.)

18 CO-CHAIR EDELSTEIN: Thank you very much.

19 I wanted to just review the agenda briefly in
20 terms of some of our logistics. First, as you know, we're
21 being recorded by CTN, so do use your microphones and turn
22 off your microphone if you're no longer speaking.

23 We have an aggressive agenda today that is going
24 to be focused on trauma surface and school crisis experts,
25 and what we're going to be doing is asking our commissioner

1 panel to be with us between about 9:30 and 10:45 this
2 morning. We'll take a brief break after that, and then
3 we'll talk about national perspectives in school crisis
4 between 11:00 and 12:15, and follow up after our lunch
5 break with more question and answer.

6 And then we will be talking to the Aurora Public
7 Schools between 12:15 and 12:45 via Skype and taking our
8 lunch, after that then returning for Q & A, and then I know
9 very important to the commission members, we'll be talking
10 about future programs, organizing future panel discussions,
11 and talking about our process and the report that we will
12 be issuing in draft to the Governor by the 15th of March.
13 So we expect that we will be wrapping up today's meeting by
14 about 3:30 or 4:00 o'clock. We have a full day of
15 meetings.

16 As we go to the report on lessons learned, Dr.
17 Schonfeld, who helped to organize the day, has several
18 comments.

19 COMMISSIONER SCHONFELD: Sure. Just very
20 briefly, Chris Lyddy and I put together this proposal and
21 we didn't have enough time to notify really all the members
22 of the commission, so I just wanted to clarify that the
23 goal of today's session is to talk about how schools can
24 become better prepared to both get ready for and respond to
25 crisis events to help children adjust and cope with them.

1 So the commissioners have gotten some information
2 that although they may be talking about other issues
3 related to school security and other factors that are
4 complementary, the goal of our follow-up questions will be
5 more focused on really the mental health aspect. And I
6 also want to clarify that our longer term goal is to have
7 another session that speaks more to mental health services
8 that may be within the community or more broadly, so that
9 the goal is really to talk about the interface between
10 school crisis preparedness and response and mental health
11 needs of students and staff.

12 CO-CHAIR EDELSTEIN: Thank you.

13 I believe we're going to be starting with
14 Commissioner Rehmer. And I invite all of the commissioners
15 to join us at the table. There are extra seats on the side
16 and you're all very experienced with that. If you'd like
17 to do that you're welcomed to.

18 COMMISSIONER REHMER: Good morning. Given what
19 Dr. Schonfeld says, I hope that these remarks are
20 appropriate. I think they are specifically to lessons
21 learned, but also just to share a little bit about what the
22 departments did when the tragedy first occurred on 12/14.
23 And also I want to make sure that everybody is on the same
24 page in terms of what the state has the ability to do, and
25 perhaps what more we might need as Dr. Schonfeld said.

1 So, the state does have a comprehensive disaster
2 plan that is utilized both by the governor's office and
3 then our department has an emergency command center that we
4 put into place when the governor puts his into place, or in
5 this instance we kept ours up and running after the
6 governor's was brought down.

7 This disaster response plan is really though
8 focused on natural and manmade disasters and does not
9 necessarily have a plan specific to responding to a mass
10 casualty school event like Sandy Hook. Responsibilities
11 that may be mandated during federally declared disasters
12 may not apply in an event like the shooting at Sandy Hook.
13 And in addition, as we all I think have learned and know,
14 school tragedies have very unique aspects that may
15 necessitate a specific plan.

16 Since school tragedies impact students, parents,
17 school staff and the larger community, the plan must
18 identify interventions for each of these groups. We
19 believe the plan should specify short and long-term
20 interventions and it may be appropriate to specify a design
21 for a school recovery program.

22 DMHAS and DCF, along with other state agencies,
23 but we took the lead on behavioral health and successfully
24 provided an immediate response, but intermediate and long-
25 range plans have been delayed because of the lack of a plan

1 and a program model. So again, as many of you know, DMHAS
2 and DCF was in there with what we call our DBHRN teams,
3 which are specially trained teams that actually go in in
4 emergencies and will respond and -- I'm sorry, Disaster
5 Behavioral Health Response Network is the title actually
6 for a DBHRN team.

7 And in this process we also incorporated a strike
8 team from Health & Human Services with the assistance of
9 Dr. Mullin in Public Health, and used DCF's Emergency
10 Mobile Psychiatric Services providers to come together and
11 respond as quickly as we could and as fully as we could to
12 this situation.

13 DBHRN was a collaborative initiative that first
14 developed after 9/11. It was developed by DMHAS, DCF and
15 the UConn Health center and Yale in order to be able to
16 respond immediately to behavior health needs following a
17 disaster. DBHRN team members are trained in psychological
18 first aid, incident command, and they participate annually
19 in disaster exercises.

20 Training requirements for other responders like
21 HHS and the EMPS staff from DCA differ, and just in time
22 training perhaps could be more effectively delivered for
23 these sorts of situations in particular in order to
24 minimize role confusion when we use blended team responses.

25

1 One of the things that we experienced certainly
2 in the first few days after the 14th was some role confusion
3 among our staff, some misinformation I think in the broader
4 community about what our role was and what we would be
5 providing to the school system and the community at large.
6 And as you might anticipate, a great deal of interest from
7 national experts, experts locally, and people that were
8 very interested in being involved in helping us. It was a
9 well-intentioned request to be of assistance, but in the
10 direct days in the aftermath it was very, very difficult to
11 coordinate this, and that led to some of the confusion
12 about what was happening and what was not happening.

13 We had over 70 individuals respond to all seven
14 schools in Newtown following the shooting. The school
15 responses varied from one week to almost two months. At
16 the Sandy Hook school we continued to have clinicians, both
17 from the private non-profit sector and from the public
18 sector in the Sandy Hook School. But this has also been
19 the longest DBHRN response that we have ever participated
20 in and highlights the need to recruit additional team
21 members and order to be able to sustain a longer term
22 response without compromising our agency functions.

23 Obviously, after this sort of event, we are able
24 to do whatever we can to support the community and the
25 schools, the teachers, the parents, the families that were

1 impacted, but we have done that with some drain to our
2 internal system in terms of the services that we provide.
3 And in this sort of situation, as you might expect, the
4 need for mental health in general and the request for
5 services has increased. So our ability as a state agency
6 to respond to that has been somewhat less than we would
7 have liked, and that is because we really feel that the
8 priority remains Newtown at this point.

9 In addition to this, we believe that the DBHRN
10 training could be enhanced. Current training requirements,
11 as I mentioned earlier, are more focused on natural or man-
12 made disasters. Training we would recommend should be
13 expanded to include psychological first aid for schools and
14 more specific training focused on trauma intervention in
15 the schools. Although, again, one of the things I would
16 like to emphasize is that the trauma effects of this, as
17 you all know or many of you know, do not occur in the first
18 days following the event or even in the first weeks. We
19 anticipate that that -- and we are seeing now, two months,
20 almost three months after this, that we're seeing more need
21 for individuals who are able to appropriately treat
22 different age groups who are experiencing some trauma
23 symptoms from this event. But that is not what we go in
24 and provide within the first several weeks.

25

1 And so I think that it's important again that we
2 differentiate so that the people who wanted to come in and
3 provide trauma treatment within the first few weeks after
4 the event, really we didn't need them at that point. We
5 needed them -- we need them now, we need them further down
6 the road, and I think one of the things that I think we
7 also need to do is educate the public, the communities, the
8 school systems so that the expectations are not only
9 appropriate but are in sync with what we're able to provide
10 and what should be provided at different times along the
11 time frame that we're involved in.

12 School districts have been overwhelmed nationally
13 following similar school shootings, and Newtown is no
14 different. Roles like communication, management of mental
15 health response, provision of security, managing personnel
16 and labor issues, and donations overwhelm school systems,
17 impairing their ability to make plans and make decisions,
18 and we certainly experienced that in this tragedy. An
19 otherwise very highly functioning district may be slow to
20 respond because they are now being required to manage new
21 or expanded responsibilities related to the disaster.

22 We believe the state should develop a short-term
23 school support team that assists school districts as they
24 work to resume normal functioning. The team and specific
25 roles could be pre-identified in order to bring rapid

1 assistance to a district that is struggling to meet the
2 day-to-day demands of the school system, in addition to the
3 very heavy demands that result from this sort of tragedy.
4 The team would be comprised to address core functions
5 described earlier, and the team could be made available to
6 school districts and they could elect to use the supports.

7 And again, the coordination I can't emphasize
8 enough. As we all were working together very diligently to
9 try to coordinate, the response is extremely complex. It
10 has been said that the disaster response is often the
11 second disaster, especially when it is poorly coordinated.
12 The outpouring of support and offers of assistance from
13 state agencies and local providers is overwhelming to
14 families and to children affected by the tragedy.

15 One of the things that we all saw in the days
16 following the tragedy and it continues to occur, and you're
17 all aware of this, is an enormous amount of media attention
18 which hampers even simple things like our ability to reach
19 out to families in a meaningful way when they're unwilling,
20 understandably, to leave their house because there are
21 cameras everywhere on the street that they're living on.

22 You know, we maintain contact, we still have
23 contact with all of the families that were impacted by
24 this. We started that interaction with DCF the night of
25 the tragedy. We were involved with the death notification

1 with the State Police and the clergy, and then followed up
2 to speak with the families to ask them what they needed and
3 what they would like from us. Obviously in the days
4 directly after the tragedy, they didn't know what they
5 needed or what they wanted from us.

6 We maintained contact and where families --
7 actually, we did have seven families that said they really
8 were not interested in anything at that point from us. We
9 sent letters to all the families, including those families,
10 offering how they could reach us, how they could reach DCF,
11 how they could reach providers in their community when and
12 if they were ready for support. And again, those
13 relationships started on the 14th and have been maintained
14 as much as possible when the families are interested in
15 maintaining them.

16 We also believe that behavioral health training
17 needs to be expanded to school personnel. And the final
18 thing I will say because there's other commissioners that
19 need to speak and we don't have a lot of time, is that we
20 really believe that the local system, additional emphasis
21 really needs to be placed on enhancing school capacity to
22 respond to disasters that may be of a less overwhelming
23 nature.

24 I think that this quickly turned into the need
25 for a strong behavioral health response and we were able to

1 do that to the best of our ability, but we believe that
2 training and psychological first aid for schools, school
3 management of grief and loss, and the effects of trauma may
4 help prepare schools to better respond to disasters.

5 I do not know if you have copies of some of what
6 I've just read to you, but if you don't I would be glad to
7 provide that to the subcommittee.

8 And with that, I'm assuming, Terry, that you want
9 to hear from other people before questions?

10 CO-CHAIR EDELSTEIN: Yes. Thank, you,
11 Commissioner Rehmer.

12 Everyone on the commission should have received a
13 copy of your written testimony, and all of the materials
14 that have been distributed to commission members are being
15 posted on the website for the Sandy Hook Advisory
16 Commission. We can provide more link information for
17 anyone watching on CTN, but it's a link off the governor's
18 home page.

19 Our next commissioner speaking is Commissioner
20 Pryor, Commissioner Mullen. I know Commissioner Katz is
21 our last speaker.

22 Okay. Commissioner Mullen.

23 COMMISSIONER MULLEN: Good morning, Mayor
24 Jackson. Terry, on Mayor Jackson's behalf, Representative
25

1 Lyddy, Dr. Schonfeld and other members of the Sandy Hook
2 Advisory Commission.

3 I'm Dr. Jewel Mullen, Commissioner of the
4 Connecticut Department of Public Health. I appreciate the
5 opportunity to share my observations on the state's
6 response to the shootings at Sandy Hook Elementary School,
7 and to offer recommendations that may refine our
8 preparation for crises in school settings.

9 My reflections are based on the work I was
10 privileged to perform in collaboration with my colleagues
11 after the governor's partial activation of the State's
12 Unified Command system on the afternoon of December 14th,
13 2012.

14 As you've heard, our work is not finished.
15 Although this testimony is not intended to be a primer on
16 public health emergency preparedness, my comments do
17 reflect my agency's focus on all hazards preparedness.
18 There are specific actions that we should perform during
19 every crisis, including those in schools.

20 Within the State's Unified Command system we knew
21 soon after the shootings occurred that we needed to
22 mobilize a large behavioral health team. Our response
23 demanded resources different from those we employed to
24 address other catastrophic events the state had managed in
25 the previous 15 months. This time we were not confronting

1 power outage, food and sheltering needs, and overtaxed
2 health care systems as we did following Storms Irene and
3 Sandy, and the October 2011 Nor'easter. Still, as in those
4 other circumstances, our response called for integrated
5 activity between federal, state and municipal government to
6 coordinate a number of services and to mobilize responders.

7 Accordingly, as we identify ways to support
8 schools, we must recognize that they exist as a part of
9 large systems, local, state and federal. Our framework for
10 supporting schools should explicate the components of those
11 larger systems which should be brought to bear for an
12 effective response and recovery following a crisis.

13 Acknowledging that my colleagues also are sharing
14 their lessons learned in our response to Sandy Hook, I will
15 highlight from a public health perspective successes and
16 other lessons learned that we should consider in the
17 strategy to support schools in the future.

18 Number 1: We operated in a strong Unified
19 Command system led by Governor Malloy and the Department of
20 Emergency Management and Homeland Security. The Unified
21 Command structure ensured that we maintained situational
22 awareness -- and I promise not to get too jargony -- about
23 events occurring within the school system and at the Sandy
24 Hook fire station which had become the local incident
25 command post where many of the activities of responders,

1 public safety and volunteers were coordinated. This
2 framework enabled our simultaneous intense focus on
3 different aspects of Newtown's response. For example, some
4 of us assisted the school system's planning to address the
5 needs of students while some helped municipal agencies with
6 other responsibilities.

7 2: Recognizing the magnitude of the crisis, we
8 promptly requested federal assistance on December 14th.
9 Collaboration with partners from the United States
10 Department of Health and Human Services was invaluable.
11 Our Region 1 partners and members of the U.S. Public Health
12 Services Commissioned Corps, who traveled from across the
13 country, supported the school system and town emergency
14 responders with planning and logistics. They also
15 delivered direct behavioral support services to families,
16 town and school personnel, and responders.

17 Number 3: My colleagues listened to town
18 officials and teachers in order to determine how to best
19 meet the community's needs. We understood that resilience
20 was one of their strongest assets. We were cognizant that
21 they had endured other recent challenges. Especially
22 throughout the weekend after December 14th, a number of us
23 who were present in Newtown talked about the cumulative
24 impact of recent life events on community residents and
25 responders.

1 Just about six weeks post-Sandy and a little bit
2 after Irene and the October Nor'easter we were handling we
3 were handling this. We did not make assumptions about
4 their ability to cope or to have primary authority over
5 plans for their short and long-term recovery. Moreover, my
6 colleagues' expertise in trauma-informed care was apparent.

7 Number 4: We maintained the ability to correct
8 course if needed, respecting the ultimate authority of
9 municipal and school leaders who were the primary decision-
10 makers.

11 Number 5: We learned quickly that an effective
12 plan to restore so-called normalcy for and aid the recovery
13 of the school's children required that we first address the
14 needs of the school personnel who would have to implement
15 the plan.

16 Number 6: We modeled strong agency
17 collaboration. I want to underscore that effective
18 interagency partnership is something we have worked to
19 achieve for the past two years. We didn't have to figure
20 out how to work as a team. We've remained committed to
21 learning from our efforts as we determine how to perfect
22 our work.

23 Based on those observations, please consider the
24 following recommendations as you draft the strategy for
25 supporting schools through crisis events.

1 First, I recommended to utilize the state's
2 Unified Command System to guide response and recovery.

3 Second, strengthen the integration of our
4 educational and behavioral health agencies into the Unified
5 Command System. We can start with a formal after-action
6 review of the Sandy Hook events and then a tabletop
7 exercise with other state agencies.

8 Number three, through an after-action assessment
9 we can also determine strategies to ensure that response
10 systems like those established in the school system and
11 fire station function as seamlessly as possible. A school
12 system's response and recovery are linked to that of its
13 town.

14 Fourth, as was done following the work of the Two
15 Storm Panel, consider holding a drill or practice exercise
16 that involves school personnel as incident commanders.
17 Given Connecticut's decentralized government, with a number
18 of towns that rely on part-time services and shared
19 regional assets, there may not be a one-size-fits-all
20 framework for assisting every school, but there ought to be
21 a basic framework that each town starts with.

22 Number five, continue to create and nurture
23 relationships with community partners, experts, and the
24 individuals who offer to assist during a crisis so that
25 coordinating the resources they offer does not threaten the

1 effectiveness of our collective response. The metaphor
2 that I've used to describe this, and that's what
3 Commissioner Rehmer alluded to, was the visual image of all
4 the donations that we've seen and that people still have to
5 sort through. It's one thing when those are inanimate
6 objections; it's another one when they're coming to you as
7 individuals who want to help but also are going to rate
8 their experience to your response based on your capacity to
9 meet their need to be responded to and to be helpful at
10 that time.

11 Number six, communicate with our federal and
12 regional partners, EMS, emergency medical services,
13 education, Homeland Security, mental health and public
14 health to learn about and create an inventory of assets
15 that they can provide to assist us in future events.

16 And number six (sic), strengthen our knowledge
17 base about how to meet the needs of the adult personnel who
18 are part of the crisis response in their schools, and
19 ensure that we have a plan to address those needs promptly.
20 As we look to them to support their children, we must
21 support them as well.

22 Leadership that was informed by expertise,
23 emphasized partnerships, and upheld local authority was
24 essential to our response to the events at Sandy Hook
25 School. It's needed in our response to all school crises.

1 When the time comes I'll be happy to answer your
2 questions. And meanwhile, thank you for giving me the
3 change to share my thoughts.

4 CO-CHAIR EDELSTEIN: Thank you very much for the
5 detailed recommendations and the recounting, and if you
6 have that available for us in writing later that will be
7 very helpful.

8 Commissioner Pryor.

9 COMMISSIONER PRYOR: Good morning.

10 It's a pleasure to be before you. I'm very
11 grateful for your commitment and for voluntarism in
12 carrying out this work, and I am really in awe of my fellow
13 commissioners' incredible work in the course of this crisis
14 and their remarkable professionalism really on in many ways
15 a 24/7 basis with limited opportunities to sleep
16 immediately thereafter and then really on an ongoing
17 committed basis all the way to this moment in time from
18 December 14th forward to today. So I think them for their
19 incredible work and it's an honor to be present with my
20 fellow colleagues.

21 I'm going to touch upon five points in the course
22 of my discussion. I do not have written testimony
23 presented for today, but would be happy to present
24 materials if they are useful elements of what I describe
25

1 subsequent. The five points I'll review with you now and
2 then I'll actually discuss each of them.

3 First is supplementing local school district
4 capacity.

5 Second is various forms of relief at the local
6 level that the state can provide.

7 Third is statewide statewide response in tandem
8 with local response.

9 Fourth is coordinated decision-making.

10 And fifth is school security and school design.

11 I will only briefly touch upon each of these
12 points for the sake of time and to enable the broader
13 discussion that we all wish for today, and you'll note that
14 I will not touch upon mental health or behavioral health
15 with any intensity because my colleagues are present and I
16 know the Q&A will focus on such material.

17 So first, as for supplementing local school
18 district capacity, you've already heard from two fellow
19 commissioners about the needs in this area, but let me try
20 to drive the point home a bit further.

21 It's enormously clear that when a school district
22 such as Newtown is faced with such an unthinkable tragedy,
23 there is a rush of activity and there is burden from the
24 level of voluntarism exhibited from across the locality,
25 the region, the country. The tasks may be familiar, may be

1 unfamiliar. Finding a way, such as what Commissioner
2 Rehmer described along the lines of a school support team
3 structure template that may be adjustable makes enormous
4 sense. Let me give a flavor for the kinds of activity that
5 occurred under these very, very difficult circumstances.

6 The press, you've heard from the previous
7 testimony the press and the media attention, very
8 understandable, very justified for the events of Newtown,
9 really were specifically overwhelming at the school
10 district. We found it necessary, we received a specific
11 request from the Central Office of the Newtown district to
12 provide some personnel to field questions there were so
13 many, and it's almost impossible to be accustomed to the
14 range of media inquiries that occur.

15 So in fact our public information officer from
16 the State Department of Education, she is here actually,
17 Kelly Donnelly, in the audience. She embedded within the
18 department and worked basically full time for a period of
19 weeks to help manage the media influx. That's an
20 improvised solution. It may be that in the procedures
21 going forward we ought to contemplate the communications
22 dimension of this work. And there were many other
23 communications dimensions that went beyond the walls of the
24 Central Office of the school district.

25

1 On the facilities front, it's well known that
2 there was a search that needed to occur given the
3 impossibility of utilizing the Sandy Hook School facility.
4 This is a point that may apply in cases of other disasters,
5 though each is unique.

6 There was a need to identify a school.
7 Fortunately the Chalk Hill School in Monroe became
8 available and there was nothing short of miraculous work
9 done by the Monroe community along with many, many others
10 to bring the school up to speed. Construction services,
11 the construction services division of the state played a
12 lead role; the fire marshal and the State Department of
13 Education in helping on a very preliminary basis to support
14 the local effort. The local effort is what got it done.

15 But that's the point. Ought we have systems and
16 a thought process for swing space in the case of disasters
17 in multiple forms, not just these kinds of unthinkable
18 tragedies, but also natural disasters and other scenarios
19 that may overwhelm a community. I think this solution was
20 arrived at very ably, very nimbly, but can we learn lessons
21 about how to do that once again, and in fact how to go
22 about the process for identifying longer term facility
23 solutions.

24 Something specific to this response that may be
25 translatable across responses, in the immediate aftermath,

1 meaning the minutes and hours following the shootings
2 themselves at Sandy Hook School, the education department
3 was in touch with the Department of Emergency Management
4 and Homeland Security, the State Police division embedded
5 within. Around the response we began to coordinate as is
6 appropriate through our protocols in the state across these
7 agencies. Remarkable work was carried out by multiple
8 agencies.

9 One of the things that we found valuable in terms
10 of being on the ground quickly that had not been a formal
11 part of the plan was that we called upon our technical high
12 school system. There are 17 campuses and centers in the
13 technical high school system which are most directly
14 affiliated with the State Department of Education. Because
15 the technical high school system, as Pat Keaney-Maruca
16 knows as a member of the State Board of Education, because
17 it operates effectively like a school district.

18 It's a statewide school district. It contains
19 many of the resident personnel and procedures necessary to
20 support another district. So what was helpful was to be
21 able to actually ask the superintendent of said system and
22 other emergency response personnel to be on the ground
23 immediately. And we may wish to look to that example for
24 future disasters. We've not done that before given the
25 geographic reach of the system and the ability to do so.

1 Both of my fellow commissioners who've already
2 spoken referenced donation management and the influx of
3 donations. There was what I perceived to be a terrific
4 coordination effort of receiving and vetting donated
5 materials and services which was carried out in concert
6 with the Unified Command and the Emergency Operation Center
7 and with tremendous local effort and effectiveness.

8 As pertains to the school district itself and its
9 Central Office, I think we can improve upon this already
10 strong response. There were curricular materials being
11 donated and arriving at the district's door. There were
12 personnel -- volunteers I should say, arriving and wishing
13 to offer services in the area of mental and behavior
14 health, but well beyond, all kinds of volunteers.

15 I will note because of my personal and
16 professional experience after September 11th as a resident
17 of the vicinity of the World Trade Center and then working
18 five years on the recovery and the rebuilding from the
19 World Trade Center, including work with Bob Ducibella, I
20 will note that in the immediate aftermath of 9/11 there was
21 something that was established by the business community
22 through the statewide equivalent of chamber of commerce
23 called The Partnership for New York City, and that was
24 called Restart Central.

1 And Restate Central actually vetted volunteers,
2 selected them to staff a sophisticated donated goods and
3 services matching system, not just cataloging goods and
4 services, but also specifically determining if there were
5 Ikea work stations that were being donated, which companies
6 that were no longer in the twin towers needed such
7 materials.

8 If there were AT&T calling cards, because
9 companies were squatting with fellow companies, often
10 competitors, and needed to find a way to bill against a new
11 system, those kinds of matches were made. I do think that
12 the donations management system worked well in the case of
13 Newtown and continues to work, whether we're talking about
14 the influx of teddy bears or the influx of other specific
15 needed materials. I think though that we might be able to
16 do even more as pertains to a school system in particular,
17 identifying even in advance as a template those goods and
18 services that they may need on a donated or a discounted
19 basis and figuring out how those matches may occur. I do
20 know that there was some complexity in the Central Office
21 on this specific point.

22 So those are some of the points that I wish to
23 make on the importance of supplementing local school
24 district capacity my first category, but what I would like
25 to note is that the notion of a team structure that

1 Commissioner Rehmer property and justifiably mentioned I
2 think is something we should explore more specifically.
3 What would that look like beyond the specific examples I've
4 referenced or that Pat has referenced; what do we mean by
5 that; are there new personnel required or is it a hybrid of
6 existing personnel; how can we help to instruct districts
7 or inform them as to the procedures for forming such a team
8 on their level, at the district level.

9 Second point, second broad point, forms of relief
10 that the state can offer. The --

11 CO-CHAIR EDELSEIN: One minute. Does anyone else
12 have a microphone on? Just so we can check on the
13 feedback.

14 COMMISSIONER PRYOR: The Newtown school district
15 through its local board of education and its superintendent
16 contemplated multiple ways in which to support staff and
17 students in the wake of the tragedy. Two specific forms
18 were arrived upon and forwarded to us.

19 I know we're still experiencing feedback here.
20 Is there anyone here whose -- okay. I'll try to sit back
21 and see if that helps.

22 Among the various ideas that were discussed at
23 the local board of education, two specific concepts were
24 ultimately forwarded to the State Department of Education
25 for consideration, and for that matter to the General

1 Assembly. One was relief from the 180-day rule, which is
2 to say that school attendance must occur for 180 days
3 minimum; that the days that were lost due to the tragedy at
4 Sandy Hook ought not be computed. The General Assembly
5 passed special legislation authorizing and in fact
6 requiring the State Board of Education to receive a request
7 from the local board and conduct a waiver. We did that.
8 So that whole process was carried out.

9 First there was a request in the sequencing for
10 Sandy Hook, in particular of the school, ultimately for the
11 district both actions were taken. I wanted to put it out
12 there as something that we should consider for the future
13 as to how such 180-day waivers are managed.

14 The second request was as pertains to student
15 testing. There was a debate that occurred at the local
16 level regarding whether testing ought to occur -- is it
17 helpful if I turn this off? Does that...

18 CO-CHAIR EDELSTEIN: Maybe switch the desk and
19 we'll try that. We're checking on the technology.

20 COMMISSIONER PRYOR: We'll see if this is better.
21 Thank you very much.

22 There was a request for relief from testing this
23 year. There was a debate and discussion at the local level
24 as to whether testing ought to occur. There's an annual
25 Connecticut Mastery test and an annual CAP test.

1 Ultimately the request was made only for the earlier
2 grades, the Mastery test, and the debate consisted of a
3 discussion around whether an assessment at the end of the
4 year would enable the system to be forward-looking and to
5 focus us on the crisis, but also on student achievement and
6 on serving students, and by virtue of that helping to
7 support the staff. The decision was made that a waiver
8 would be beneficial.

9 We are now in the process of taking the steps
10 necessary to provide such waiver, but wanted to note that
11 for school systems there are unique circumstances like that
12 that need to be thought through and these were quite
13 specific circumstances where these actions were taken. And
14 I think we would benefit from in any tabletop, any lessons
15 learned exercise, thinking about these decisions as well.

16 Third, statewide simultaneous response, it's very
17 important that as we respond to the specific conditions on
18 the ground in a given district or town during a crisis, we
19 also think about the impact upon the entire state. And
20 I'll talk about the Sandy Hook tragedy first and then
21 extrapolate a bit.

22 In the case of school personnel, teachers and
23 administrators in the wake of Sandy Hook across the entire
24 State of Connecticut wish to know how to talk about these
25 tragic events with their students. And one of the services

1 that we needed to provide was to provide some of the
2 prompts and some of the ability.

3 Dr. David Schonfeld was the professional on the
4 ground who helped us formulate, in fact drafted the prompts
5 that were offered as a specific guide to teachers to enable
6 them to talk with their students if they so wished at their
7 option. And other resources were placed on the State
8 Department of Education website around trauma and
9 bereavement and related subjects. That procedure had not
10 been followed previously. This was new to Connecticut for
11 the Sandy Hook experience and we think should follow.

12 In addition, I should note that in the case of
13 Hurricane Sandy and even in the case of the recent
14 snowstorm, the State Department of Education has started to
15 convene the first ever statewide conference calls with
16 superintendents of schools in concert, fully in concert,
17 with the Unified Command and the Emergency Operation
18 Center.

19 Superintendents of schools are themselves first
20 responders and our first decision-makers as pertains to
21 their schools, but too frequently they are not directly in
22 the communication loop as pertains to in the case of these
23 weather scenarios, weather conditions, road conditions, and
24 other scenarios that affect their schools with a bit of
25 distinction and with emphasis required on specified points

1 as distinct from the town. There must be coordination
2 through the emergency command structure at the town level,
3 but how ought we provide the right information to
4 superintendents around these subjects, a continuing subject
5 for us.

6 I'll move quickly on points four and five because
7 I know time is short.

8 Coordinated decision-making, my colleagues have
9 emphasized this point I think very ably and very correctly.
10 One of the things I'll say is that it was breathtaking in
11 its effectiveness how the Unified Command structure got up
12 and running under the leadership of this governor and this
13 lieutenant governor and these commissioners, and we were
14 very grateful for it.

15 I do think that there needs to be even more
16 thought given in that context to the precise methods for
17 coordination on the ground in the moment following the
18 crisis. I think we all managed to figure out the
19 structure, we were able to find the table literally
20 wherever we were located as we traveled together to
21 coordinate and map out our approaches. But there wasn't a
22 formula for it, there wasn't a prescription, and I would
23 say that if we could think even more about how the
24 stateside structure went partially or fully mobilized, and
25 that was done quite effectively.

1 How does that translate at the local level for
2 the individuals, the professionals who are literally on the
3 ground? I think we need to give more thought to that and
4 how that works for future purposes.

5 And then fifth, school security and school
6 design, I know that you had a previous session on this
7 subject and you had the benefit from hearing from
8 architects and other professionals which I think was an
9 outstanding move on your part.

10 We convened, we, the State Department of
11 Education, with really the leadership on point from the
12 multiple state associations, CAP, CABE, CAS, CASBO,
13 convened a convention that was attended by over 900
14 personnel back on January 24th. Bob Ducibella was a
15 presenter at that session, along with Jim LaPosta whom you
16 also heard from.

17 What I want to point out in this area was having
18 experienced the aftermath and the long-term response to
19 September 11th, and the planning process around the World
20 Trade Center, both the commercial facilities and the
21 memorial and the work around lower Manhattan subsequent,
22 the issue of security arose persistently. And the question
23 of how to embed security devices, security elements in
24 existing facilities or new construction arose frequently.
25 And Bob Ducibella was one of the best professionals in the

1 mix by far, and there were other colleagues who were
2 terrific.

3 One of the key themes that emerged for me, one of
4 the key lessons learned I should say, is that one need not
5 create a fortress in order to fortify a facility. I think
6 you heard those exact words expressed because it was partly
7 a function of the conversation with Jim LaPosta and with
8 Bob coming out of the symposium. But it's so critical that
9 we care about and we pay attention to the school climate,
10 the school culture or the school experience that students
11 and staff have, in addition to the absolutely necessary
12 security elements that must be added to the environment.
13 So how can school design naturally incorporate security
14 elements; how can such components be invisible; how can the
15 architecture and design decisions actually benefit from
16 decisions around security.

17 I've seen it occur under other scenarios,
18 including 911. There is sophisticated and sensible and
19 sensitive design work that can be done, and I would simply
20 reemphasize the point that we must commit ourselves to
21 those kinds of approaches or we will regret what we have
22 done to our schools when all is said and done.

23 I'm going to stop there and look forward to the
24 Q&A. Thank you.

25

1 CO-CHAIR EDELSTEIN: Thank you, Commissioner
2 Pryor.

3 Commissioner Katz?

4 COMMISSIONER KATZ: I'll give it a shot and see
5 if this works. It seems like the problem has been
6 resolved. Thank you.

7 Good morning, acting commission person Edelstein
8 and distinguished members of the Sandy Hook Advisory
9 Commission. My name is Joette Katz and I'm the
10 Commissioner of the Department of Children and Families.

11 I'd like to begin by specifically expressing my
12 gratitude to my colleagues. You've already heard from
13 three of them today, and also Commissioner Rubin Bradford
14 was extremely instrumental in helping us get through this.
15 I agree with everything they said and I'm grateful,
16 frankly, to have able to work alongside them since this
17 tragedy.

18 Let me also express my gratitude for this
19 commission's work. We commissioners were brought to the
20 table early on to identify topics of concern and suggest
21 names of people to serve.

22 At DCF we put on our website very early on
23 everything we had done so that the public would be
24 apprised, but I'm grateful for this commission and for the
25 testimony that you've heard today because I think it really

1 puts it out and center, front and center, and provides the
2 necessary details that we're missing.

3 For the remainder of my remarks I do not mean to
4 lecture, but frankly after 20-plus years on the bench and
5 many years of teaching law school old habits die hard and
6 that tends to be how I speak.

7 As the head of the largest state agency
8 responsible for children, their well-being and their mental
9 health needs, I am compelled to ask you to tread lightly
10 and cautiously. As you and other lawmakers grapple with
11 what to do next in the wake of Newtown, it is essential to
12 understand what is known, what is not known, about violence
13 against children and mental health and their interaction.

14 Failure to more fully educate ourselves and
15 appreciate the need for a nuanced approach to both areas
16 may lead unintentionally to adverse outcomes for children,
17 even if motivated by the best of intentions. For example,
18 many are calling for an increased police presence in the
19 nation's schools. The appeal of deploying law enforcement
20 to defend against external threats of violence is
21 understandable, but could come with its own dangers.
22 Indeed, the influx of officers in schools could further
23 criminalize young people, particular youth of color from
24 marginalized communities, and impede the development of
25

1 what should otherwise be positive and safer school
2 environments.

3 We know from research and practice that the most
4 effective and direct way to keep schools safe is to foster
5 a positive school climate, yet we know very little about
6 the direct effect that police presence will have on that
7 climate. Further, if school districts decide to utilize
8 law enforcement personnel in schools, particularly in
9 schools where youth of color and youth from under-resourced
10 communities will feel the greatest impact, those districts
11 should have a clear understanding of what their role should
12 be.

13 Currently there's a dearth of research on what
14 approach to introducing police in schools has the most
15 success in preventing rather than merely responding to
16 violence, to ensuring that all youth feel safe, that they
17 are protected, not policed, and fostering rather than
18 impeding a productive and nurturing school environment.

19 Additionally, we should not lose sight of the
20 fact that according to national data less than one percent
21 of all homicides among school age children occur on school
22 grounds or in transit to and from schools.

23 While no one would minimize the tragedy of any
24 death or other violent incidents to schools, this figure
25

1 demonstrates that most lethal violence takes place in your
2 people's lives outside of school settings.

3 I would caution as well about the superficial
4 response by many to conflate mental illness and violent
5 behavior. The truth is that the vast majority of people
6 with mental illness pose little risk of violence and that
7 mental illness is properly addressed as a public health,
8 not a criminal justice issue.

9 According to the estimates based on the 2011
10 National Survey of Drug Use and Health, one in five
11 American adults experience a mental illness in the past
12 year, and 11-1/2 million people, or 5 percent of the adult
13 population had a serious mental illness. But a 2009 U.S.
14 General's report on mental health concluded, and I quote,
15 "The overall contribution of mental disorders to the total
16 level of violence in society is exceptionally small," close
17 quote.

18 This central misconception can distract from
19 other efforts to reduce violence and unnecessarily
20 stigmatize millions with mental health disorders. It could
21 also actually undermine public safety by discouraging
22 people who pose the greatest risk from seeking services,
23 which in turn could result in many with serious mental
24 illness ending up in the criminal justice system, often for
25 minor quality of life offenses and other non-violent

1 offenses. This of course would further perpetuate the
2 mistaken impression that mental illness, criminality and
3 violence are inextricably linked.

4 I further caution against revising the duty to
5 warn. In fact, I ask that you tinker lightly with the
6 requirements that mental health professionals report
7 clients to the authorities because that could also cause
8 those with the greatest need not to seek services.

9 Furthermore, I hope you can continue to examine
10 whether those with mental illness are in fact more likely
11 to be victims of self-harm than they are to commit violent
12 acts against others, which studies from a decade ago
13 strongly suggest.

14 Focusing on mental illness is essential, but I
15 worry that we will lose sight of the underlying drivers of
16 violence, which we know that substance abuse, a history of
17 physical abuse, juvenile justice involvement, unemployment,
18 parental arrest are but a few of the risk factors.

19 These are just a very few of the concerns that I
20 felt the need to express. The instinct we all have to help
21 save, protect and prevent is admirable. I would simply ask
22 that you are careful not to act on that instinct, unaware
23 of the unintended consequences that could result, and in
24 the rush to judgment you resist temptation but rather study
25

1 these complex issues as you do in your own professional
2 practices.

3 Thank you for this opportunity.

4 CO-CHAIR EDELSTEIN: Thank you very much,
5 Commissioner Katz. And thank all of you for your
6 compelling words.

7 I'd like to open up time for questions from our
8 commission members.

9 COMMISSIONER LYDDY: Thank you, Chairman.

10 Good morning. And first before I ask my
11 questions and make my statements I want to say thank you to
12 all of you. Having been in the firehouse that day and
13 seeing all of your faces, that alone is a great source of
14 comfort not only to the local leaders in Newtown, but more
15 importantly to the Newtown community. So thank you.

16 With that said, I do have a number of questions
17 and unfortunately we don't have the time for me to ask all
18 of them. So I do want to just to focus on something that I
19 heard in trying to listen to the trends throughout, is this
20 blended team response and the potential for role confusion
21 in coordinating recovery efforts, offers of mental health
22 practitioners coming in, best practices experts, but also
23 your own internal functions as state departments.

24 Legislators often talk about trying to break down
25 the silos, and on 12/14 I saw those silos go completely

1 away, at least from the outside looking in, and I don't
2 know if that's always a good thing because of the role
3 confusion and the inability to manage your function.

4 So if you could maybe, Commissioner Rehmer, talk
5 a little bit about that and what your approach would be in
6 terms of this blended team response in approach.

7 COMMISSIONER REHMER: I think that you're correct
8 that the assertion that departments are siloed is often a
9 criticism, but there are times when it is appropriate. In
10 this instance, however, the ability for us to work together
11 was crucial because of the impact on the community, the
12 school, children, adults. There was nobody that wasn't
13 affected, and so what we tried to do to the best of our
14 ability was to support each other by, if you will, dividing
15 the labor in some way.

16 So, for example, the DBHRN teams, which are the
17 first responders in terms of crisis which were comprised of
18 Commissioner Katz's staff and my staff and many, many staff
19 from private and non-profit agencies locally as well,
20 decided to focus on different areas. So the DBHRN teams
21 were in the schools, primarily dealing with the school
22 teachers and principals and individuals who had been
23 traumatized through the event. The private non-profit
24 agencies focused on providing support and relief to family
25 members who had been affected, not necessarily the families

1 of victims, but other families clearly who were affected,
2 but it did include some families of victims. So there was
3 a family support center that was brought up that was
4 staffed by Danbury Hospital, Wellmore, Clifford Beers,
5 several of the local community providers, and they
6 specifically dealt with, again, families, Newtown
7 individuals who felt like they needed immediate relief,
8 somebody to speak with immediately.

9 And what we saw, in the first week or so they
10 were seeing about 300 individuals a day, including some
11 family members of victims who came to get assistance with
12 the surviving children in the family.

13 So again, it becomes this who's doing what, but
14 everybody needs to engage in something. The most important
15 thing, as I think both Commissioner Pryor and Commissioner
16 Katz and Commissioner Mullen said, was our ability to be on
17 the ground and to be coordinating on a minute-to-minute
18 basis because, frankly, the need is minute-to-minute,
19 especially in the first four or five days where changing
20 and decisions were bring made and we were trying to respond
21 and be very respectful of the local superintendent, the
22 local town selectmen, the teachers, the principals and the
23 families.

24 So on Saturday I think we spent 14 hours planning
25 our approach. On Sunday by 9:00 a.m. we had to go in and

1 replan because the needs were changing that rapidly. And
2 so while the silos are important in some instances, in this
3 instance there really was no ability to sort of stay within
4 our silos. Education became involved with behavioral
5 health. Child and family needed to work very closely,
6 Children and Family Services, with us in terms of adult
7 response, child and family response, and the overlap. And
8 Public Health had a role in making sure that we were all
9 responding to this very serious emergency in a coordinated
10 way.

11 So I think that in that respect the need to sort
12 of flatten the silos was critical with all of us luckily
13 having very positive relationships. I think that if that
14 hadn't been the case, there would have been much more
15 difficulty in terms of how this was approached.

16 And I don't know, Representative Lyddy, if that
17 really answered your question.

18 I do want to take -- I missed saying this in my
19 earlier testimony, and I want to emphasize the need for
20 intermediate and long-term planning. The focus of our
21 teams is not to stay in Newtown. It would be inappropriate
22 for us to do that and it's not our role. But there are
23 also various funding sources that allow us in many ways to
24 pull back from the behavioral health support.

25

1 So we have brought in from California the Child
2 Behavioral Traumatic Stress Institute who utilizes local
3 agencies. So Clifford Beers is involved, the Yale Child
4 Study Center is involved, the Village is involved, UConn,
5 those are the four identified agencies that work with this
6 national agency. I think they will provide training and
7 education to many other local providers, but they have come
8 in with the superintendent and the town selectmen's
9 approval and done an assessment and evaluation of
10 intermediate and long-term needs. They are writing the
11 grants that we may be able to avail ourselves so that we
12 can access federal dollars and they will be now guiding as
13 we pull out of the Newtown system what goes on there in
14 terms of intermediate and long-term needs for behavioral
15 health. And I forgot to mention that earlier and it's a
16 very critical piece. So I just wanted to mention that.

17 COMMISSIONER LYDDY: Thank you.

18 Dr. Mullen?

19 COMMISSIOENR MULLEN: I thought I would share
20 this. Although I think it's -- I don't think we've come
21 across as acting as if we're giving you all the answers
22 because we're so good at this.

23 I did want to share that on December 14th, when we
24 talked to one another and realized the magnitude of what we
25 were dealing with, we could very quickly say to one another

1 we've done a lot of things but we've never done anything
2 like this before. And there's such importance of the
3 humility that comes from having that insight early on that
4 it forces you to step back from thinking you can do it all
5 or that you have a specific role, when the response really
6 requires the interdependence that not only pools our
7 experience and expertise, that also helps us sustain one
8 another.

9 And while we really knew the importance of
10 maintaining clarity in that throughout, one of the things
11 that we also are maybe to subtly or not too subtly saying
12 is that as we think about a system to support schools
13 overall, it's the kind of response that we want our
14 communities to have. Because role confusion doesn't just
15 have to happen inside state government and for us to all be
16 effective we have to have that collective mindset.

17 So I'll stop and pass the mic.

18 COMMISSIOENR KATZ: Age is great, and as one of
19 the older people in the room -- I just had a big birthday
20 so I'm still feeling it -- you realize how little you know.
21 And to echo Jewel's remarks about humility, I mean there
22 are so many things that you're just not prepared for, and
23 certainly December 14th was one. And I guess my remarks
24 earlier was just meant as a caution because, for example,
25 right now other people are looking at workers' comp and the

1 ability -- because I for one am extremely concerned about
2 the first responders and their ability to recover. Well, I
3 wrote an opinion 20 years ago that would have provided for
4 post-traumatic stress. We went into a recession and the
5 Legislature, and I understand why, took that back. So,
6 again an unintended consequence, and so I guess that's what
7 I mean when I talk about living so long that there are
8 things that you didn't really anticipate. And certainly
9 when I wrote that opinion and when the Legislature acted in
10 response to it, no one anticipated December 14th.

11 But in more direct response to your question, I
12 think we all checked in on each other routinely and we
13 checked in on each other's staff routinely and I think
14 again because we recognize that there's just significant
15 overlap, and it's like when I talk about the children in
16 DCF care, there is no child who has only one issue, and
17 that child comes from a family. And yesterday I was part
18 of a debriefing session with some of our mental health
19 providers and they were talking about the impact on their
20 children based on what they have had to experience. And so
21 it's all -- it's not clean. It's very messy.

22 CO-CHAIR EDELSTEIN: Dr. Forrester?

23 COMMISSIONER FORRESTER: Thank you so much,
24 Commissioners, for your testimony today and your honesty
25 around we've never done anything like this before, and I

1 can certainly echo Clifford Beers' experience, we've never
2 been available to help at this level.

3 I have a couple of questions or reflections and I
4 feel like, Commissioner Rehmer, you did an excellent job of
5 sort of talking about the response, and Commissioner Katz,
6 the experience of looking around the room and being with
7 others, it echoes quite clearly. And I know that night on
8 the 15th when I walked into the room in the evening that I
9 looked across the room and I saw colleagues from private
10 providers who were part of the death notification teams,
11 and we said in debriefing meetings of our own, you know, we
12 knew each other and we had each other's back.

13 I feel like Connecticut is such an unusual system
14 in particular with children and children's cases. We have
15 a mixed care system. We have the state providers and the
16 state residential or hospitals, but we also have private
17 providers who are handling the day-to-day community based
18 work. And I just want to encourage what I thought I heard
19 today, is that when you are planning, when there is a
20 system being planned, that the private providers, the local
21 people, Wellmore, Danbury, Newtown Youth and Family
22 Services, the folks who are there in the community who are
23 part of the state system are incredibly included in the
24 conversation around the response. And of course we have
25

1 what happened in Newtown, of course we have to prepare
2 across the state. But I think it's important.

3 Chris said something around, you know, silos of
4 activity and different commissions having silos, that it's
5 very important for us to as a response to realize that we
6 have many, many people who are working in the system who
7 might not be directly, may be partially funded by the state
8 as my agency is. And acknowledging the incredible
9 generosity of the private providers and the community
10 people, to me it was overwhelming how important the
11 relationship was in this crisis and how important it is for
12 us to build on that and to grow on it.

13 And I think the last thing I want to say, having
14 been involved in the trauma response, we have to be
15 extraordinarily careful to not create new victims and new
16 blaming. We don't know how to do this and the only way
17 we're going to be able to do it is by working very closely
18 together. And I think that that's a very important thing.

19 And I guess finally leadership, I think what you
20 were saying is that leadership is so critical and making
21 sure that in other response like this it's very, very clear
22 who's in charge, and I think that the problem with the
23 state and the local and the private providers and then the
24 volunteers, it gets very unclear who is leading.

25 CO-CHAIR EDELSTEIN: Mr. Sullivan.

1 CO-CHAIR SULLIVAN: Regarding the first
2 responders, having spent a lot of years in public safety I
3 know very often they are very difficult to get them to
4 admit when they have a problem. Has any consideration been
5 given to some kind of a professional debriefing of the
6 first responders after the fact to try to identify that
7 those are in need? Because many of them just won't come
8 forward.

9 COMMISSIONER REHMER: Yes. You are completely
10 identifying one of the issues that we were aware of
11 immediately, which is the first responders, the police, the
12 fire individuals both from Newtown and the state, had
13 witnessed things that many of them had never witnessed
14 before, and the need to provide debriefing and to provide
15 support for them in an ongoing way during the crisis and
16 after has been a critical component of what we've talked
17 with the governor about. Commissioner Bradford has been
18 very, very involved in this. There has been -- there was
19 support on site through HHS specifically for first
20 responders that Commissioner Mullen coordinated.

21 And we've also provided debriefing for state and
22 local police in an ongoing way through outside resources
23 because one of the other issues is who debriefs the people
24 who are usually the debriefers. And so we are bringing in
25

1 different people to do that, but we are certainly cognizant
2 that even with the debriefing we have more work to do.

3 And we do have a program in the State of
4 Connecticut that is a peer-to-peer program for State Police
5 that I'm hoping as we move through this will continue to be
6 effective because sometimes police officers can reach out
7 to their peers rather than reaching out to professionals or
8 to others. And so I'm hoping that that program will also
9 provide some relief for individuals that are dealing with
10 this.

11 COMMISSIONER MULLEN: Thank you for asking that
12 question. I spent a lot of time the weekend after the
13 shooting going between the school and the fire station. I
14 also have staff who are among the first responders. And I
15 agree with you that people, some people won't reach out. I
16 also witnessed the degree to which the events of Sandy Hook
17 were just one in a series of different experiences that a
18 number of responders who have been doing this work have
19 encountered over time. And it was quite something to see
20 the ways in which their community also mobilized to support
21 them, the ways in which people were ready to relive their
22 stories, sometimes even tell about their own PTSD in the
23 moment.

24 And even based on what Commissioner Katz said
25 about workmen's comp, you know, my comment about

1 understanding that children exist in a town that needs to
2 be healthy, this is a very important issue for the state.
3 We heard Commissioner Pryor make reference to his
4 experience in 9/11. The governor talked about his own
5 experience supporting people when he was the Stamford mayor
6 during 9/11. So it is a very important part of that
7 comprehensive system.

8 COMMISSIONER SCHWARTZ: I just wonder if you
9 could comment on how you are contending with the vicarious
10 traumatization of the providers who are going in and doing
11 this work with folks. And I would add how are you managing
12 your own vicarious traumatization?

13 COMMISSIONER REHMER: We have planned debriefings
14 for our staff. We have not been able to do the full
15 debriefing at this point because we still are in the system
16 and we want to be able to debrief people that have been in
17 the schools in a way that they can be debriefed together.
18 But we certainly recognize the need for that.

19 One of the things that I can say, Jim
20 Siemianowski, who is the head of our DBHRN teams, who
21 frankly in my opinion deserves more than anybody in the
22 state can give him in terms of the work that he did, and I
23 think most of my colleagues would agree with that because
24 he is the one that heads up our DBHRN teams with Kathy Dean
25

1 from UConn who had to get 70 people in there on Friday
2 night and then keep people in.

3 One of the things we were very cognizant of,
4 based on our experience from 9/11, was trying not to have
5 people in there for days on end because it's just too
6 tiring, and then people just get so caught up in what
7 they're doing and how connected they are with these people
8 that have been severely traumatized, that they don't want
9 to leave.

10 And just I will say briefly, I was there from
11 Saturday morning until Tuesday late night, and by Wednesday
12 morning I woke up and realized I could not go back that
13 day. It was too traumatizing for me. And so I think that
14 within our departments we tried to support each other. I
15 let people know that I wouldn't be there that day but that
16 my deputy would be there, and then we began to hand off
17 responsibilities. I would say that Jim, unfortunately,
18 didn't have the ability to do that as much as I would have
19 liked. He has been on the ground in the school system, in
20 Newtown probably every day except for five days when he was
21 on vacation when we were on the phone with him every single
22 day.

23 So I don't think, Dr. Schwartz, that we fully
24 have been able to do exactly what you're talking about. I
25 think the vicarious traumatization is something that we

1 have to be extremely attentive to in the coming months, not
2 only for our staff but for the staff of the private non-
3 profits, for the staff of the school, for the staff in the
4 educational system, and frankly for the staff of the whole
5 state. Because the amount of media attention, the amount
6 of explicit detail, the pictures that were on the TV
7 screen, I think that there are things that many of us saw
8 that we had never seen before and that we really have to
9 pay attention to.

10 Again, it's not in the first few, as you know,
11 it's not in the first few weeks afterwards. You and I have
12 talked about this, it's the long run that we have to be
13 careful of. And I would urge that this committee think
14 about that in terms of resources because it is something
15 that we are going to have to provide for in an ongoing way,
16 and it doesn't come all the time without some close
17 collaboration. My hope is that we will be able to partner
18 with the private non-profit agencies that in fact do some
19 of this debriefing and have them come in and do it, for
20 example, for some of our staff, and that we will continue
21 to do it for the police. There needs to be a whole
22 statewide ability to focus on the vicarious traumatization
23 that I know that staff have experienced.

24 COMMISSIONER SCHWARTZ: If I could just follow
25 that up. This leads me to think that there needs to be an

1 effort to address vicarious traumatization for virtually
2 everyone in the state, and that a process of education
3 about what vicarious traumatization is would be very
4 important for people who are not directly related to the
5 incident but who have still been vicariously traumatized,
6 horrified. I mean it's hard to find somebody who feels
7 that their life has not been changed by this, but I think
8 most folks are not going to be cognizant of the ways those
9 changes will affect their mood, their sense of well-being,
10 their cognitive abilities, and their lives in countless
11 other ways, and that getting the word out about that would
12 be very important.

13 CO-CHAIR EDELSTEIN: Let me just do a quick --

14 COMMISSIONER MULLEN: May I add something? Just
15 because I think it's important for you know, and I know I
16 have something to say about every question.

17 But I wanted to share first that once again we've
18 been extremely well-supported by the federal government
19 throughout this as well, so as we talk about our
20 Connecticut system we also don't exist in a vacuum. And
21 Dr. Nicole Laurie, who is the assistant secretary for
22 preparedness and response in the United States Department
23 of Health and Human Services, has tracked what's gone on
24 with us since December 14th. She emailed me on December 17th
25 after I had had a phone conversation with her telling her

1 about the first few days of our response, and she emailed
2 me back and said after talking to you I realized how
3 stressed you were. And it gave me a moment to realize how
4 stressed I was because when you're doing this you don't
5 necessarily know.

6 But she came to Connecticut, to our department
7 and met with us on January 11th, accompanied by Katherine
8 Power, who is the substance abuse and mental health
9 services administrator for HHS Region 1, along with seven
10 other people from the federal government just to talk to us
11 in a supportive way, but to understand that what we've done
12 here is something that can inform federal efforts to
13 support us and other states as well.

14 I think that was maybe one of our first
15 opportunities to, from the behavioral health, public health
16 side, like debrief a little, and it made a huge difference.

17 Part of what we are starting to look at now is
18 how to really understand the short, intermediate and long-
19 term impacts, not just in Newtown but across the state
20 through this vicarious trauma. And some of you may be
21 aware of there's a process, a surveillance process called
22 an EPI aid, epidemiology aid, in which one can actually
23 look at different indicators and signs of what's going on,
24 to think about how to also anticipate what else you might
25 be seeing in the state and plan for recovery.

1 Given how raw this all still is, we're not ready
2 to embark upon something, particularly since we're not
3 looking to do a research project, but use this to also
4 inform the way forward for the long-term recovery.

5 COMMISSIONER KATZ: If I could just add very
6 briefly, this is an area that has been of great concern to
7 me in my agency, even obviously before Newtown. And we
8 have a new employees assistance program and I've gone
9 around to all of our offices to talk to our staff because
10 so much of what they do is traumatic.

11 And clearly, you go into a house at 2:00 o'clock
12 in the morning and you have to wrestle an infant away from
13 a substance-abusing parent, as a hypothetical, takes its
14 toll and you do it for 20 years it really takes its toll.

15 So in answer to your question, Dr. Schwartz, I
16 think the more we can do to educate people about post-
17 traumatic stress disorder and the symptoms, and I'm
18 learning as I go along frankly, and I'm very concerned.
19 I've been to two debriefings, one of just DCF workers who
20 were deployed that night, and more recently the whole DBHRN
21 team. And I sat there for three hours listening to stories
22 and really having an appreciation of the trauma and the
23 damage that all of these people have sustained. And no
24 matter what kind of training you have -- and what really
25 concerns me frankly about many of the first responders is

1 that they came from little town police departments with no
2 experience, where a traffic ticket is the activity of the
3 day. And so I think the more you can do in that regard,
4 the more you can talk about it, the more you can educate.

5 I joked with friends at the end of the first
6 week, on December 21st -- I shouldn't say this publicly, but
7 I've said probably a lot worse -- I looked at my recycle
8 bin and I saw, I said wow, and I realized that that's --
9 personally that's how I was dealing with it. I was coming
10 home at, you know, 10:00 or 11:00 o'clock at night and
11 having a couple of glasses of wine, and I don't do that.
12 And I suppose there are far worse things I could have done,
13 but clearly that was my way. And what concerns me -- I can
14 say publicly that has stopped. That has stopped, that has
15 stopped, but my concern is that people will self-medicate
16 and they won't just self-medicate with alcohol. They'll
17 self-medicate in lots of other ways that are far more
18 dangerous.

19 CO-CHAIR EDELSTEIN: We're going to just extend
20 this panel just until 11:00 in deference to the fact that I
21 know all four of you have to be other places.

22 Dr. Schonfeld, you had a comment or a question?

23 COMMISSIONER SCHONFELD: Yeah. I just want to
24 make one comment, just as a placeholder, that we may wish
25

1 to revisit at a future meeting, and then I have one
2 question for the group.

3 The first is I've heard in -- it's a caution
4 about the potential use of certain language. I've heard a
5 lot of discussion of debriefing to try and help with some
6 of the stress that's been associated in the vicarious
7 traumatization and the reactions.

8 After critical incidents I think a lot of people
9 when they think debriefing think it's critical incident
10 stress debriefing or critical incident stress management,
11 which is a particular intervention developed more for first
12 responder communities. And there's been a lot of work
13 looking at that and has raised questions about its
14 efficacy, and has also suggested that it has unintended
15 negative consequences when applied particularly overly
16 broadly. And so I sense that when people are referring to
17 briefing, debriefing, they're really more referring to
18 informational sharing, reaching out, psycho-education,
19 providing supportive services, and offering longitudinal
20 support.

21 That is not actually what critical incident
22 stress debriefing is, so it's more as a placeholder when we
23 talk more about the mental health aspects. I hope we
24 revisit that because I remember in my time in Connecticut
25 right after 9/11 people said let's get training in CISM and

1 CISD, that's the way we'll deal with 9/11. And so I think
2 that may still be a pervasive misunderstanding amongst some
3 members of the community.

4 So I just wanted to kind of put that in as a
5 placeholder. I don't need any follow-up on that, but I
6 just want to make sure we correct that or at least
7 acknowledge that that's an issue.

8 I want to bring up a completely different area,
9 and it was alluded to in some of the comments, but we've
10 been appropriately talking about the systems level issues
11 and I was very impressed with the amount of collaboration
12 and the thoughtfulness, not only in the comments today, but
13 in the immediate response that I saw.

14 But one of the things that I'd like to give some
15 thought to is how to we prepare school personnel to be
16 supportive to children? This is different, it's
17 complementary to thinking about how do you identify mental
18 illness, post-traumatic symptoms and disorders, and get the
19 appropriate treatment, which is a very important issue.
20 But how do we get school personnel ready to talk to kids
21 who have experienced the death of a peer, that are dealing
22 with the stress of coming to a school environment where
23 they're scared of seeing their parents upset. And it's
24 very hard to provide this type of training just in time,
25 having tried to do that in Newtown myself. People are not

1 in a position to be able to learn new information when they
2 are in the immediate aftermath of these events.

3 So one of the recommendations that had come out
4 of the National Commission on Children and Disaster, as
5 well the mental health subcommittee for the National Bio
6 Defense Science Board, was to try and help educators, other
7 school personnel, develop some knowledge not to be
8 therapists and not to provide clinical care but to be able
9 to support children who are dealing with difficult
10 situations, whether those be around crisis or loss.

11 And so nationally we've been trying to think
12 through how does that get implemented state by state. Is
13 it something that we would encourage to be in state
14 departments of education, in part of teacher preparation?
15 Is it part of the professional development or in-service
16 training that's offered throughout the school systems? Is
17 it something that we encourage within professional
18 development for re-licensure?

19 So I would just like to hear what some of your
20 thoughts are, and again I'm not talking about training to
21 do PTSD treatments, and it might only be a 4-hour module
22 offered online or in schools of education, but how do you
23 think it could be implemented here in Connecticut if you
24 agree that it would helpful.

25

1 COMMISSIONER REHMER: I want to comment that I
2 think you hit one of the issues dead on that I don't think
3 we have the answer to, but that became I think apparent to
4 all of us by Sunday after the event, which is if you have
5 educators who are trained and prepared to talk with
6 children about death, for example, as a critical incident,
7 and they are not traumatized, that is one issue.

8 When you have teachers and staff who are equally
9 or more traumatized than the children that you're trying to
10 prepare them to go back into, I think we have a different
11 issue that we have to figure out how to address.

12 If I can speak to one of the lessons we learned,
13 I think that there was a high sense of everybody needs to
14 go back to school and go back to normal. This was not a
15 normal event. This was not something that we had
16 experienced certainly. I don't think this is comparable,
17 frankly, this is my opinion, to 9/11. We took a lot of
18 lessons from 9/11, but people had very strong feelings
19 about the fact that there were small little children and
20 the impact of their deaths on the family, the community,
21 the state and the nation because biologically we all
22 respond differently to children under a certain age. So
23 that in and of itself gave us a different issue that we had
24 to address.

25

1 So we're talking to the teachers about you have
2 to go back in, you have to go back in, you have to go back
3 in, and you witness the response to that. They weren't
4 ready to go back in. We had to deal with their trauma
5 before we could put them in the classrooms with children
6 that were highly traumatized. And if there's one thing
7 that I feel very strongly about is we have to understand
8 that better, we have to think about how to deal with that
9 better, because otherwise we are sending teachers who are
10 feeling very traumatized back into a situation.

11 One of the teachers that we spoke with said,
12 "When I go back into the classroom after this event, it is
13 the most important day of my career and I'm not prepared to
14 go back in."

15 If we send those teachers back in to deal with
16 families and young children that have been traumatized, we
17 are not doing a service to anybody that's involved in that
18 system. So I think your question hits the nail on the
19 head. I don't have the answer for it. I think we need to
20 think very carefully about it, and one of the things that
21 Commissioner Pryor and I have talked about is the whole
22 system, we had a superintendent that was highly traumatized
23 having to make decisions in the moments after an event.
24 And we weren't necessarily, it wasn't until about two days
25 later when I was driving home thinking she's traumatized as

1 well. I mean that seems really obvious sitting here now,
2 but in the aftermath I wasn't thinking about the impact on
3 her ability to make decisions. That is not to say the
4 state should come in and take over, but we need to think
5 about a system where maybe somebody else comes in and
6 assists that person very, very directly. And maybe it
7 shouldn't be a state agency.

8 I don't have the answer, but I can tell you I
9 witnessed some of the chaos that occurred because we were
10 not prepared to answer that question. So I would really
11 encourage people, and I think we all have to look at the
12 literature, the national experts talk about how that should
13 be managed, because if there's one thing I think we
14 learned, we didn't know what we didn't know going into
15 this. And so I would just, again, it's a really important
16 question, but I don't have an answer for it.

17 CO-CHAIR EDELSTEIN: I think we'll just hear from
18 Commissioner Pryor and then we'll be able to tap our local
19 Connecticut resource through our commissions at a future
20 meeting.

21 So, Commissioner Pryor.

22 COMMISSIONER PRYOR: I think Commissioner Rehmer
23 has been very eloquent in response to the question from Dr.
24 Schonfeld and I think that the issues that she articulates
25 are exactly right as to the issues we need to explore.

1 I think just to put a finer point on one element
2 of what Commissioner Rehmer was saying, when professional
3 staff including teaching faculty and administrators are
4 themselves traumatized having experienced or observed
5 violence, how does a system get back up and running and how
6 do we ensure that we are serving the needs of both the
7 staff and the students simultaneously. That's the
8 fundamental tension.

9 There are of course students, in this case young
10 children, who were themselves traumatized and experienced
11 violence. Very complicated scene. So even in addition to
12 Commissioner Rehmer's points about what kinds of supports
13 were made to decision-makers, how do we ensure that those
14 decisions are made as pertain both to staff and students.
15 Very profoundly complicated set of questions. And I'll
16 leave it there for the moment, but say that I think we need
17 to explore those questions more.

18 Also in direct response to Dr. Schonfeld's
19 question, I think the areas that we may explore together as
20 to the provision of additional training or additional
21 preparation for teachers and other educators in advance of
22 any foreseeable or unforeseeable problems and disasters, I
23 would say the opportunities are as follows:

24 One is the teacher preparation process itself
25 which takes place, let's recall, at colleges and

1 universities. So we're talking about the curriculum of
2 colleges and universities as pertains to the preparation.
3 We, as Pat Keavney-Maruca knows, we at the State Department
4 of Education are undertaking a new look at the entirety of
5 the education preparation process through our role as a
6 creditor or the teacher prep programs of the state. It's
7 called the Educator Preparation Advisory Council. There
8 may be a dialogue that should occur with EPAC.

9 The second area that worth of look is the ongoing
10 professional development and professional learning more
11 generally of teaching faculty administrators. We've made a
12 fundamental shift in Connecticut. It was previously the
13 case prior to the Education Reform Act of 2012 that one of
14 the forms of professional development was CEUs, continuing
15 education units, which were typically large format
16 auditorium or lunch room or otherwise gymnasium sessions,
17 not always but often, where teachers would sign up for a
18 seminar often because of convenience more than necessarily
19 content specific interest or need. Not always, but that
20 was a common experience. We've eliminated that system and
21 all professional development is aimed at being informed by
22 evaluation of individual teacher needs through our new
23 evaluation and support system, highly trained individuals,
24 and what I would say is Dr. Schonfeld and members of this
25 body, I think we need to look at specifically how do we

1 provide professional learning and feedback to school
2 psychologists and other mental health workers who are
3 school imbedded. I'm not sure enough thought has been
4 given specifically to that, and the intertwining with these
5 larger systems. Thank goodness for them, but how do those
6 interface.

7 And then second, for classroom personnel, what
8 kind of training is necessary and what kind of feedback
9 needs to occur along the lines that you're describing, Dr.
10 Schonfeld, as pertains to exposure to violence, exposure to
11 crises, trauma and bereavement.

12 So I just wanted to highlight those areas would
13 require a lot more discussion.

14 COMMISSIONER KATZ: Terry, if I could just say
15 one thing echoing on that or following up on that.
16 Whatever you do I think it can't be a one shot deal,
17 because anyone who's ever taken CPR knows. I told my
18 husband good luck because memories fade. And the other
19 thing is, quite frankly, literature changes. So, thank
20 you.

21 CO-CHAIR EDELSTEIN: Commissioner Mullen, did you
22 have a final word on that?

23 COMMISSIONER MULLEN: Well, I'll take it. Thank
24 you.

25

1 Hearing your question, the word that popped back
2 into my mind was building resilience, resilience across
3 communities, across the state. And you've heard some of
4 the frameworks for doing that, but in this work that's part
5 of how you want to keep making the systems better,
6 understanding that we'll have to do something else when the
7 next ante gets raised. But I think part of the answer is
8 coming together across our disciplines, working with you
9 and with our federal partners since you're saying that this
10 work that you want to scale to a national level between the
11 Department of Education, the Department of Health and Human
12 Services and others, Homeland Security, to talk about how
13 we build a more resilient nation because it's the capacity
14 we build in people that creates that resiliency.

15 CO-CHAIR EDELSTEIN: Thank you.

16 We're going to take a 10-minute break and start
17 our next session at 11:15 promptly. Commissioner Pryor,
18 Commissioner Katz, Commissioner Mullen, Commissioner
19 Rehmer, thank you very much.

20 (Recess.)

21 CO-CHAIR EDELSTEIN: We have guests who come from
22 out of state and we want to make sure that we take good use
23 of everybody's time. And we also realize some of the
24 members are out in the hallway right at this moment, but
25 I'd like to just give those members of the commission who

1 are here an opportunity to introduce themselves. I had
2 neglected to do that earlier, so starting with Dr.
3 Griffith.

4 COMMISSIOENR GRIFFITH: I'm Ezra Griffith, I'm
5 faculty of the Department of Psychiatry at Yale School of
6 Medicine.

7 COMMISSIONER McCARTHY: Good morning. Dennis
8 McCarthy. I'm the fire chief and emergency management
9 director for the City of Norwalk.

10 COMMSSIONER SANDFORD: My name is Wayne Sanford.
11 I'm with the University of New Haven. I am a retired fire
12 chief and I'm also the retired deputy commissioner of
13 Homeland Security here in the State of Connecticut.

14 COMMISSIONER FLAHERTY: Kathy Flaherty, staff
15 attorney at Statewide Legal Services of Connecticut, and
16 I'm also a mental health advocate. I'm on the board of
17 Advocacy Unlimited.

18 COMMISSIONER DUCIBELLA: I'm Bob Ducibella, the
19 founding partner of Ducibella, Ventor & Santore. I'm a
20 security consulting engineer, architect, structural
21 engineer and work in the design community with law
22 enforcement and developers.

23 COMMISSIONER BENTMAN: My name is Adrienne
24 Bentman. I'm a psychiatrist and the program director for
25

1 the Institute of Living, Hartford Hospital psychiatry
2 residency.

3 COMMISSIONER KEAVNEY-MARUCA: I'm Patricia
4 Keavney-Maruca, a member of the State Board of Education.

5 COMMISSIONER LYDDY: Good morning, Dr. Wong. My
6 name is Christopher Lyddy, I am a former state
7 representative for the Town of Newtown. My term ended this
8 past January. And I'm also a clinical social worker and I
9 work at Advance Trauma Solutions which disseminates Dr.
10 Ford's model for people with post-traumatic stress
11 disorder.

12 COMMISSIONER SCHONFELD: I'm David Schonfeld. I
13 direct the National Center for School Crisis and
14 Bereavement, and it's currently located at St. Christopher
15 Hospital for Children in Philadelphia.

16 COMMISSIONER CHIVINSKI: Hi. Ron Chivinski,
17 teacher in Newtown. Also AFT Connecticut, second vice
18 president. Thank you.

19 CO-CHAIR EDELSTEIN: We're just doing brief
20 intros, Dr. Schwartz, if you would just introduce yourself
21 formally and then continue conversation.

22 COMMISSIONER SCHWARTZ: I'm Dr. Harold Schwartz.
23 Excuse me. I'm Dr. Harold Schwartz. I'm the psychiatrist-
24 in-chief at the Institute of Living and the vice president
25 of Behavioral Health at Hartford Hospital.

1 COMMISSIONER FORRESTER: And I'm Alice Forrester.
2 I'm the director of Clifford Beers Clinic, which is a child
3 mental health clinic in New Haven.

4 CO-CHAIR EDELSTEIN: I just would like to remind
5 everyone that we are being filmed by CTN. We'll share the
6 microphones.

7 I'm Terry Edelstein. I'm the governor's non-
8 profit liaison, the co-chair along with Bernie Sullivan of
9 the Task Force while Mayor Jackson is out of town.

10 It's a pleasure to welcome Dr. Wong and Dr.
11 Demaria to join us in Connecticut. The way we're going to
12 organize this portion of the presentation, we will meet in
13 a more formal discussion until 12:15. Then we have a Skype
14 call for half an hour, we'll break for lunch, and then
15 we'll return with question and answer. And I promised
16 those people who didn't have an opportunity to ask a
17 question get first priority in future questions. So thank
18 you very much.

19 DR. WONG: Well, thank you, Ms. Edelstein and
20 commissioners. It's really an honor to be able to be here
21 today to share some thoughts and some experiences I've had
22 over many years. For those of you who may not know, I was
23 the director of mental health, crisis intervention and
24 suicide prevention programs for the Los Angeles Unified
25 School District, which at the time that I was there had a

1 population of 750,000 students K-12, 120,000 employees, and
2 covered a square mile area of about 705 miles. It was the
3 City of Los Angeles and 26 other municipalities, so as a
4 director of crisis intervention we had on average crises
5 that occurred at the rate of 2,500 to 3,000 crisis
6 incidents per year.

7 Tragically, I also became a consultant to the
8 U.S. Department of Ed after the Oklahoma -- the bombing of
9 the Murrah Building, and have been their primary consultant
10 over most of the school shootings. So I am very familiar
11 with what occurs during the recovery period, during the
12 response and recovery period, and I just want to say that
13 having heard the discussion of the other commissioners, I
14 just thought their comments were so spot on, and I will
15 proceed with my presentation with the idea that much of
16 what I have say has been said by those who were here
17 previously.

18 Currently I'm an associate dean at the University
19 of Southern California School of Social Work, and I'm the
20 principal investigator for a SAMHSA grant funded by the
21 U.S. Department of Health and Human Services as part of the
22 National Child Traumatic Stress Network. And my partners
23 at RAND and UCLA and I have been doing research in exposure
24 to violence since 1998. And I won't have time to share
25

1 those studies now, but I want to focus my comments on what
2 happens after a large scale tragedy or disaster.

3 This is a diagram that is historical in nature
4 because it was created in the early 1980s, and it was an
5 estimate of what the process was after -- reactions after a
6 disaster had occurred. So you can see here, someone spoke
7 about 9/11 or other school shootings, there usually is a
8 warning period in which incidents occur which predate and
9 define what the environment is prior to the crisis or
10 disaster itself.

11 And then the impact, it's sort of under the
12 surface, but then the crisis occurs or the disaster occurs
13 and there's an impact. Now, you can see in 1980 the impact
14 of those existing crises was great, but not as great as we
15 could estimate now, and certainly not as great as the
16 impact of this Newtown tragedy. It is across the country.
17 It is felt most deeply and heartwrenchingly here. But I
18 would say this impact goes all the way down to the bottom
19 if not below the line.

20 And what happens in most incidents is that there
21 is a heroic period. And what's important about this is
22 that this is a time when everyone comes together and it is
23 a window of opportunity for change. And I suspect that
24 this window of opportunity is still open, and it is not
25 limited in any sense by a determined number of days or

1 months, but with each disaster has its own undetermined
2 number of days or months.

3 So for instance, in New York after 9/11 it was a
4 matter of a few weeks, and the event which ended the
5 honeymoon, as some of you may recall, is that there was a
6 dispute among some of the victims, the families of the
7 victims when they learned that the Red Cross was gathering
8 money and that they were reserving a portion of it for
9 future disasters.

10 Now, this was not any different from what the Red
11 Cross did in previous years, but it was new to this
12 particular community and the outrage was great. And that
13 conflict continued until the executive director of the Red
14 Cross had to resign. And she was a very fine person. I
15 don't think it had to do with any kind of malfeasance, but
16 it had to do with the nature of that conflict. And what
17 happened is it plunged the community into a period of
18 disillusionment.

19 And this is very normal. It is not something
20 that is unusual. And part of this disillusionment period
21 is that preexisting conflicts and those that emerge from
22 the tragedy itself begin to play out in the public. So
23 there's a lot of shame and blame and, you know,
24 disagreements. And the important part of this is that at
25 some point it reaches -- it just bottoms out, and it begins

1 the hard work of coming to terms with the reality of that
2 situation at all levels in call systems so that day-by-day
3 the members of the community, the larger community, the
4 region, the state, the U.S. government for that matter, the
5 country begins to work through what this means and what
6 needs to be put into place. And I would say that this
7 commission is certainly an important part of that effort of
8 how to we begin to solve the issues that have emerged out
9 of this terrible tragedy.

10 Now, there are tragically also other events that
11 occur during the first year. For instance, it may not be
12 well-known but after Columbine there were 20 traumatic
13 deaths, and it got to the point where some students were
14 saying, asking the question, "Are we cursed?"

15 There were children -- excuse me, students.
16 Children to me, my children are adults, but these high
17 school students are children to me -- and for instance two
18 of the students were executed in a subway and they never
19 did find who perpetrated that shooting. They were workers
20 there. There were several suicides, completed suicides of
21 parents of a child, of a student who was a stellar
22 basketball person. There were a number of other incidents
23 that just rocked that Jefferson County school district.
24 And that is part and parcel of this recovery period to
25 reach some kind of reconstruction. Because -- I'll talk a

1 little bit about his later in more detail, but what we know
2 is that these events have symbolic meanings to people,
3 meanings that we do not know about, and there may be people
4 in the community who might say to themselves I completely
5 understand what this person has done, however horrifying it
6 is. There are troubled individuals in the community or in
7 the region and they come and they begin to threaten other
8 people or they begin themselves to consider and to compare
9 what it is that this perpetrator has done and what actions
10 that they might take.

11 And that is why threat assessment becomes very,
12 very important, and I know that there have been a number of
13 incidents that have already been prevented in the Newtown
14 region. The reconstruction is a new beginning and it takes
15 many years often to achieve that.

16 Now, there has been terror in school and
17 community and these are just some of the over 600 completed
18 school shootings that have occurred over the last I would
19 say 20 or 30 years. And the way in which I became involved
20 in this, because it certainly wasn't a career choice, was
21 that one of the early school shootings occurred in Los
22 Angeles in 1984, and what we began to learn about its
23 effects on schools and children we learned because we made
24 mistakes, and we had to learn from our mistakes.

25

1 In 1984 a mentally ill man who lived across the
2 street from the 49th Street Elementary School, on a February
3 afternoon as the children were coming out of the school,
4 simply began shooting onto the campus and held the children
5 under sniper fire for an hour and a half. And he killed
6 two little children and he shot and killed several of the
7 staff, the faculty and staff, and the vice principal as a
8 matter of fact, who were trying, attempting to save the
9 children. And what we learned is, it was said here you can
10 retraumatize and make things worse.

11 So one of the things we have to do is really
12 protect the school, the town, the city, the school district
13 so that they are not retraumatized.

14 This list goes on. I didn't do -- I didn't
15 provide all those dates. It just would have been too many
16 dates, but I think the watershed event in terms of school
17 shootings was Columbine. And the first lesson that was
18 learned here is very much like what we're experiencing
19 right now in Newtown, although I would say -- concur with
20 those who said we've never seen anything like this before,
21 and even though I've been to many, many school shootings
22 and to the school districts after the terrorist attacks in
23 New York and Oklahoma City, this is not like any other
24 incident that I have ever experienced.

25

1 What we learned from Columbine is that it can
2 happen anywhere. Because here is a community that is very
3 well resourced, upper middle class, educated parents,
4 students who did very well in school, a very high
5 performing high school, and it happened in Columbine.

6 We also know that Columbine probably did the best
7 of all of the school shootings. They had very strong
8 leadership at the superintendent and principal level, and I
9 was there about a week after with the U.S. Department of
10 Education, and what they did was really a combination of
11 their own sort of intuitive response to their community and
12 what they knew about their community, and some advice that
13 those of us from the outside provided.

14 I worked in Columbine and with the school
15 district for two years, traveling there almost every three
16 months to train all of their school psychologists,
17 counselors and social workers, as well as community
18 providers in trauma-informed interventions, and especially
19 during the immediate and intermediate phase.

20 But what Columbine did in and of itself is that
21 it provided counseling in the school with a combination of
22 both people from the county office of mental health, local
23 providers as well as their regular social workers and
24 counselors in the school. And this combination of people
25 was really quite good because it provided them with a team

1 that could give, could provide an overall perspective of
2 what the school was like before, what the students were
3 struggling with, and also some expertise externally from
4 the school about trauma-informed interventions.

5 And what they did was that the teachers decided
6 we have to teach. We can't be therapists in the school.
7 And they created a referral system which seems sort of
8 simple in its -- just saying the words, "referral system,"
9 but actually it has to be developed by the local school
10 community as well as the providers in the school, about how
11 are they going to treat children who have problems, who are
12 showing evidence of distress.

13 So for some it was anger and aggressive behavior,
14 and for others it was withdrawal, and for some it was just
15 refusing to come to school. And what the teachers decided
16 is whatever the problem was, they were saying to the
17 students of course we support you, but we are taking you,
18 hold you by the hand, walk you into the office, you're
19 going to see the counselors and the social workers. And
20 they did that.

21 And I still have contact with many of those
22 people right now and what they, even over 10 years later,
23 what they talk about is that when they talked with the
24 students, and these are high school students so this is not
25 the same as elementary, but there is some I think

1 connections, is that the initial conversations were about
2 the trauma, about the tragedy, but as they began to talk
3 and as time went on, they began to talk about
4 developmentally appropriate issues. So it may have been
5 that the young man was talking about I'm upset, I don't
6 even want to be here at school because, you know, the
7 shooting, I feel danger. But as he began to talk more and
8 more it had to do with my mother won't let me out of the
9 house, I'm going crazy. I have to stay at home.

10 Now, that's why it's so important to have people
11 who have the experience of trauma but also to have those
12 who are in the school who know the children.

13 With respect to the comment about teachers in
14 Newtown, with all due respect to those of you who know far
15 more than I do, I did have an opportunity about two weeks
16 ago to talk to many, many of the individuals from the
17 school district, and there were three of us there from the
18 National Child Traumatic Stress Network. We might have
19 interviewed I think about up to 70 people. The bus
20 drivers, the custodians, the teachers, the administrators,
21 the executive staff and the superintendent. And what the
22 teachers were saying is -- or the principal of Sandy Hook
23 School currently and the vice principal, is that the
24 teachers want to be in the school, they want to be with the
25 children, and yet they know as they are having more and

1 more delayed reactions, is that they need someone with
2 them.

3 So the idea of a co-teacher was brought up,
4 someone who could provide that sustained consistency who
5 didn't have direct experience with the tragedy, who could
6 continue with the content and process of education, but at
7 the same time have the regular teacher who could step out
8 when he or she was having a difficult moment. Could bring
9 them -- sort of have that moment to gather their thoughts
10 and feelings and then be able to rejoin the teacher in the
11 room. Because currently they don't have that ability to do
12 so.

13 We also know that the reactions to witness to
14 violence and to surviving a massacre such as what occurred
15 in Sandy Hook, is that there are a number, a great range in
16 spectrum of responses, of personal and individual
17 responses, and initially, you know, of course the science
18 of trauma is very new, and particularly the science of
19 child trauma, but we now know that all of these changes are
20 not just psychological and cognitive or emotional in fact,
21 but that it is a full body reaction that has to do with
22 stress hormones which bathe literally every cell in the
23 body. And this is what makes the reaction so individual
24 and so complex, and what often because of traumatic
25 reminders of the event, something seen, something heard,

1 something smelled, something physically experienced bring
2 back that trauma again and have a whole range replayed of
3 these particular symptoms.

4 Now, a school begins to recover because the
5 students and the parents and the staff perceive that there
6 is renewed security. And that's a challenge because it may
7 now -- in fact, I was at new Sandy Hook, and it is probably
8 one of the most secure places in the world. You know, you
9 go and there's those two police cars there and then you go
10 in and there's another sort of gauntlet, and then finally
11 you get in and I show my passport and -- but in fact the
12 children do not perceive that it is safe, that's when we
13 have to -- they're still in the victim stage and we need to
14 bring them to the survivor stage, which is why early
15 intervention such as psychological first aid are so, so
16 important.

17 So prior to Sandy Hook I would say that most
18 students would have lessened traumatic stress symptoms
19 after about a year. And especially post-anniversary
20 period, you will see the symptoms begin to subside
21 substantially.

22 But Sandy Hook is quite a different matter.
23 Because here it involved children so early in their
24 development we do not know what's going to happen to these
25 children.

1 I talked to some of the surviving parents, the
2 parents whose children played dead, that ran out of the
3 room. My colleagues spoke with some of them. And the
4 question was this child is not like my child before. My
5 wife and I are overwhelmed by her behavior. She screams,
6 she runs out of the classroom when there are loud noises.
7 I mean that's survival behavior. You know, the people who
8 survived ran out of the classroom or played dead. And the
9 question was what will she be like when she's 9? What will
10 she be like when she's 15? They're so early in our
11 development, we have very little experience with the
12 trajectory when a child has literally survived this kind of
13 shooting.

14 I was on one of the boards of the Institute of
15 Medicine and we produced a document, a publication called
16 Preparing for the Psychological Consequences of Terrorism.
17 And I just wanted to show this to you in terms of the --
18 one of the sort of diagrams that was in the publication.
19 But the distress responses from this particular incident is
20 most intense the closer we get to the actual place in the
21 school, in the Sandy Hook itself. But these distress
22 responses are like concentric circles and they have spread
23 throughout Connecticut as was discussed here, but also
24 across the country.

25

1 And there are behavioral changes, and that's why
2 there have to be school-based services. It can't be just
3 services in the community. I interviewed teachers from all
4 of the schools and they are talking about attendance
5 problems which they did not previously have. They were
6 talking about changed classroom behavior in terms of
7 aggression and/or withdrawal.

8 Peer and teacher interactions are not at the same
9 level as they were before, and these behavioral
10 interventions are important here, again, psychological
11 first aid, but also cognitive behavioral interventions for
12 trauma in schools that were created for schools are very
13 important. And it's really a small percentage of children
14 and families who have and show psychiatric illness, such a
15 full-on PTSD, and those would be those who were
16 eyewitnesses to this event. They're more at risk. It's
17 not that a hundred percent of them will experience post-
18 traumatic stress disorder, but they certainly will be
19 severely stressed. And that was a message that I got from
20 all of the people that we interviewed, and that was how do
21 I cope with this stress of the secondary adversities as
22 well as what is occurring as a result of the tragedy.

23 I'm going to skip this part of it in terms of
24 interdisciplinary crisis teams, but one of the things
25 that's very important to know is that there has to be a

1 separate crisis and recovery structure, infrastructure. It
2 can't be the same people that are in the schools right now,
3 or the same people in the district. Because as was said
4 before, everyone is traumatized, and the people who provide
5 this kind of intervention have to be in a separate
6 structure and it has to be a combination of both people
7 from the inside as well as people from the larger region.
8 That's the only way that people will be able to progress in
9 the recovery process. And that there should be training
10 across the region, not just at the school, for future
11 events.

12 And, you know, I hadn't been to Connecticut very
13 often, but the brief time that I spent here showed,
14 demonstrated to me how devastating this was because, you
15 know, it's such a beautiful region, it's such a beautiful
16 state, and the people who live there were exemplary folks,
17 so that it would be the last place on earth that you would
18 ever think a situation like this would ever occur, a
19 tragedy like this.

20 The objective of the recovery phase is different
21 and the reason why it needs to be in the school is because
22 there always is a need for providers, both public mental
23 health providers as well as private providers, but there
24 have to be services in the school to help reestablish that
25 sense of emotional safety and to return to the school and

1 maintain the school in a sense of calm routine and
2 schedule.

3 There will be throughout the year and even past
4 the anniversary date many events that we will not be able
5 to control that are outside the school, and that there will
6 be a need for the students and the staff to be able to
7 process these events and their thoughts and feelings so
8 that they can understand their own reactions to danger, to
9 new dangers, and also to the traumatic stress that they are
10 experiencing. And we want to provide them that emotional
11 support and stabilization to teachers, parents and to
12 children.

13 Let me talk a little bit about triage and why
14 school mental health services are different from community
15 services. And that is that triage -- it's like a doctor's
16 office. My husband was a physician. A doctor, when he has
17 his own office, it's very orderly -- sometimes, and you
18 make an appointment, you go in, you pick up your magazine,
19 you know you're going to have to wait for a while, and you
20 get into your appointment and there are things, you know,
21 the dreaded weight machine, et cetera, et cetera.

22 However, when there is a crisis this is like the
23 same people have to have a different skillset; they have to
24 operate more like an emergency room. They have to
25 constantly triage, psychologically, emotionally and

1 cognitively what's happening to these students. And there
2 will be triage at different levels. So the people who
3 might be most reactive and most at risk are those who are
4 in physical proximity to being eyewitnesses to the event,
5 or in the school hearing the chaos, hearing the screaming.

6 Those next in the next concentric circle are
7 those who have emotional proximity, this is people who knew
8 the victims, knew the families, were their camp counselors,
9 their baby-sitters, live in the neighborhood, go to their
10 church or synagogue, all of those ways in which people
11 interact.

12 There are people that we don't know about but
13 we're learning about right now, and they've had similar
14 previous experience. Perhaps not in Newtown, but perhaps
15 they moved from someplace where they had what we call a
16 trauma history. Perhaps they have been victims of domestic
17 abuse or child abuse. They have hidden -- it's under the
18 surface, it's sort of like an iceberg. What we see at the
19 top of the iceberg are those who are the direct victims and
20 eyewitnesses, but below the iceberg are those who have
21 trauma histories; those who might have fragile
22 personalities, those of a history of being emotionally
23 distressed or disturbed.

24

25

1 So I wanted to just end here because I want to
2 give my colleague time to speak, and I will just share
3 these slides with you. You can have them.

4 But the whole idea is that Project SERV in
5 particular, S-E-R-V, is very, very important. The federal
6 government, the Department of Education is waiting for
7 Project SERV from the district, and it must be applied for
8 by the district. The money goes directly to the district
9 and it is to provide both short-term as well as long-term,
10 up to 18 months to pay for all of these services that I'm
11 talking about, and it can be extended so that I know after
12 certain events it has been extended up to four years but
13 it's at the discretion of the U.S. Department of Education.

14 Let me skip the end and my recommendations.

15 I love to share this quote because Dr. Pamela
16 Cantor was part of the response in New York City, and
17 here's one of the recommendations that has to do with
18 Connecticut as a state and the nation as a whole, is that
19 we have to take an all hazards approach to preparing
20 schools to be their response and recovery system with the
21 support of the community, and that is that the complexity
22 of our societies don't permit the establishment of working
23 alliances within 60 days. That's the time period in which
24 the Project SERV can be funded, within 60 days. And that
25 the schools in New York that did best after 9/11 were those

1 who had preexisting relationships with the agencies in
2 their community. They just started right out. They knew
3 each other, they trusted each other. They were ready to go
4 with this higher level of intervention.

5 It was mentioned that traumatic stress affects
6 both victims and caregivers. I cannot agree more. That
7 the kind of shock and despair that comes with large-scale
8 disasters and with -- is of such a profound nature that it
9 will require years of support at every level of our
10 country.

11 What is -- it's called either compassion fatigue
12 or secondary trauma, secondary traumatic stress, and here's
13 a quote from Dr. Charles Figley who's one of the thought
14 pioneers of this area, is that there's a cost to caring,
15 and that we professionals who are paid to listen to the
16 stories of fear, pain and suffering of others may feel
17 ourselves similar fear, pain suffering because we care.
18 And it's the emotional residue of exposure to working with
19 that suffering, particularly from those suffering from the
20 consequences of traumatic events.

21 So there is a federal government program called
22 Readiness Emergency Management for Schools. It was
23 defunded by the Congress. We need to refund it. It pays
24 for every school -- it pays for school districts or even
25 consortiums of school districts to receive two and a half

1 days of training, to look at prevention, mitigation,
2 response and recovery; to create systems to give some 18
3 months to create these partnerships to train. It pays for
4 everything. It has to be integrated school and community
5 response, which Readiness Emergency Management for Schools
6 does provide.

7 There has to be teacher preparation training, and
8 one of the commissioners talked about that, as well as
9 staff development for those who are already in schools.
10 There have to be school mental health services. That was
11 one of the recommendations of the president's New Freedom
12 Commission, that it isn't a natural place for people to go
13 to a clinic or to a private practitioner, that many of the
14 problems that are confronted by the school and that affect
15 the disruption of school need to be dealt with by a school
16 mental health, school based mental health program.

17 We need training and trauma-informed and
18 evidence-based interventions, and you have two very fine
19 institutions here in Connecticut that can do that.

20 It has to be a systems approach, not one-to-one.
21 It isn't a private practice model of recovery. It is a
22 school systems model. It has to be the infrastructure that
23 addresses this specific tragedy and then it can move
24 gradually in a couple of years with the regular services
25 that are provided.

1 And also lastly I think there are many excellent
2 recommendations that were provided by the National
3 Commission on Children and Disasters.

4 So I think you so much for your kind invitation
5 to be here today, and I'd like to turn this over to Dr.
6 Demaria.

7 DR. DEMARIA: Thank you for the opportunity to
8 present. I'm quite honored to be here and I want to bring
9 the heartfelt good wishes and sympathy from everybody in
10 New York and my university to people of Connecticut. We're
11 far away, close enough but far away, but we still feel this
12 for you and it's again something I'd like to bring forth
13 these good wishes. And thank you, Marlene, for your fine
14 presentation.

15 Again, I want to back up a little bit, and I
16 won't talk too much about who I am except that my mom is in
17 the room and it's nice to have her remember that.

18 But more pertinent to you guys, I founded the
19 9/11 Family Center two weeks after 9/11, and in about an 8-
20 year period of time we served 20,000 members of the
21 community including evacuees, children from school
22 districts surrounding Ground Zero, and commuters. We
23 served about 2,500 bereaved family members and children,
24 and about 5,000 first responders. So being through the
25 long-term process, both from the initial crisis where I was

1 working at the time was about 30 minutes from Ground Zero,
2 so we can see the smoke, we can see -- and I was in
3 Manhattan at the time working and the weeks after. So that
4 background is what I bring here in addition to some of my
5 other experience being a teacher at a university, and also
6 responding to several hundred school-based disasters in my
7 25 years as a psychologist.

8 First off, which I want to start off with, which
9 is probably the most important and it's been brought up by
10 a lot of people, is that there needs to be an
11 identification of the needs of the children exposed to the
12 threatening events. And I grouped disasters, trauma, loss
13 and violence, and pertinent to that is the process of
14 identifying the long-term impact of threatening events in
15 children is complicated by the different ways children
16 process distress. No two children are alike and no two
17 children of said ages are alike.

18 And part of what the recommendation I would have
19 is that there needs to be some sensitivity training for
20 school staff about the different ways children respond to
21 traumatic exposure. Not that schools are not sensitive to
22 children, but there's different ways and nuanced ways that
23 children will express it.

24 Most children won't show symptoms apparently.
25 The majority of children when they are disturbed by issues

1 will internalize, will go inside rather than outside.
2 Roughly 80 percent in general of children who have been
3 exposed to difficult events will keep it all inside, so
4 it's a really subtle approach to teaching people that it's
5 not the child who comes up to you, those children will come
6 up. It's not the child who is not doing well in school,
7 and we have to get past the fact that it's not going to be
8 apparent to us.

9 Part of what we also need to do is specialized
10 training for school staff about the many ways they can
11 monitor students who have been exposed to threatening
12 events, and again that's subtlety in the sensitivity, it's
13 changes in verbalization, writing, behaviors, art, play,
14 and a big area that's become more apparent is e-
15 communications. If you're not aware of it, that children
16 via Facebook and via blogs will leave online tributes and
17 online dialogues of people who have died. That's a new
18 phenomenon that we have to be aware of and we have to
19 monitor that because it's a good way to get a pulse of
20 where the children are.

21 Obviously change in academic achievement, but
22 also with the work I've done is look at murals,
23 commemorative and memorial research. What I've done there
24 as school tragedies is look at what the children are
25 writing and putting up on walls, that things are in the

1 community. And it's fascinating what you find in terms of
2 what the children are wishing for. But what I've been
3 finding consistently is typically the messages are that of
4 attachment and loss and grief, but there's also some things
5 that are quite disturbing. Sometimes you see messages that
6 the children want to join obviously the children who died,
7 in their way depending on their developmental level, but
8 you'll also find children sharing on the murals that they
9 can't get it out of their head; it's very hard for them to
10 get past this. And what will happen is is that they'll
11 keep reliving the experience. And it's to step back.

12 And understand post-traumatic stress, it's stress
13 but it's caused by traumatic exposure. So it's reliving a
14 stressful event and having adrenalin and then the brain,
15 glucocorticoids wash the brain every time you stimulate
16 yourself with the traumatic memory. So a lot of the
17 children repeat this through their memorials and through
18 commemoration. So we have to really study whether children
19 are actually moving past it in terms of being able to
20 integrate some way, or children are keeping restimulated,
21 and eventually that leads to post-traumatic stress
22 disorder.

23 Post-traumatic stress disorder is the lack of
24 capacity to process the traumatic exposure, so the stress
25 keeps occurring. And a lot of people forget it is a stress

1 disorder. It's not simply a disorder of traditional
2 psychiatry. Some people believe it's a memory dysfunction,
3 and because of that the memory keeps repeating it so much
4 that the children can't get it out of their minds, and
5 adults also. And that's really what we have to teach, how
6 to look for these more subtle signs rather than just self-
7 reports or asking the children directly.

8 The other thing that is a concern is that we need
9 to develop better monitoring process where children can be
10 followed on a long-term basis throughout their school
11 career to protect against further vulnerability,
12 victimization and mental health difficulties. There's been
13 some recent studies showing that children exposed to
14 disasters end up being revictimized in other ways. It
15 increases their likelihood to be vulnerable and therefore
16 victimized in later life both as adolescents and adulthood.
17 Certainly Robert Anda and his study with the ACES survey
18 shows that children who have a high amount of child abuse
19 end up even having health difficulties as adults, and other
20 dysfunctional behaviors that occur as children.

21 So some way we need to stop the process of losing
22 where these children come from. After 9/11 I was amazed
23 when I went to certain school districts three or four years
24 afterwards and they didn't know who were the 9/11 children
25 in the building, who lost their parents. And a lot of

1 times when we would share and talk with the children and
2 they would disclose they were from 9/11, their fathers
3 died, they watched it on television, the teachers would
4 say, oh, that explains a lot. But somehow because of our
5 need to in a sense protect the child's privacy, the child's
6 medical record, so to speak, ends in June and the following
7 year it's a fresh start with a new teacher without a sense
8 of that history.

9 But I think with at-risk children, children with
10 the high degree of exposure such as we're talking about,
11 Newtown, I think it puts the children in a very vulnerable
12 place. So somehow we have to balance tracking children
13 with protecting their privacy and confidentiality and their
14 right to self-determine, but we also have to keep in mind
15 that sometimes these kids need to be watched because it
16 does explain a lot of things that will emerge later on in
17 their development.

18 Child bereavement and loss, grief and loss are
19 common experiences in childhood. School is an ideal place
20 for helping children experiencing loss and their
21 disruptions in attachment. And I'll go through quickly
22 because we, you know, we're short on time. But obviously
23 we have to educate not just in regards to a tragedy or a
24 horrible event like the Newtown shooting, but we also need
25 to help schools better understand the grief and loss

1 process because it happens all the time, whether it's
2 through divorce, whether it's through suicide, whether it's
3 through violent events. Children go through this a lot,
4 and they really do become fairly proficient in it. It's
5 almost like it should be embedded in curriculums and not
6 just put aside after something bad happens.

7 And the other things, and it results to some
8 research that I did, I surveyed social workers in about 50
9 high schools, and I asked them what are the key bereavement
10 practices that you should follow if you're working in a
11 school district, and they were able to identify them.
12 Roughly 70 to 80 percent said they knew what they had to
13 do. Then I asked how were you able to operationalize those
14 practices in your school districts. We had answers of less
15 than 20 percent, less than 15 percent, less than 30
16 percent. So there's a disconnect between the state of the
17 art knowledge and the operationalization in school
18 districts.

19 So something is wrong here a little bit, and I
20 think we need to figure out why isn't the work being
21 translated. And that's part of what we'll talk about in a
22 couple of seconds is the dilemma between academic progress
23 and psychological wellness, and oftentimes it's a tension
24 there that often comes into play. But we need to start
25 thinking about how to empower school districts to focus on

1 things and to not necessarily move past things when they
2 could be potentially damaging the children much more in the
3 future, especially as I said before about increased risk
4 for vulnerability and victimization.

5 Memorials, commemorative activities and
6 anniversaries, certainly it's early in the recovery process
7 as Marlene talked about following what happened in Newtown,
8 but we need to start thinking about the whole process about
9 this is going to be helpful because memorials and
10 commemorative activities and anniversaries, they're
11 powerful but they can also support or hinder the healing
12 process. And from doing a lot of work on memorials and
13 commemorations I can tell you that you need to establish
14 clear guidelines of what to do and what not to do, and I
15 can give you examples of what has been done that's what not
16 to do, but I'd like to give you some suggestions about what
17 to do in terms of helping schools think out and other
18 communities in Connecticut think out what to do.

19 First is the memorials or whatever is designed
20 are sensitive to needs of children and not based primarily
21 on community, public, political or artistic agendas. And I
22 know that this might not be the right building to say that
23 in, but it is important that we don't forget the kids.
24 They should be steering it for their needs, not necessary
25 for other agendas. And that's my wish, you know, say put

1 Christmas wishes down, this is my Christmas wish here in
2 the legislative offices. But I think it's really important
3 to not forget the kids in this process.

4 We need to empower and validate the children to
5 their active involvement in the planning. Let them know
6 this is for them, not for us, although we may need it too
7 but that's a different memorial that we need to create.

8 Allow children and families to decide whether
9 they wish to be part of the memorialization process either
10 through their participation or witnessing of memorial
11 processes. Now, the reason I bring that up is we had one
12 school where there was a child who was murdered by the
13 child's father, and in the school district the mural was
14 put up right in the main entrance and children were coming
15 in and every day at school they would see the memorial.
16 And one child -- I was there in the school -- said I don't
17 want to see that every day. And then what happened when
18 the child voiced that, the child was targeted for bullying
19 by other children. And the child, well, you're not
20 sensitive, you don't care, et cetera.

21 We decided to move the memorial to a place in an
22 inner courtyard where children could elect to go to to pay
23 tribute and if they wanted to, and we found that the amount
24 of behavioral disruptions in the cafeteria, the amount of
25 fighting among the children stopped significantly. And

1 there were about half the children would go routinely to
2 this inner courtyard.

3 Sometimes we think one size fits all, but for
4 certain people going to a debriefing, talking about stuff
5 is really helpful, but there are a percentage of people
6 that that doesn't work, and the same thing with children.
7 Certain children like to approach right away, certain
8 children like to temporarily avoid things. So you've got a
9 structure or setting where children if they don't want to
10 think about it don't have to think about it, but we don't
11 need to necessarily precipitate a continual exposure to
12 things that may trigger them and may cause this post-
13 traumatic stress.

14 The other thing that comes about, and I haven't
15 been back to Newtown to see, but spontaneous memorials
16 happen also in the community, and they're a little bit
17 dangerous because I've also done surveys of those. Those
18 are the things you see on the side of the road, and
19 oftentimes you see a lot of drug paraphernalia and alcohol
20 there. It becomes a place for children to get high, to
21 disassociate and disconnect. And that's not such a good
22 idea especially if the suicide or an event, a violent event
23 is near train tracks. You don't want the children there
24 being somewhat impaired. So unless you do proactively

25

1 design a place for the children to be, they will develop
2 these things throughout the community.

3 There are tools, there are experts that can
4 advise schools. I think the schools need us to do that.
5 And the other thing, any time a memorial is done, you've
6 got to let adolescents and older kids be together. You
7 can't separate them in some way. Oftentimes events are
8 more parent based, but you got to let the kids be together
9 with themselves. It's a very important part of that
10 process.

11 The other issue, and I think it's really
12 important for the commission to realize, that many schools
13 have difficulty developing the practical experience
14 necessary to independently enact or maintain an expertise
15 in school crisis response. To cut to the chase, you need
16 volume and you need experience to get good at anything, and
17 if you learn something once doesn't make you an expert.
18 And I've been doing trauma work for 25 years and I'll hear
19 people say I went to a course over the weekend, I can do
20 post-traumatic stress work. And I'm like, a course on the
21 weekend? 25 years of supervision, gray hair and training,
22 it's a little harder than that.

23 A lot of people think this is a quick solution,
24 so to expect any school district to somehow get up to speed
25 and be running with experts in the field right away is a

1 huge learning curve, especially when you're dealing with
2 the ongoing needs of children.

3 And I think Marlene brought it up, we have to set
4 up a parallel support system and not assume that you can
5 bring people up to speed. I think we want everybody to be
6 up to speed, we want to turn all schools into experts and
7 trauma -- but you're not going to have that much
8 experience, and there are people and experts around the
9 country who do have that as an expertise who can lead with
10 valuable advice. So my goal is don't spend resources
11 training everybody expecting that they'll have that
12 expertise because there's a large learning curve. Train
13 well to make sure that they can identify and they can be
14 sensitive to the needs, but train them all to know they can
15 bring in somebody who can provide that and bootstrap some
16 learning for them so they don't necessarily have to relearn
17 everything because the learning curve is so long.

18 And the other piece of it, and I've seen this
19 again and again in school districts, is you have to provide
20 relief to schools involved during the crisis period to
21 manage a bunch of children, adults, parents in a community
22 and to manage a disaster response is two different
23 activities. You can't do them both.

24 And first responders know that very well. You
25 have an incident commander and then you have somebody who's

1 operating more as the house commander. You don't have
2 people doing both jobs. You can't. But somehow we think
3 that the same person can do both jobs, and there's
4 budgetary issues, but you almost need a disaster czar to
5 come into a district and to manage all the disaster work in
6 concert with the schools, but not necessarily expect the
7 schools to do both jobs. It leads to burnout, it leads to
8 high teacher turnover, and also leads to future school
9 disruptions.

10 I've heard a lot of times, and again I've
11 responded to a lot of schools, and the key things that
12 always disturb me is when a principal, superintendent says
13 let sleeping dogs lie, or they appear to be doing okay.
14 It's really a minimization of really what this did to the
15 children, and I know you guys are very sensitive to that
16 and I don't want to prolong the talk on it, but there are a
17 lot of things that go on under the surface and there has to
18 be a balance between educational attainment and also the
19 emotional adjustment of children.

20 So somehow that has to be balanced in a fair way,
21 and it has to be brought to the table, but somehow we have
22 to realize that these kids have been wounded and you need
23 to take care of them even if you don't see the wound right
24 away. And again, that's important to kind of keep in mind.

25

1 And I think you should mandate prevention
2 interventions. Don't wait until it happens. Mandate
3 prevention interventions that are at best go to just teach
4 children coping skills. You don't necessarily have to go
5 through the narrative, you don't have to have them process
6 the experience, but teach them how to better manage stress,
7 and a lot of good prevention programs are really good
8 stress management programs for children, teaching
9 relaxation, teaching ways to cope with the arousal that
10 they're experiencing so they can feel better.

11 But also part of prevention is the monitoring
12 process, because the other piece of it is the children at
13 five now will be six next year and their brains change
14 dramatically. And true, other issues related to how much
15 adrenalin is in their system and what that can do to the
16 brain, but they're a different child. They're a different
17 child at seven. They're a different child at eight. I
18 know I have two adolescents and they're teaching me how
19 much I don't know about being a parent every day, because I
20 thought I had it mastered when they were kids but now
21 they're in a different zone. And I'm sure I'll learn more
22 when they become young adults too, but we can't assume that
23 that child is going to stay the same and you can't assume
24 that the child is going to interpret what that meant to
25 have lost a friend, to have seen violence, and to see

1 parents who they rely on for safety be impaired and what
2 that did to them.

3 And again, I've worked with traumatized people
4 for years and they'll report that they didn't realize what
5 happened to them when their father shot himself in front of
6 them until they were 15, and then it came to them and they
7 suddenly connected what actually happened, and then they
8 felt this whole disillusionment and anger and rage.

9 So anybody here who is certainly in psychiatry,
10 mental health, knows that there's certain times trauma
11 doesn't come out until the mind is ready for it.

12 The last couple of slides, and I'm talking
13 quickly because I know we have a Skype presentation, and
14 I'm also from a big family so I talk quickly so I can get
15 my points in because I had three older brothers growing up.

16 Threatening events cause children to feel
17 vulnerable, leading to problems with their emotional
18 behavioral self-management which disrupts social
19 relationships.

20 If there's a threatened problem with attachment,
21 for whatever reason, either adult is not there, not
22 available, what happens is the children get afraid, and
23 when they get afraid they tend to rely on very primitive
24 coping responses. So there needs to be ways of ensuring
25 that all communication to children is monitored for

1 consistency and openness. Kids can spot a lie a mile away,
2 and kids and spot when you're not telling them the full
3 story. You can't -- you think you're protecting them but
4 it never works. Even young ones can figure it out. But
5 somebody has to monitor what goes out to the kids in a
6 consistent fashion.

7 School staff needs to maintain emotional and
8 physical availability for children during and after crisis.
9 Kids will report that my math teacher won't talk to me, he
10 keeps sending me to the guidance counselor because he gets
11 upset when I bring up about my dad dying. But they've just
12 suffered another loss, so you have to make sure the
13 teachers stay in the game. They're there for their
14 children as much as they can emotionally and physically,
15 and it's a very difficult process and that's where
16 supporting teachers as much as possible -- who are heroic,
17 I really believe that teachers in the district have been
18 heroic at this point in time to stick in there and do that
19 work, but we've got to support them much better than
20 sometimes we hadn't.

21 The other part is the access to external people.
22 It's a diplomatic mission and it's really very difficult at
23 times. But when you bring outsiders into a school
24 district, they're foreigners, they're strangers. If
25 they're there enough then they're integrated, but when

1 they're first there they're still strangers. And for
2 children who are threatened by lack of security and
3 vulnerability, it can be very scary for them. So you have
4 to manage who comes in, who they're with, and I always
5 recommend that any time a stranger is in a school until
6 they become part of the school family, they're always
7 escorted even on one-to-one discussions with children
8 because you don't want to create the scene that they're
9 vulnerable and other people could have come in and out.
10 And that applies to everybody, law enforcement folks,
11 teachers, superintendents, people from the state. You
12 can't be a stranger in the school.

13 I always, when I come to a building, will refuse
14 to walk the hallways with the principal unless, you know,
15 he's aware that that's going to scare the kids and I'm a
16 stranger. So I stay in their office. Not because I don't
17 want to be seen, but at 6 foot 2 I stand out and the kids
18 notice it and they also get more frightened because I'm not
19 used to being in their building.

20 And that's really it and I got it done in time
21 for the Skype call. And again, Marlene and I will talk
22 more later and address any questions you may have. Thank
23 you.

24 CO-CHAIR EDELSTEIN: Thank you both very much.
25

1 We're just going to get set for the Skype call
2 now, and everyone who's on the commission please jot down
3 your questions. We'll have a longer discussion after
4 lunch. Thank you.

5 For the information of yours, we'll be speaking
6 to people from the Aurora Public Schools, John Barry, who
7 is the superintendent, and Francis Pumbar, who is the
8 recovery coordinator for school system.

9 (Pause.)

10 CO-CHAIR EDELSTEIN: Thank very much, John. And
11 are you with Francis as well?

12 MR. BARRY: Yes, I have Francis with me here
13 also, thank you.

14 CO-CHAIR EDELSTEIN: Thank you. John, if you
15 would like to give us some information about your
16 experiences through the Aurora Public Schools, I think
17 based on the technology right now we'll be happy to listen
18 to your every word and then see how the question and answer
19 comes later. But we'll listen.

20 MR. BARRY: All right. Well, I can hear you
21 perfectly now. Thank you, whoever changed the volume, that
22 was very appreciated. Very helpful.

23 Well, first of all, any time we have these crises
24 (unintelligible) and they are horrific events, but one of
25 the things that I will stress is that there are two major

1 facets to the efforts that go on. We want to be dealing
2 with not only the issue of the safety and security, but
3 also the mental health side on the recovery. So let me go
4 through some of the processes that we went through.

5 First of all, I think it's important in this day
6 and age, and it is an unfortunate circumstance that
7 superintendents and the schools around our country have got
8 to be dealing with this issue not on a happenstance basis
9 but I think nationwide I believe it needs to be done on a
10 formative and deliberate matter.

11 So we have two approaches. One is the proactive
12 preparation in the essence of trying to get ready for a
13 potential crisis. Of course, we never knew that Aurora was
14 going to be hit like it was with the theater shooting. And
15 then the second part is how you do the recovery in the
16 event after you do have a crisis like this. So let me just
17 describe those two facets and I think that will be enough
18 to generate some questions on your side to be able to get
19 you what you need and so I can answer those questions that
20 can help you.

21 On the proactive preparation side, since 2006 we
22 have set up what we call an incident response team. Now,
23 embattled in that is a group of people that are recalled in
24 the event of a crisis. Now, this can be anything from a
25 lockdown at a school because we have a burglar in the

1 neighborhood to, you know, tornado alerts to some power
2 outages.

3 When we have this process, when people come
4 together, we have deliberate capabilities to connect folks.
5 So everybody gets on a webinar, everybody gets on a
6 telecom, including the police and the fire, and we have
7 folks that come to us inside of the incident response team
8 that all have deliberate jobs. Everybody has a checklist.
9 We practice this every year with a full-blown exercise in
10 our community.

11 What I mean by a full-blown exercise, it's a real
12 scenario as best as we can get it. For instance, let me
13 give you an example. A student has a father who is court
14 ordered to stay away from his family. The father wants to
15 see his son. He gets on a bus when his son is on the bus,
16 he hijacks the bus. Now, he had a gun -- this is all
17 scenario, this is one of our practice scenarios. So then
18 we bring everybody together and so forth and so on.

19 The major part of that practice preparation is
20 the relationships we build with community service
21 organizations, police, fire department, mental health
22 units. The crisis recovery folks that are endemic inside,
23 usually police departments. You establish these
24 relationships so that in the event of a real crisis then
25 you have that to fall back on. If you're waiting to

1 establish those kind of connectivities after a crisis, then
2 I think you're going to be way behind the 8-ball.

3 What we try to do in these exercises, it involves
4 sometimes 200 police, 50 fire department personnel. Our
5 school district, you know, depending on the scenario it
6 might be multiple schools, it might be -- certainly our
7 incident response team, and that allowed us to go through a
8 learning process that got better and better every year and
9 unfortunately, like I said, this is probably a reality for
10 school districts around the nation. We have to have that
11 capability whether it be mother nature or be shootings and
12 things we've seen both in Aurora and most recently in
13 Connecticut. So that preparation in these full-blown
14 exercises once a year has helped us.

15 We also do another thing where we do a tabletop
16 exercise every year with all our principals, with the
17 police department and the fire department in our
18 professional learning and conference center, and we go
19 through a number of scenarios in the course of three hours.
20 It can be everything from mother nature to an issue of a
21 distraught parent inside of a building, to a real live
22 shooter to somebody who is mentally deranged and is making
23 threats against children and our staff.

24 So we go through the process of valuating how the
25 police sitting at the table with maybe a table full of six

1 principals, the fire department would be there, the mental
2 health person would be there, and trying to brainstorm how
3 you would react through these scenarios. So this is the
4 tabletop exercise that we do once a year. So you've got a
5 real exercise with full-blown scenario and real actors that
6 are playing victims and 200 police and 50 fire, as well as
7 you have the tabletop exercises. So those two efforts
8 allow us to develop those relationships, work through some
9 of the problematic concerns that you have in the course of
10 going through a scenario.

11 So again, concentrate on the preparation for a
12 minute, it is the issue of the ability to have a system, a
13 process, checklist, technology that are all combined to be
14 used in these preparation elements.

15 So let me transition now to the recovery. In the
16 event of the shooting that we had on July 20th, one of the
17 things clearly that you have to do in my opinion is again
18 be as proactive as you can. Obviously you're reacting to a
19 crisis but you need to be proactive in your response as
20 much as possible.

21 So we divided it into phases. The first phase
22 was the first weekend. The role of a school district now I
23 think is becoming more and more necessary in meeting the
24 needs of a community, whether it be a shooting inside of a
25

1 school like Connecticut, or a shooting outside of the
2 school like there was in Aurora.

3 So we opened up four high schools within 24
4 hours. One was opened for victims and witnesses to come to
5 where the police could help people and we could provide
6 some medical assistance as well as mental health
7 assistance. So I'd say within 12 hours we had -- well, you
8 know, within one hour of the shooting we had the high
9 school open and people were gathering there.

10 We opened a second high school -- if you remember
11 in our case the perpetrator -- I won't even honor him by
12 saying his name, was -- he booby-trapped his apartment and
13 that forced an evacuation of three apartment buildings. So
14 we opened a second high school to be able to take those
15 families that were evacuated, in partnership with the Red
16 Cross. Again, another relationship that we had already
17 built.

18 We opened a third and a fourth high school within
19 24 hours so we could have victim advocacies, psychologists,
20 sociologists, different kind of mental health groups that
21 came together and that we had established relationships
22 with. So that was the first weekend. That was phase one.

23 Phase two was that -- this was a Friday morning
24 when the shooting occurred. By Tuesday we entered phase
25 two, and this is our ability to be able to get ready for

1 school, which started 10 days later. So we already had
2 students showing up at schools to be able to register and
3 certainly sign in if new families were coming. So we set
4 up a website. We started preparing teachers for dealing
5 with students. We established a communication network with
6 the schools to make sure they were kept apprised of what
7 school students that we knew were in the theater that
8 night. We had 156 students, family or staff were in the
9 theater that night of the shooting. Those are the
10 immediate impacted people, but clearly the second order,
11 third order and fourth order.

12 And our role in all of this is not to be first
13 responders. We are not first responders, but I will argue
14 that we are second, third, fourth, fifth, sixth and on
15 responders because of the needs of the community. So the
16 second phase was getting ready for school to start.

17 The third phase is when school started, and by
18 that time we had prepared everything from extra substitutes
19 for teachers if they needed it, to scripts for teachers to
20 use for grade-specific children, even as early as
21 kindergarten. And that shocked a lot of people. They said
22 are we really going to talk to children who are in
23 kindergarten about this situation? And the advice we got
24 clearly was to do that.

25

1 Now, Dr. David Schonfeld was one of the key
2 people, and Dan -- Dan Nelson's name escapes me -- these
3 two remarkable individuals were allowed to come to us from
4 the Department of Education. (Unintelligible) Duncan
5 personally called me on the second day and said how can we
6 help. We asked him for grant money, we asked him for
7 assistance and he provided these two amazing individuals.
8 David and Dan were absolutely essential I think to helping
9 be that proactive that we wanted.

10 And then we also had them communicate to the
11 entire school district on a webinar telecom about what they
12 had seen in other crises. It was very helpful. So that
13 was phase two.

14 Phase three is when school started, like I said,
15 and that carried us through November. And we had a lot of
16 group town hall meetings, communication processes to make
17 sure people kept informed. We contacted every single one
18 of the 156 who were in the theater to make sure that they
19 understood -- and of course we had funerals to attend and
20 we had students and adults who were wounded, and we had a
21 lot of second order and third order impacts. So we went
22 through that process in phase three all the way up until
23 what we characterize as the holiday season, like around
24 Thanksgiving to the winter break and the New Year.

25

1 Well, of course, that's tough enough for a lot of
2 people, but certainly in the aftermath of having folks that
3 are hurt and injured, and of course if they've lost
4 anybody.

5 Now, to make sure that we haven't a worst
6 nightmare whether it was suicides or those kinds of things,
7 I don't know if you know much about my background, but I
8 was 30 years in the military. I retired as a 2-star, I was
9 three years as a vice president for an international
10 corporation called SAP, and now I'm in the seventh year as
11 superintendent. I know how people react differently to
12 these circumstances, and our worst nightmare was the
13 holiday season where people were going to miss their loved
14 ones or obviously reflect badly on the circumstances. And
15 that carried us through really the sixth month point of the
16 shooting, and now we're in the phase, the final phase where
17 we would say for this year will carry us to the one year
18 anniversary.

19 So I hope this kind of gives you an idea. I can
20 give you all that information, what was specifically done
21 in every one of those phases. We can provide all that
22 information to you, but the main point is it's a credit to
23 the district and the camaraderie, the community integration
24 that we were able to get right off the bat within the first
25

1 12 hours all the way up until now that I think has made a
2 difference in how our city has responded.

3 Our mayor has said very clearly that this will
4 not define our city, this shooting. But I think what
5 really has defined our city is the reaction that we had on
6 it.

7 Now, we hired a crisis coordinator, and that's
8 Francis Pombar, and I think that was absolutely essential
9 for us to be at (unintelligible), because everybody's got
10 their jobs to do in the normal course of a school district,
11 but having Francis here allowed us to be able to set up all
12 of these organizations, connectivities, events, brainstorm
13 these ideas, get feedback, particularly from the community
14 as we went through.

15 So I'll just end up by telling you we've had
16 everything from a football player going into a fetal
17 position on the backfiring of a car; we've had teachers who
18 have gone catatonic because one of the teachers was
19 actually at Columbine as a student years ago. We've had
20 parents call me at 1:30 in the morning because I gave them
21 all my phone numbers. There have been issues all the way
22 across the line that people have reacted to this
23 differently. And as David Schonfeld will tell you, some
24 people react right away and crash, and some people are
25 up/down, up/down for maybe weeks, months and even years.

1 Some people hold it in for months and then they finally
2 crash, and some people are able to handle it fine.

3 So we don't know who they are all the time and
4 we're trying to send in those safety nets to be able to be
5 proactively involved to help them.

6 So I hope that helps give you an idea of how we
7 prepared for the crisis, not knowing that it would ever
8 happen and praying that it would never, to the issue of how
9 we did the recovery efforts, and both of which I think are
10 realities for our school districts and our nation today.

11 CO-CHAIR EDELSTEIN: Thank you very much for your
12 comments. Can you hear me?

13 MR. BARRY: I can hear you fine. Thank you.

14 CO-CHAIR EDELSTEIN: Yes. Okay.

15 I want to open up the -- give the opportunity for
16 commission members to ask any questions, get into a
17 dialogue with you, and you should now that Dr. Schonfeld is
18 with us in the room, so he appreciated your very thoughtful
19 comments about him. Your glowing comments.

20 MR. BARRY: Everything I said nice about him, you
21 know, just don't let it go to his head.

22 CO-CHAIR EDELSTEIN: Questions? Comments?

23 A COMMISSIONER: Just a quick question regarding
24 the exercises you referenced. You had mentioned two types
25 of exercises, a full-blown exercise as well as a tabletop

1 exercise. Could you elaborate on that full-blown exercise
2 who was involved? Are we talking students or community
3 volunteers?

4 MR. BARRY: Yes. This is a six-month planning
5 process. The scenario is devised without the persons
6 knowing it who are going to be involved. The example I
7 gave you was when a farther hijacked a bus. So let me go
8 in a little more detail.

9 It involved over 200 police because they were in
10 the process of getting SWAT teams and those things
11 together, so they were able to exercise their processes and
12 procedures. Also the fire department was involved in some
13 of these scenarios, not all of them because they didn't do
14 direct -- but obviously being prepared for any injured
15 students, things like that.

16 Let me use another scenario and more apropos
17 insofar as shootings in a school.

18 There were three people who came in and took over
19 the school. They shot some of the -- this is all scenario
20 now -- they shot some of our staff members. Obviously a
21 lot of school staff and students exited and escaped, but
22 there was a cornering of that. So we go through the
23 process of, one, trying to answer the questions who, what,
24 where, when, why. We are connected to the police. The
25 police have a representative come to our conference room in

1 the IRT, a fire department representative comes to our
2 conference room in the IRT. They're our connectivity. As
3 well as we deploy someone to be onsite with two computers
4 and a laptop so we are connected on a webinar, so
5 everything we see in our conference room they see, as well
6 as having our police and our fire department representative
7 in the room.

8 In the course of the shooting obviously the
9 police are going to do their -- they're going to surround
10 the school. We've evacuated some students. We have to
11 have a secondary evacuation site. We had to go through
12 that process. So we had to set up transportation and get
13 buses that were outside the immediate area of the threat to
14 take people to another location.

15 So we were in a serious conversation about
16 communication with all of our representatives in
17 coordination with the police, not separately. So anything
18 we ever run by our communications office that goes out
19 always go through the PIO, through the police department.

20 In the course of this effort we are identifying
21 students that are not accounted for so that we can be able
22 to give that to the police (audio skip) particularly in
23 their negotiations.

24 We have cameras inside our school and outside our
25 school that are made available to the police. Either they

1 see it from the representative in our conference room or it
2 is on the webinar. We also have a GIS map that we prepare,
3 global information system map that plots the school, the
4 recovery site. We draw a one mile and a 3-mile circle
5 around the area of interest. We'll shut down or lock down
6 schools or our administrative buildings that might be in
7 that containment area.

8 We freeze all the buses. We have Zonar on our
9 buses that allows us to be able to figure out where every
10 single bus in the district is. So we freeze every bus,
11 pull them over until we figure out where they are in
12 regards to the area of incidence. So if they're inside the
13 circle, we get them out. If they are programmed to go
14 inside the circle and they're outside right now, we tell
15 them not to go in. So it allows us to get some control
16 over that so we don't put additional students at risk,
17 particularly in an area where there are armed culprits and
18 police running around.

19 We have a capability of giving information on an
20 incident log that we give to the police every 30 minutes.
21 So in other words, as we go through our process we've got a
22 scribe who's typing all this information, so if we have a
23 school, a name, a child, anything like that, we don't have
24 to be on the phone, what's the name of that kid again and
25 where did he go, how do you spell his name. So we can

1 shotgun that stuff by either email or fax to the police so
2 they have that information, or it's an ongoing dialogue.

3 We also provide them pictures of the students
4 that we know are of interest or of our staff who are of
5 interest that might still be uncounted for.

6 In the course of that secondary evacuation site
7 we have police around there, we have help, but our main job
8 there now is to have the students (audio skip) so they can
9 be accounted for, and then the parents come to the theater
10 (sic). So then as we start joining parents and students
11 together, the conversation might go, Mrs. Smith, your son
12 is ready to be picked up, and then we can join them back
13 together. It's organized, it's set up, we have laptops, we
14 have tables, we have water, we have food. That is all at
15 these different sites to be able to accommodate them.

16 But the other conversation might be, Mr. Jones,
17 please come with us. Your son has been injured. He's been
18 taken to Hospital X. So we give him that information,
19 coordinate that with the fire department and their
20 information on anybody who has been injured.

21 So it's a rather -- it's a six-month planning
22 process. We have actors that play victims; we have actors
23 that play the bad guys. We have real live principals
24 obviously, and administrators who are reacting to this
25 situation.

1 So it uses that allowance to develop those
2 relationships, work through the brainstorming efforts and
3 be able to do it. The same thing could be applied for a
4 tornado, let's say, or a fire. We had fires in Colorado,
5 down in Colorado Springs. These are realities that school
6 districts are not separate institutions that are divorced
7 from these kinds of efforts in a community. They're an
8 active participant.

9 CO-CHAIR EDELSTEIN: Thank you. Other questions?
10 Dr. Bentman.

11 COMMISSIONER BENTMAN: Hi. In your rehearsal you
12 made the decision not to include teachers or students. Do
13 I hear that correctly?

14 MR. BARRY: I'm sorry, ma'am. You have to repeat
15 the question.

16 COMMISSIONER BENTMAN: There are no real live
17 teachers or students involved in this real time rehearsal.

18 MR. BARRY: Well, actually we do. We ask for
19 volunteers. Some of our kids who are into drama and those
20 kinds of things. They can get the makeup on and those
21 kinds of different situations to show as realistically as
22 we can people who are injured or traumatic. They are given
23 cards to act out in some cases. Some people will be
24 hysterical, and we exercise the process of (unintelligible)
25 tell them to deal with that. To everybody who is a parent,

1 angry, you know, that shows up at the door, I want my kid,
2 I want him now, and I'm sorry, you can't go into the area
3 as you alone.

4 So, you know, so schools are also involved in the
5 practice and they're part of the scenario as well.

6 COMMISSIONER BENTMAN: So my question actually is
7 for all of your teachers and all of your students, what has
8 Aurora decided to do in terms of education or practice for
9 the teachers and staff, the grown-ups in the school, and
10 what have you decided to do at the various school levels to
11 involve the children in any kind of lockdown rehearsals.

12 MR. BARRY: Okay. Let's talk about the staff
13 first. One is we do have -- one other thing I failed to
14 mention, every school has a tabletop every year. So the
15 school gets to sit down and go through with their staff to
16 be able to exercise. And so far as the students are
17 concerned, we have cards that we all carry around, and this
18 is another reality of the word today, and in that card it
19 has the lockdown procedures.

20 And we have four basic things that align with the
21 national threat assessment. Green is normal risk and not a
22 factor, continue operations. Yellow is potential risk
23 where all the exterior doors -- they're always locked
24 anyway. We have all of our schools locked and you have to
25 be buzzed in at any level, elementary, middle and high

1 school. But exterior doors are double checked to make sure
2 they're locked. High traffic doors must be monitored. All
3 interior doors will be locked at yellow. Bells continue to
4 ring and students continue to go back and forth between
5 class, and lunch periods continue.

6 If we go to orange that means that all those
7 procedures are in place but they don't leave their
8 classroom. They can leave the classroom to go to the
9 bathroom, but that's it. We most recently had an 8-hour
10 lockdown for a robbery suspect that was in an apartment
11 building very near to one of our high schools. We went
12 into orange and stayed in orange for almost 8 hours. So
13 food was provided, students were allowed to continue to
14 learn in the classroom, but every door was locked inside
15 and out.

16 And then if red, we go into red, then all the
17 students are on the floor, lights are out, blinds are
18 closed, doors are locked, and they're up against the wall
19 so they couldn't be impacted if somebody shot into it.

20 And then we have a reunification exercise every
21 year where we practice our procedures on evacuating a
22 school to another site. So that puts our processes and
23 procedures in place for desks, tables, laptops, food,
24 water, those kinds of communication elements that go out to
25 parents on where to go to reunite with their child.

1 So the answer to your question, besides the
2 district-wide tabletop we have, we have tabletop exercises
3 for every school and we practice these lockdown procedures
4 with our students every year. So, unfortunately we have
5 some that are recurring anyway because of real live
6 circumstances like robberies or a shooting in the
7 neighborhood, but those are a reality that we have to deal
8 with every day. I hope that answers your question on how
9 we involve our students and our staff in every one of our
10 schools.

11 COMMISSIONER BENTMAN: Thank you.

12 COMMISSIONER DUCIBELLA: John, thanks very much.
13 Very, very insightful about the practical realities of
14 developing a program and then testing its validity based on
15 real exercises.

16 The card system you used is a representation of a
17 graduated system threat awareness and threat management. I
18 love the fact that it's codified, you don't know it until
19 you look at it and use it and that memory lapse often is
20 helpful.

21 Is that particular credential carried by all the
22 school staff members? Is that what you were saying?

23 MR. BARRY: It is. It's given to every staff,
24 it's posted in our school sites, you know, so people can
25 refer to it.

1 COMMISSIONER DUCIBELLA: Yeah.

2 MR. BARRY: And every school not only has those
3 (audio skip), but they also have a particular room or area
4 of the school where the leadership would go to as a safe
5 site to be able to make decisions, and they have of course
6 this information posted. So everyone does have it either
7 posted or carrying it in their own wallets or purses.

8 COMMISSIONER DUCIBELLA: Yes, so you have a
9 multi-purpose space that is used for a whole number of
10 things but predefined and identified in the school so that
11 when an event like this occurs it's equipped with whatever
12 technology you need located in the school so it's
13 appropriately secure, accessible to emergency responders
14 and not to an aggressor, and that's been sort of thought
15 out as part of the school planning and design process or
16 retrofit process.

17 MR. BARRY: That's all correct, and in addition
18 to that the police know where those sites are in every
19 school.

20 COMMISSIONER DUCIBELLA: Yeah. I also heard you
21 mention the use of video surveillance. I know it's very
22 obvious, but in those tabletop exercises I'm assuming that
23 sort of situational awareness remotely conveyed to EMS and
24 PD, very, very helpful in the success or the intended
25

1 success of that tabletop. That information is found
2 valuable, correct?

3 MR. BARRY: Exactly. In fact, we record all of
4 those cameras. So we've had incidents, for instance, in
5 that scenario that I just mentioned to you where we had
6 some live shooters in the school, while the police were
7 showing up they started going to different places, and we
8 could rerun the recorded videos that we had for this site
9 to kind of track what part of the buildings they went in.
10 So it was easier for the police to kind of figure out where
11 they were in the building so they could take their
12 appropriate process, tactics and procedures that they use
13 when they go through.

14 We also have a capability, you know, in any
15 incident you're going to have press all over the place and
16 helicopters or anything, so we record on TV four different
17 channels from our Incidence Response Team. This is typical
18 of what you have in your home. You just do your DVR
19 recorder. But we can record four stations so we stay on
20 top of that as a case in point.

21 So embedded in our Incidence Response Team is
22 everything from multiple screens that we can switch to
23 because I might want to watch cameras on one screen and
24 then we have a GIS map up on another one, or we want to
25 bring up the Zonar for the buses, all of which when we do

1 that is on the webinar. So anybody on the webinar, it
2 could be the principals that are in lockdown that are not
3 affected directly by it, or certainly the principal if
4 they're in their secure site. I don't want to describe it
5 as kind of a lockdown vault or anything like that, but it's
6 an area where they can manage their situation as best they
7 can, if it's allowed. You know, sometimes it's not allowed
8 because of the circumstances.

9 But we've got this technology integrated even to
10 the point where in our Incidence Response Team -- I was in
11 the Pentagon on 9/11. Phones don't work obviously when
12 crises happen, cell phones in particular. So we have hard
13 wire phones and we have hard wire internet connections for
14 our computers inside our Incidence Response Team. But the
15 value of that when everybody is on the webinar and the
16 telecom, their situation awareness is kept up, you don't
17 have to repeat it. We go through processes where our
18 communications go out to parents or the board of education
19 or the mayor or the police and the fire department to keep
20 them apprised.

21 So this is a -- we learn something every single
22 time and we always have a debrief after we finish, whether
23 it be tabletop or these full-blown exercises. So we
24 continually upgrade our processes and procedures, we get
25

1 smarter and smarter in our ability to do that. This is
2 unfortunately the reality of the world.

3 COMMISSIONER DUCIBELLA: Very quickly, because I
4 know other members of the commission may have a question.
5 There are those, and I understand this, who have an
6 aversion to video surveillance in schools. It obviously
7 serves an incident command and situational awareness
8 benefit, we know that, but have you had pushback or what
9 has been the general response from your school districts
10 about the use of video surveillance schools? Has there
11 been a concern about that from a technology perspective, an
12 oversight perspective that people find psychologically
13 overburdening or has there been, as we find in some cases,
14 people who are happy it's there because they recognize its
15 security significance. I want to stay agnostic on that
16 subject and hear your opinion.

17 MR. BARRY: Yeah, I think if anything, it has
18 been reassuring for our parents. And it is also reassuring
19 for our staff members to know that when something happens
20 in a school that there is (audio skip) to provide
21 assistance. They're not alone. And that's particularly --
22 I can't tell you how many principals in real life
23 circumstances where we've had lockdowns because somebody is
24 in the neighborhood that police are pursuing and it just
25 happens to be right at release time, which is the worst

1 time that something like that can happen. So now you've
2 got parents that can't pick up their kids because we're
3 still in lockdown or you've got buses that can't arrive and
4 you've got delayed sports events, I mean all those things.
5 But when you have an organized communication network that
6 assists the principal in managing this, even to the point
7 of giving them -- we have robocall systems, a system we use
8 is Connect Dead (phonetic) where it can go out to all the
9 parents, but we provide them through our communications
10 prepared scripts that we work on and message and had it to
11 them and then all they got to do is just record the
12 message, or it can come from me as superintendent in some
13 cases. But having a crisis coordinator also has gone a
14 long way to be able to give us that extra help to be able
15 to react to these situations.

16 COMMISSIONER DUCIBELLA: Thank you very, very
17 much for your time. Is any of this documented in a form,
18 since you've put an awful lot of effort into it, you
19 obviously have a pretty high fidelity process that leads to
20 a pretty mature solution. Is that something that the
21 commission here might be able to take advantage of? Do you
22 have a booklet or a hard copy on this of some sort?

23 MR. BARRY: We do, and most of it is on our
24 website.

25 COMMISSIONER DUCIBELLA: It is.

1 MR. BARRY: We've been sharing this with lots of
2 other school districts around the nation. So, you know,
3 plagiarism is only legal in the publishing business so we
4 try to make sure people --

5 COMMISSIONER DUCIBELLA: Thank you very, very
6 much.

7 MR. BARRY: And we've learned from other school
8 districts too, so we've adopted a lot of lessons learned
9 from Columbine and even the other incidents that have
10 happened in Colorado to be able to be helpful.

11 CO-CHAIR EDELSTEIN: Chief McCarthy?

12 COMMISSIONER McCARTHY: Superintendent Barry, can
13 you tell us, do you incorporate Run Hide Fight training as
14 part of your lockdown procedures, and if you do, how do you
15 modify that for the lower grades?

16 MR. BARRY: I think I missed that last part.
17 What kind of training during lockdown?

18 COMMISSIONER McCARTHY: Run Hide Fight as part of
19 your lockdown procedures, a response training for the
20 students and the staff that might be threatened directly
21 and appropriate reactions that they could take ranging from
22 running away to active engagement.

23 MR. BARRY: Well, what we do, you know, we are
24 required by law to have so many fire drills, tornado
25 drills, and then of course now we have evacuation drills.

1 Those aren't required by law yet but we practice those to
2 the point where, you know, students are told, you know --
3 of course the young ones where we have elementary are going
4 to be (unintelligible) hopefully by adults. But we do have
5 a process, we have exercises and procedures where students
6 are told where to go on the reunification site.

7 Now, the problem is if you've got teenagers,
8 they're going to go in all different directions. I mean
9 the reality is they're either going to try to get to their
10 car and drive away or they're just going to run. And we've
11 seen in circumstances when there have been real live
12 shootings, you know, the traumatization of an individual,
13 contrary to what they see on TV and movies, it was
14 absolutely incredible to hear the reactions of students who
15 in the theater that night to say the reality of something
16 like this is so much different than what they saw on TV or
17 in the movies.

18 So preparing them as much as we can, be specific
19 obviously, to tell them where to go helps, but the reality
20 is they're going to go all different places and we're going
21 to just to our best we can to go through a process of
22 accounting for every single one of our staff members and
23 our students as quickly as we possibly can.

24 Of course, fire drills, we have procedures where
25 they all assemble outside, the teacher has, you know,

1 they're assigned, I mean the kids know where to go, but in
2 the event of something like a shooting you can expect
3 people to just panic really and be able to go in all
4 different directions. But we do give them process and
5 procedures on where to go, but we also know the realities
6 then can be different.

7 CO-CHAIR EDELSTEIN: Dr. Forrester?

8 COMMISSIONER FORRESTER: Superintendent, thank
9 you. Just a very quick question.

10 I'm wondering if other cities in Colorado have
11 similar plans as you do. Was this -- it's sort of a three-
12 part question -- was this in response to Columbine as a
13 statewide effort, and then finally who pays for this and
14 how do you -- was there special funding put in place that
15 has continued year after year?

16 MR. BARRY: No, this is not a statewide thing.
17 This is something that I instituted when I first arrived
18 here only because of my background. As a commander in
19 multiple situations we had what we call air operation
20 centers, the Army has their own, the Navy has their own.
21 In the case of mine I just knew, you know, that I didn't
22 want to be unprepared if we ever did, God forbid, have a
23 Columbine. So we've been doing this for six years.

24 Money, I would say this is a rather cheap
25 operation to run. The challenges to practicing and the

1 time and the man hours that go into the preparation as well
2 as the execution of the training. I would say that we had
3 the advantage of when I got here we had a bond that was
4 passed. We actually used interest money on the bond so it
5 really wasn't the taxpayer money. It cost about \$250,000
6 to renovate our conference room that, by the way, the
7 superintendent used to be in the northwest side of the
8 school district. When I came here, you know, we already
9 had major buildings in the center of the school district,
10 so I just moved my office to the center of the school
11 district where 90 percent of our admin buildings are
12 anyway. It was just an old tradition that the
13 superintendent was in another place.

14 So when we did that we used some of that money to
15 renovate our conference room. I really (audio skip)
16 conference room. Of course it serves as the conference
17 room for the superintendent, and even redesigned the office
18 of the superintendent to be a break-out room the Incidence
19 Response Team. So it was a deliberate planning element
20 that we had an advantage on.

21 But I would tell you that what I've just
22 described to you is not overwhelmingly expensive. Most
23 school districts have telecoms and webinars, most of them
24 have their ability to have connectivity with cameras in
25

1 their schools. If they don't have them for all the schools
2 that might be an issue.

3 You know, the issues of having a GIS map or a
4 Zonar put on buses, a lot of schools are already moving in
5 that direction just for the security of the kids, not
6 because of an incident like this. And then they all have
7 their data systems for their pictures of their staff and
8 they all have their data systems for pictures of students
9 as well as contact information.

10 So the true challenge is just integrating them,
11 practicing, establishing the processes and procedures and
12 then being able to exercise them on a recurring basis.

13 COMMISSIONER FORRESTER: Thank you.

14 CO-CHAIR EDELSTEIN: Dr. Schonfeld?

15 COMMISSIONER SCHONFELD: Yeah, this is David
16 Schonfeld. I just wanted to add for the commission's
17 benefit, one of the reasons why I asked you to join us,
18 because there have been a number of schools that I have
19 responded to when there have been disasters and crises, but
20 what's unusual I think is what he's describing in terms of
21 his preparedness and response also was applied to the
22 recovery phase. And that is extremely unusual.

23 So I spoke with him and was out there in less
24 than 24 hours, and when I arrived we were immediately
25 briefed with lists of all of the students that had been

1 mapped to the schools' victims, siblings, their names,
2 geocoding, they knew -- and I've been in school districts
3 that have dealt with major events and months later they're
4 still talking about how they can screen to see who was
5 impacted. This was within hours. And there was incomplete
6 information initially but they kept building to it. And I
7 think he probably didn't emphasize as much of what he's
8 doing about the recovery, but he recruited a recovery
9 coordinator from out of state who works full time on making
10 sure that they have a continuing ongoing mental health
11 response, and they're thinking through the mental health
12 system for the whole school district so that it's not
13 reactive and there's ongoing training, and there's real
14 thoughts about groups and building relationships with
15 community partners.

16 So he has a background that's unique but he has
17 applied it to a thoughtful and coordinated response that
18 includes the recovery, which I think is quite unusual and
19 might be a lesson that we can share with other people.

20 MR. BARRY: And that's what the superintendent
21 meant to say.

22 CO-CHAIR EDELSTEIN: We just want to hear a final
23 question from Representative Lyddy.

24 COMMISSIONER LYDDY: Thank you. Just two quick
25 questions.

1 First, how do you handle staff turnover,
2 substitute teachers and visitors in the school with regards
3 to these drills and the preparedness of those individuals?

4 MR. BARRY: That's a great question. I mean we
5 are a mobile society, and of course in any organization,
6 whether it be in military or business and now in schools,
7 people are going to turn over. So that's why we have these
8 recurring training exercises every single year. The
9 tabletops at every school, the district-wide tabletop and
10 then the full-blown exercise that allows us to keep people
11 current and trained.

12 Insofar as the children are concerned the effort
13 is, again, there's normal processes that they go through
14 for fire drills and tornado warnings and things like that.
15 So now this is just added on top of it to be able to allow
16 us to keep them well informed, even as young as elementary.

17 So we have emergency guidelines in our subpackets
18 so we have checklists for each one of the persons sitting
19 around our incident response team, and as I said, every
20 time we have a -- we call them a hogwisher, lessons learned
21 after every one of these exercises -- so we keep updating
22 and modifying that. So even if you're cold in the sense of
23 not being trained, you are able to be able to walk in and
24 refer to the checklist.

25

1 Substitute teachers know that a lot of times when
2 they come to schools they don't know the process that
3 they're in, procedures of a particular school district, but
4 we have those guidelines that allow them to do it. Plus
5 they've got the help of people who have been there for a
6 while, we're (audio skip) on experienced individuals who
7 have gone through these training exercises to be able to
8 make up for people who are confused and obviously may not
9 be familiar with the way we operate.

10 COMMISSIONER LYDDY: Great. Thank you very much.
11 Actually David Schonfeld answered my other question, so
12 thank you.

13 MR. BARRY: You're welcome.

14 CO-CHAIR EDELSTEIN: John and Francis, out of the
15 view of our camera, thank you so much for giving your time
16 today.

17 MR. BARRY: Let me give you a look at Francis
18 here so you just see who this guy is who's done this great
19 work.

20 CO-CHAIR EDELSTEIN: Hello.

21 MR. PUMBAR: Good afternoon.

22 CO-CHAIR EDELSTEIN: Thank you very much for
23 contributing and giving us so many ideas. And we will look
24 for the links to your website. We probably have them
25 already and we'll be posting them on our online site so

1 that any viewers through our public television network can
2 check out the links as well. We do appreciate your time
3 today. Thank you.

4 MR. PUMBAR: Thank you.

5 MR. BARRY: Any further help with that, please
6 don't hesitate to call on us. This is something we all
7 have to share on in this, like I said, a reality of the
8 world.

9 CO-CHAIR EDELSTEIN: We thank you so much.

10 MR. BARRY: Thank you.

11 CO-CHAIR EDELSTEIN: For members of our
12 commission, we'll take a lunch break and plan to start
13 promptly at 1:30 when we go into a question and answer
14 session, and then after our question and answer session we
15 will be talking about commission logistics, future
16 programming, the charge of the governor. So we will break
17 now until 1:30.

18 (Recess.)

19 CO-CHAIR EDELSTEIN: I'd like to call this
20 afternoon session of the Governor's Sandy Hook Advisory
21 Commission meeting to order.

22 We are continuing how with discussion, question
23 and answer with Dr. Wong and Dr. Demaria. Thank you so
24 much for experiencing life in our capitol today and being
25

1 available. And commission members, thank you for having
2 held your questions before.

3 Do we have immediate questions or you may want to
4 remind us about some of your topic areas so that we can
5 provoke our questions?

6 DR. DEMARIA: Sure. One area that Marlene and I
7 were mentioning that was up on my slide I didn't talk about
8 was the gifts that are brought into a district, and it
9 becomes a burden of gifts that come in, tickets to events,
10 et cetera. And both found that that is very disruptive to
11 the return to normalcy for the children, and it also causes
12 a degree of competition for the gifts. So oftentimes --
13 and we had this after 9/11, there are crates and crates of
14 teddy bears and people giving tickets or, you know,
15 opportunities to meet different celebrities.

16 And we find that it's a bad practice because what
17 happens is it typically causes division rather than
18 palliative reactions in the children. And what also
19 happens is the -- it's sort of making a special celebrity
20 of something where you want the children to resume
21 normalcy, you want them to go back to their normal lives as
22 best as they can, albeit it's a new normal.

23 So it's one thing that I would just caution any
24 district dealing with a disaster to have a set policy

25

1 regarding where those gifts go and where those donations go
2 because, again, it can become a burden.

3 Marlene, do you want to comment on that too?

4 DR. WONG: I think it's part of the recovery
5 environment that is so difficult is that there are special
6 roles that need to be played by people. When they say
7 outside, it doesn't mean outside the region or the town,
8 but someone outside the school who was not a direct witness
9 or a victim of the event itself who can provide guidance as
10 well as a barrier, kind of a buffer, if you will, between
11 the other recovery efforts, the mental health recovery
12 efforts, because there are other aspects such as gifts.

13 For instance, we know that for every large scale
14 disaster starting from the hurricanes down in Florida, that
15 the first thing a district has to do is open up a warehouse
16 because the gifts will come. But also to begin to
17 articulate a policy for how gifts will be dealt with from
18 the very beginning so that -- because there will be
19 outreach, people will approach the district with all sorts
20 of things, and the policies have to be articulated in
21 advance, otherwise it will be a source of increased
22 conflict which -- and unnecessary suffering. I mean I know
23 that sounds terrible, but those kinds of very generous
24 offers from the outside can often become a part of the
25 conflict that continues within the system itself.

1 CO-CHAIR EDELSTEIN: Bob? Oh, go ahead. Bob, I
2 saw you --

3 COMMISSIONER DUCIBELLA: No, that's all right.

4 COMMISSIONER BENTMAN: I have a few questions.
5 My first has to do with the balance between attention to
6 resilience and attention to trauma, and we talk a lot about
7 attending to the experience of the trauma, the overt
8 symptoms of PTSD and the other sorts of manifestations in
9 children and adults of having been a party to this.

10 And my question to you as experts at this is how
11 do you balance the attention to folks that are not
12 suffering so much, the overexposure to the, I don't know,
13 to the focus on trauma in some ways restricts their return
14 to normalcy and it limits their own strengths and
15 resilience. So I'm really curious about how it is that you
16 structure things to manage that.

17 DR. DEMARIA: It's an excellent question, and it
18 really comes to the point that the dosing of trauma
19 exposure will lead to resiliency. The overdosing of trauma
20 exposure will lead to symptoms. It leads to it not being
21 out of our life.

22 When we work, for example, with children who are
23 grieving, grieving is different than depression. Grieving
24 comes and goes and it's triggered and it will come up as a
25 rush and you process it and then you're about to move on a

1 little bit but then it moves on. If there's a continuing
2 exposure to the traumatic stimuli, and oftentimes post-
3 disaster or post-violent episodes it's constantly there
4 being reminded. What happens is the children have a chance
5 to escape, they have a chance to have the adrenalin drop
6 down and they don't develop the mastery, so to speak. So
7 it's almost like an inoculation model. A little bit helps
8 you gain mastery; too much can overwhelm.

9 And I think to your point it's well taken, not
10 every child needs the same exposure, not every child
11 necessarily needs to be protected. It really depends on
12 who the child is, but we need to make sure that the
13 children and their families, and the teachers also, who
14 also get overexposed, have a chance to be away from it.
15 And I think it's how you structure both interventions, it's
16 how you structure memorials, anniversaries, and we have to
17 be very careful that one size doesn't fit all, and the same
18 memorial that might be touching for 60 percent of the
19 people might trigger 30 percent or 40 percent of the
20 children too.

21 So how do you figure out what the child needs and
22 how do you allow the child not to think about it, not to
23 see it, not to talk about it. It could be very important
24 and I think your question is really sensitive to the issue
25

1 of it's not always putting a child in the situation, it's
2 sometimes letting them avoid the situation at times.

3 DR. WONG: I think this is where your regional
4 experts come in, because it is a matter of monitoring just
5 as you would any other -- from a public health perspective.
6 You know they're at risk but not everyone is going to
7 actually come down with whatever that condition is. So
8 you're triaging, you're looking at how the children are
9 reacting and you're looking at what groups you might need
10 to target your interventions with. But I think that
11 knowing about trauma, just information, especially with
12 adults, is a very helpful thing so that they can also be
13 your eyes and ears in terms of who might need the more
14 targeted intervention.

15 DR. DEMARIA: Just one more piece of it. It's
16 part of the timetable that often is not talked about and we
17 certainly saw it after 9/11. There's post-traumatic
18 exposure, post-traumatic stress, there's the building of
19 resilience, but for some percentage of people there's post-
20 traumatic growth, and certain people will get stronger
21 after being exposed. It's the end result of the resiliency
22 model, and there's been a number of different research
23 studies talked about how a life-changing event, even if
24 it's hard, can make people more aware of important things
25 to them; family, community, spirituality. And certainly

1 from working with a lot of first responders I can tell you
2 that one way they respond to adversity at times is they
3 come home and they give their children a hug, you know,
4 because it reconnects them to the fact that this is really
5 what's important.

6 So as disorienting and as painful as traumatic
7 events are, sometimes they alert us more to our own
8 humanity and they make us better for the exposure, although
9 that's obviously just one piece of it. But a good number
10 of people report having had really life-changing moments
11 and experiences after having gone through something very
12 painful.

13 CO-CHAIR EDELSTEIN: Just to review, I saw Bob,
14 Dennis, Ron, in terms of questions, and then we'll go on
15 from there.

16 COMMISSIONER DUCIBELLA: It's quick. As
17 architects we spend a lot of time trying to understand the
18 relationship of space and child development, and we know
19 there are very, very formative special relationships that
20 make children learn better or we think we make them learn
21 better. But you notice every time there's been an event, a
22 traumatic event, the school is closed, and someone decides
23 to repaint it or hang signs on it. I don't know that
24 that's really done very scientifically.

25

1 Is there any data, is there any study -- and part
2 of our responsibility is to provide some codified
3 recommendations that will lead people in the future so that
4 if in the event there is an event and there is a recovery
5 process, we can do something formative with the real estate
6 that was the location where something happened. In part
7 because you want to reconstitute it for the purpose for
8 which it was made, but what I'm hearing is maybe it's
9 sitting out there as sort of an ugly reminder and even if
10 it isn't reconstituted as a school, please do something to
11 it so it doesn't restimulate these very terrible feelings.

12 What kind of advice or information would you give
13 us or would you suggest as a location where we could go so
14 that we don't have this consistent reminder of, hey, this
15 happened here and we, one, would prefer to use that space
16 again for a wonderful event or experience, and two, if not
17 that, so it doesn't reconstitute those feelings.

18 DR. WONG: I don't think there are any studies
19 that address your specific question, but I can tell you
20 that in most of the school shootings before there was a
21 change in the environment, whether it was just painting
22 everything, rearranging furniture, to the other extreme of
23 rebuilding or remodeling, if you will, a whole section of
24 the school, is that students and teachers refuse to go
25 back. They just wouldn't go back in the building.

1 And it was so powerful, the physical reaction,
2 that in order for the school to move forward they had to do
3 something with that structure, whether it was the cafeteria
4 at Thurston High School, you know, where the students
5 gathered every morning before school started and they sat
6 together and they socialized. I think it was like a rainy
7 day or it was a period where it was -- of course in the
8 Northwest it's always a rainy day -- but the shooter came
9 in, Kip Kinkle, who was a student from that school, came in
10 through the double doors in the back and he simply shot
11 down 26 kids and killed 3 of them, and the kids wouldn't go
12 back in the cafeteria again.

13 So they didn't tear it down but they did repaint.
14 It was metal furniture; they repainted it. They made it
15 smell different, they made it look different. They moved
16 the furniture around and the kids came back in. So that's
17 all I can tell you.

18 COMMISSIONER DUCIBELLA: I think what I'm
19 hearing, and I'm going to turn it over to the other
20 commission members, is whatever you can do to make it look
21 like what it wasn't before.

22 DR. DEMARIA: Yeah, because you want, again, it's
23 a question of dosing. I think it was brought up before.
24 You want the children to be able to choose when they want
25 to face it and when they don't want to face it. But if

1 it's the same building, the same space, even if it's just
2 tidied up a little bit, it still will trigger the same
3 memories and the same associations. And for certain
4 children going back and facing their fears is going to be
5 helpful, but for some children it's going to just add to a
6 re-experiencing. And for teachers and for first
7 responders, et cetera, it just adds to the continued
8 stimulation there, especially since every school has its
9 unique personality. Every school has its unique setting,
10 so the children will be able to identify it a lot more.

11 COMMISSIONER DUCIBELLA: While we heard the
12 Commissioner of Education say it's always wonderful to have
13 swing space, it's a terrible thought to think about
14 legislating it. In every school district do you want to
15 identify another school so that in the event you have a
16 terrible experience you have another place to go? Because
17 what I'm hearing from a mental health perspective you are
18 going to reinvent the experience for an undetermined number
19 of people for an undetermined amount of time until a new
20 generation comes along, and that's really kind of a toxic
21 environment. That's what I'm hearing. And what we do
22 about it as architects may not be particularly effective.
23 Thank you very much.

24 DR. DEMARIA: Just one other piece to that too.
25 It's not just -- if you keep the same space where a tragedy

1 occurs, you do attract your interested community voyeurs
2 who want to see the space, want to take their picture next
3 to the space. We've seen some very difficult, difficult
4 situations where victims or survivors will be at a space
5 and people there will be posing for pictures. Certainly at
6 Ground Zero we saw that for a while. It was a big tourist
7 attraction. People would sit and take a picture next to a
8 girder, you know, I would see it and I'd be surprised and
9 I'd have to calm a few of my fellow first responders down a
10 little bit.

11 But again, that happens also, so it becomes a
12 tourist attraction, although you wouldn't think it is, but
13 people still are attracted to things that are horrific and
14 scare them. We think that it might be their way of somehow
15 finding mastery to it or somehow attaching to it. But you
16 do see that quality to sites where there has been mass
17 tragedies and mass shootings. It sounds strange but you do
18 see it oftentimes and you want to protect the children from
19 that type of exposure also.

20 COMMISSIOER McCARTHY: I have a couple of
21 questions, very different questions. The first is we have
22 received testimony suggesting alternatives for fortifying
23 our schools, making them safer. We've also heard concerns
24 from educators about climate and environment. And so we're
25 going to have to balance those two issues, and certainly I

1 think there is a psychology behind that, and I'm no
2 psychologist, so I'm asking a question from quite a bit of
3 ignorance, but what is your perspective and maybe some
4 experience where school systems have done it well and where
5 school systems have done it poorly and what the differences
6 are?

7 And while I have the microphone, I'll just tell
8 you my other question. The parents in Newtown are
9 significantly involved in the whole gun debate, and your
10 conversation this morning about retraumatization, I think
11 immediately of them reliving the moment. At the Vice
12 President's testimony or program yesterday they testified
13 quite movingly. How do we support them? And I would
14 imagine it's therapeutic for them; it's a mission that they
15 are on quite responsibly to their families, to their lost
16 children. How do we as a community support them and is
17 there anything extraordinary that we need to do or do we
18 assume that those support mechanisms are being delivered in
19 Newtown by the appropriate agencies?

20 DR. DEMARIA: Just to talk to the first point,
21 and it's a great question because there is the perception
22 of safety and security and then there is safety and
23 security in a building. And the question is whose
24 perception are we gearing safety and security to; would it
25 be the child or would it be the adult? Would it be the

1 parent or would it be someone from law enforcement or
2 somebody who specializes in making sure that things are
3 very safe?

4 And I think to your question, taking into
5 consideration what the children perceive is safe and what
6 the children feel is enough to make them feel secure I
7 think is most important. And I think any school district
8 where the children have been through a lot -- certainly
9 Marlene can comment on this also -- it seems if the
10 children's perceptions and what they feel to be safe is put
11 as a priority, I think it's a better steering tool than
12 sometimes having a lot of experts talk about it. It's
13 really child perception, and a young child's perception of
14 safety in my experience, and Marlene can comment, is often
15 due to the safety provided by adults, not necessarily
16 safety provided by space. It's when the adults are
17 consistent, available, open and act in a way that lets them
18 feel that they can always go to them for security. That's
19 the primary factor.

20 Adolescence it may be different, but for children
21 especially separation, being in a place where they're
22 frightened and without an adult there who consistently can
23 be available just in case anything happens I think is
24 paramount. And if you want to comment on that?

25

1 DR. WONG: I do. I think with respect to school
2 safety your comment about balance is so important, because
3 as I understand it the principal at that school was just
4 exemplary in terms of what she had done to prepare the
5 school to make it safe.

6 And so if we look at all hazards, the hazard in
7 this particular situation was a very troubled young man and
8 it behooves other members in the community to think about
9 how to improve and prevent this kind of -- this kind of
10 attack, if you will, that did not fit in with any other
11 kind of school shooting.

12 And my understanding, and believe me, this is
13 from 3,000 miles away, is that the school really did put
14 into place many, many of the safety measures that at the
15 national level was recommended.

16 So there are some things that are external to the
17 school that involve the community, and here is where we
18 need to do a better job everywhere because you can see that
19 these incidents are occurring in many places, including at
20 Aurora, and they're not being perpetrated by people inside
21 the school. Now we have a new sort of phenomenon of the
22 young disaffected sort of loner, bright but very troubled
23 young man who perpetrates a mass shooting. And to me that
24 -- I mean I don't know how much we want to focus -- I think
25 we need to focus on school safety, but it has to be

1 balanced with the other, quote/unquote, threat that I think
2 currently exists within our society.

3 DR. DEMARIA: Now, in terms of the second part of
4 your question about the families who may feel very strong
5 about a position in any topic, the loss of a child is one
6 of the more intense grief experiences that anybody can
7 experience. For those of you in the room or who are
8 listening, you know that it's indescribable and certainly
9 an experience we as parents and we as adults do not want to
10 face the loss of our child for whatever reason.

11 That intense anguish sometimes needs focus and
12 sometimes that means creating some type of legacy, and
13 sometimes it means making the world a little bit different,
14 and as a tribute to the person who died or was murdered in
15 the situation.

16 So the question is is that outlet for them can
17 help them go past very dark periods of the grief process
18 which -- and traumatic grief, we know death by violent
19 means is much more difficult to process, to get over. It
20 takes a lot more time. So the companion fact of the death
21 of a child plus the death of your child by violent means is
22 a really difficult, difficult process. And I think
23 anything that will give the people in mourning a sense of
24 purpose, a sense of helping make this world better or undo
25 some of the dangers in the world that led to this horrible

1 event I think is laudable in terms of what the families are
2 doing, and I think we should provide them outlets and
3 support them in whatever way they want to voice their
4 opinions.

5 Marlene, you want to --

6 DR. WONG: Well, I want to go back to that first
7 point again. You know the young man that shot Gabby
8 Gifford, here's another example of it's a community issue
9 because he was a young -- he was enrolled in the community
10 college and he was a threat to fellow students and
11 teachers. And they expelled him and they thought, wow,
12 what a relief. And he went out and he still, you know, he
13 shot a little 10-year-old girl and shot Gabby Gifford.

14 It's a community issue and it is not just about
15 that one institution.

16 CO-CHAIR EDELSTEIN: We have Ron and then Alice.

17 COMMISSIONER CHIVINSKI: Hi, Marlene.

18 We had spoken briefly in the lunchroom and I
19 thought it was important enough to bring it up here. You
20 had mentioned in your presentation that there was
21 interviews conducted with 70 of Newtown's dedicated staff.
22 What insights can you give us from those interviews?
23 Please elaborate.

24 DR. WONG: Well, I think that the first thing
25 that struck me was that there was no -- I'm going to go

1 back to what Dr. Demaria as talking about -- there was no
2 in-house incident commander and there was no external, sort
3 of incident -- there's an in-house commander and an
4 incident commander external to the school. And I think
5 what happened was that it prolonged the period in which
6 people were seeking some sort of, you know, knowledge about
7 this overwhelming incident that challenges all of us who
8 even have lots of experience with these kinds of
9 situations.

10 And I think because of the -- I don't know, it's
11 just something that really is important for all school
12 districts around the country, not just in Connecticut, to
13 have the opportunity to plan for, whether it's man-made or
14 natural disasters, so that they are quickly able to shift
15 over and make those important decisions that need to be
16 made right away. Because the difference between a crisis,
17 a crisis organization and one that is a part of everyday
18 life, it is top down. That's why the superintendent from
19 Aurora was so amazing. He's a two-star. And for good or
20 for ill, there's a leader, that leader makes the decisions
21 and it is not a time to talk about, you know, well, should
22 we do this, should we -- to have a sort of a conversation.
23 It is that someone who has some idea of what the road that
24 needs to be traveled will be able to make those decisions

25

1 rather rapidly, and if they're not it causes lots of other
2 suffering. It causes longer term suffering.

3 COMMISSIONER FORRESTER: Great. Thank you both
4 for your presentation. It could have gone on all day I
5 think in some ways, and we have a lot to learn from you.

6 I have just a couple of questions and I think I
7 want to highlight your idea of around it's a community
8 issue and, you know, what happened in the school, but also
9 what happened in all the years of the shooter's life to be
10 able to -- you know, that led up to what happened that day.

11 I think that one thing you mentioned a lot is the
12 skills of a multi-agency team sort of -- you've been using
13 the terms inside and outside, and I wonder if there's been
14 written or protocols around team development, team
15 conversation, the leadership of those teams because I just
16 have to say that my experience is that leadership is really
17 the most crucial thing. And we don't have a lot of two-
18 star generals right now available for work I don't think.
19 Maybe we do. But I think that it's very critical and I
20 wonder if there's some guidance or manuals or trainings
21 that you've done that you could share with us.

22 DR. DEMARIA: I think my position, and Marlene
23 may differ or agree, I think it's really hard to bring
24 people up to speed right away. And my experience has been
25 that competent people bring in experience to the position

1 they're in. Certainly the superintendent of Aurora being
2 in the military, and you can tell his thinking has been
3 honed through incident after incident.

4 So I think it's a great idea to start to develop
5 people within your system who have that capacity. It just
6 -- tabletop experience is different than a real life
7 experience, and I think to not have that person who has
8 been exposed under fire, to suddenly expect a transition,
9 that it's a really hard thing.

10 The good news is that there are two-star generals
11 around the county, not figuratively. But I think there are
12 people who can come in and can bring people in. And I
13 think the best way for a district to learn how to manage
14 and learn would be go to those people in other districts
15 where they're not necessarily part of it but go through the
16 process, see it, see what the responses are. So sort of an
17 apprentice program in real life situations rather than try
18 to train up people and get them ready for a disaster where
19 a real disaster is very different. From people who are
20 first responders you know that being in a real fire or
21 being in a real fire fight is very different than a
22 tabletop exercise or something you plan for.

23 So I think development is a long-term process,
24 but I think actual real life practical experience is

25

1 important, and there are a number of good and available
2 experts who can come in and provide that role.

3 DR. WONG: You know what I found in every
4 situation is that there are natural leaders within the
5 district and they emerge. And I think that the leadership
6 can -- if they can trust that that person can be the head
7 of this crisis and recovery period of time, that that works
8 very well. And I think what happened with Dr. Schonfeld
9 and the superintendent in Aurora was that he served that
10 function for the superintendent. He was a natural leader.
11 He was already there.

12 And I know that in Newtown, and everywhere, every
13 district in Connecticut there are natural leaders. And it
14 might not be the person that you think. It could be a
15 teacher who has certain kinds of experiences whether it's
16 in the military or whether they are just natural skills
17 that that person has that would be an excellent leader.

18 I think it's a delegation of authority. It means
19 trusting that this is the person that has my full support
20 and that is the person who is going to lead us from this
21 point on.

22 COMMISSIONER FORRESTER: I'm sorry. I just have
23 one other part of the question or a little different. The
24 leadership that happens after a terrible event like this,
25 or the training and the staff development is very

1 important. I'm wondering, I feel very responsible for also
2 the other children in other cities all over Connecticut,
3 and certainly for us in New Haven who witness or experience
4 traumatic grief, that happens to be the largest thing that
5 brings kids to our agencies, exposure and traumatic loss.

6 How have you seen it influence change across the
7 state? So it might have happened, something might have
8 happened in Columbine, have you seen states really take on
9 this and do training for all schools within the state or
10 have you seen the change in New York maybe or in LA?

11 DR. WONG: That's a good example. I think you
12 should start.

13 DR. DEMARIA: Oftentimes the attention that these
14 events bring to light, unfortunately they're learning
15 moments because we learn about how vulnerable we are. We
16 also learn about how much we need to learn and know, so I
17 think it can become the fulcrum to start to introduce a
18 widespread curriculum change and a widespread education, so
19 the potential ripple effect because the State of
20 Connecticut and the country has deeply been moved by this.
21 And as leaders in the process of this I think the country
22 is looking on this commission for a guidance about how they
23 should act in their own districts because this is such a
24 touching event.

25

1 But I think after 9/11 what the event caused
2 people to do is not only look at security issues but look
3 at post-traumatic stress. I think that in schools right
4 now it's identified better. I think there's more
5 sensitivity and there's much more development of mental
6 health professionals. So the spread of affect within New
7 York City was obviously pretty large.

8 The problem is as you get further and further
9 from the epicenter whether people are going to identify it
10 as a need, and New York City is obviously an unusual place
11 as is every city. And I think sometimes people will
12 distance themselves from it because they don't want to make
13 it seem like that could happen here. And I think that
14 that's part of the challenge, is to get other cities to
15 realize, yes, it could happen in our city, but use this
16 momentum to try to bring about sweeping changes in terms of
17 educating about grief, educating about trauma, educating
18 about more support for teachers who have to deal with
19 children who have been traumatized, which can be very
20 draining.

21 DR. WONG: I'll talk a little bit about the
22 research that my colleagues at Rand and UCLA and I have
23 done since 1998 about urban violence because it's a
24 different kind of violence. It's more repetitive violence;
25 it's generational violence. Although the outcomes are

1 similar, they're not exactly the same. But what we found
2 is that students who have been exposed to life-threatening
3 violence before fifth grade have higher rates of expulsion,
4 suspension, they tend to not graduate from high school,
5 they have lower reading scores, et cetera, et cetera.

6 This is a hopefully one exposure to a horrific
7 experience. As I said before, we don't know what the
8 outcome of this situation is going to be and how these
9 children are going to -- how their developmental trajectory
10 will go. But, yeah, it behooves us all, and particularly
11 those who deal with a lot in urban areas where there is a
12 lot of violence to realize that if children do not do well,
13 if they are not provided with intervention and they
14 continue to be exposed to violence, that that seems to be
15 one of the factors that has to do with school dropout and
16 failure.

17 So the zip codes with the highest rates of crime,
18 violence, gang activity are those same zip codes where the
19 kids just don't finish school. You know, there's 50
20 percent, 60 percent dropout rate. We know that they will
21 have short-term effects, but as one colleague said, risk
22 factors are not predictive factors because of protective
23 factors. And this community has so many protective
24 factors, so many. I mean that's the hope that you have, is
25 that you have, you know, family supports and this

1 commission and all the work, that's the excellent services.
2 There are lots and lots of protective factors in
3 Connecticut that don't exist in other places.

4 COMMISSIONER LYDDY: Thank you. Your
5 presentation today was quite enlightening. In some areas
6 it was like the ah-ha moment like, oh, of course, that
7 makes a lot of sense, but why aren't we doing this now?
8 And so we have kind of two processes moving forward; the
9 recovery process and then the we just need to do better
10 process, meaning we need to prevent things like this from
11 happening again and we need to intervene earlier and we
12 need to be able to identify, track and treat people for
13 mental health.

14 And so, Dr. Wong, one of your recommendations was
15 school-based mental health centers. I'm wondering if you
16 can elaborate on what that would look at in terms of both
17 the recovery effort but also earlier intervention, easy
18 access to treatment services for youth, and maybe give some
19 examples of where you see that being quite effective and
20 where maybe it's not so effective.

21 DR. WONG: Well, I can talk about Los Angeles
22 Unified School District because it has had a mental health
23 service in the school uninterrupted since 1933. And it is
24 funded entirely by the school district, so all of us -- I
25 was a teachers union member for 20 years and I was an

1 administrators union member for 10 years, so it reflects
2 both when I was in the schools working as staff and also
3 when I became director of mental health.

4 So that was the commitment that the school
5 district, Los Angeles -- and there is no other one in the
6 country like that. Other places in the country have some
7 sort of cooperative agreements in which the services that
8 are provided in the schools are enhanced by co-location of
9 community providers in the schools as well, and parents
10 know that they will be able to access these services at the
11 school level and the school provides a space as well as
12 time for them to come in and to receive treatment.

13 I would say that the second is the most common of
14 all, so you have some very fine social workers and
15 counselors and psychologists in the school, but they're not
16 working together. In fact, I even heard guild issues, you
17 know, well, it should be just us or it should be just
18 whatever. At all schools they need to come together,
19 assess what the needs of the schools are and together as a
20 unit think about here's what we have as resources, how will
21 we deploy them or apply them to this particular school
22 family, to this school community. That's what school
23 mental health is about.

24 They also serve as members of the crisis team so
25 that if something does happen often, I would say 80 percent

1 of those 2,500 to 3,000 incidents that occur per year in
2 Los Angeles have to do with people coming from the outside
3 imposing onto the school. There could be a gang shooting
4 that comes onto a campus; a robbery that comes onto a
5 campus; a car that runs into a school; a domestic issue
6 that comes into the school. It disrupts, external events
7 disrupt school more than any other, you know, more than the
8 issues of school reform and sometimes I think that teachers
9 get beat up because of other factors that have nothing to
10 do with teaching and learning.

11 But this is entirely possible and it would mean
12 though everybody looking at how they could configure their
13 current services and how they're provided so that it can be
14 unified and operate in an entirely different way.

15 DR. DEMARIA: Just one other thing to keep in
16 mind. There was a fascinating study done years ago about
17 children with mental health issues and what happens in
18 schools. And they asked the children that identified as
19 having an issue what did they do with that issue, and they
20 said they typically would go up to one or two people in the
21 school at maximum, and depending on their response to those
22 people they would either seek or continue not to seek
23 mental health services. The two people were a cafeteria
24 worker and a janitor, and I think on the list was a
25

1 teacher. The school psychologist, school social worker was
2 typically not listed on the priorities.

3 So rather than just training our support staff in
4 a school, I think it behooves us to also remember that the
5 primary I think school mental health people are the
6 teachers even though that's now where they -- I'm not
7 giving them another mandate in a job, but in the classroom
8 they see the kids a lot more than a school psychologist.
9 And when I worked in the schools as a school psychologist
10 my best eyes were the teacher; has his behavior changed,
11 what have you noticed lately, what's happening, there's
12 parents coming in to meet. They're the eyes and ears
13 because they can give you a degree about whether the child
14 is veering from normalcy rather than me just going up to
15 the child, are you feeling okay, and the answer is, what,
16 fine. What's been going on? Nothing. What's happening at
17 home? Everything is okay. I mean -- and that's kids.
18 It's wonderful to be a child psychologist at times.

19 But again, teachers are the eyes and ears. And I
20 think we need to teach, in addition to having in place
21 school mental health, I really think we need to support
22 teachers more, give them tools, and empower them also to
23 feel that what they see and what they are observing are
24 really invaluable to the school process.

25

1 CO-CHAIR EDELSTEIN: We have David followed by
2 Patricia and Wayne. David?

3 COMMISSIONER SCHONFELD: I wanted to follow up to
4 one of the comments that you made where you were asking
5 about really systems to prepare schools to be better able
6 to deal with these issues in terms of in training. So I
7 actually -- after 9/11 I was living here, so worked the
8 first weekend with a number of the people that were already
9 here to do the first training on that weekend on how to get
10 mental health workers in the state prepared to deal with
11 9/11. And that work continued through the mental health
12 agency and DCF and evolved into the DBHRN unit that did
13 respond to Newtown. And I think that that's an unusual
14 success where a system was put into place and this training
15 and services continued to be provided, and now we're
16 talking about how to improve it, but most states actually I
17 don't think have that.

18 I'm going to also say that for schools we
19 participated in providing training through the RESC, the
20 Regional Education Service Centers, after 9/11 on how to do
21 school crisis response and that was offered in all of the
22 RESCs. And the attendance was not a great deal and that
23 didn't continue.

24 And so part of the issue that we need to think
25 about is what recommendations can we make as a commission

1 because these windows open and then they close. And so we
2 have an opportunity not to be reactive but to be thoughtful
3 and to kind of talk about how we can set systems in place
4 so that the training and the programs are put into place
5 and they're sustained.

6 And so I don't know whether it's a question to
7 the commissioners or whether it's a question to both of you
8 about we have an opportunity now because the commission is
9 being asked to make recommendations, and there aren't --
10 they don't, we don't usually get this opportunity where
11 people say we're concerned about this issue, what
12 recommendations can we put into place for the state.

13 So do you have any particular recommendations
14 about how to set up systems or what those systems should
15 include, or what the components are or whether the
16 commissioners have some thoughts we can discuss later about
17 how do you operationalize it for the State of Connecticut.
18 Because we have a lot of good ideas of what to do and I
19 think the hard work for us is going to be now how do we
20 take those ideas and actually make them implemented.

21 DR. WONG: Well, I think it would be important
22 not to recreate the wheel, and as I said earlier one of my
23 primary recommendations was really to lobby -- I'm not
24 supposed to use that word, lobby, right? Okay. Well,
25 anyway, lobby the federal government to re-fund the REMs,

1 the Readiness Emergency Management grants, because they do
2 pay for districts to initiate all of these activities that
3 you talked about. The, you know, the trainings. It pays
4 for the fire engine to come up and be part of the rescue,
5 whatever training exercise. It covers all of that in the
6 prevention, in intervention, in mitigation, in response and
7 recovery to help create those teams. Because, you know,
8 that's -- it's sort of two processes.

9 On the one hand there are things that need to be
10 done right now, but on the other hand this longer term plan
11 about preparation and prevention, that can be funded and
12 has been funded and the training is in place. The
13 curriculum is there, the trainers are there; it's ready to
14 go.

15 The other program that needs to be -- I'm sorry,
16 yeah, it needs to be re-funded is Cops in Schools. So if
17 there are parents in fact that want to have armed people in
18 the schools, it should be people who are law enforcement
19 and are trained with guns. And the Cops in Schools program
20 was funded by the Department of Justice. Again, three and
21 a half days of training. It took law enforcement officers
22 from the community who wanted to be in schools. Often it
23 was men who were about to be retired or young officers who
24 had children, they wanted to be in the schools. They knew

25

1 that they wanted to contribute something to the prevention
2 of crime and prevention of juvenile delinquency.

3 But it's a three and a half day training on
4 mental health, all the things that they don't get in the
5 Police Academy. Well, maybe they get that -- I don't know
6 if they get that in Police Academy. But mental health,
7 diversity, child development, all of those issues, and
8 they're already trained with weapons. So to me those are
9 two big pieces that could be done right now and should --
10 and you know, this is something our country could
11 definitely contribute, not only to Connecticut but to other
12 places as well.

13 DR. DEMARIA: Just one thing to add. It's like
14 when you make a recipe, it's always how much of what
15 ingredient you put in, but someone has to have the recipe.
16 There are a lot of important ingredients that are out
17 there, it's just how do they get mixed together in a way
18 that sustains a good training experience. And the wealth
19 of information from organizations and experts around the
20 country is there, it's just the orchestration of it. And I
21 would say, David, that I would encourage somebody to be put
22 in charge of that coordination. It should fall to somebody
23 to make sure that all the pieces that are being done, all
24 the trainings, all the efforts are coordinated, otherwise
25 the meal never turns out the way it should.

1 And there's also competition among experts too.
2 You don't want that to happen because that would sour the
3 whole product at the end too. So I think the resources are
4 there but I would talk about a central coordination person
5 or group that makes sure that everything is being seen in
6 oversight.

7 DR. WONG: I think a comment I also want to make
8 is how difficult this work is because what we know is, you
9 know, when I hear people talk about schools or implementing
10 programs, they think that it's very easy to do. And I
11 think school districts are some of the most complex
12 political organizations in the country. So that what
13 existed previous to the crisis or disaster is very
14 important to consider in terms of whether it was open,
15 closed, and then the impact of trauma can also close a
16 system or it can open a system. And I'm not making any
17 comment about here or anywhere else, but it's just a
18 dynamic that we all have to be aware of because it is not a
19 simple process. It is a very difficult process.

20 CO-CHAIR EDELSTEIN: We have Patricia, Wayne,
21 Denis, Kathy.

22 COMMISSIONER KEAVNEY-MARUCA: I heard Dr. Demaria
23 earlier say, make a comment about we need to keep the
24 teachers in the game. And it's not just in situations of
25 crisis where the teachers are so important in assessing a

1 child's mental health status, you know, changes in their
2 behavior and whatnot. But in this case it seems as though
3 the teachers in Newtown are experiencing PTSD from being
4 part of that school, and grieving. They've lost their
5 principal, they've lost colleagues, they've lost children.
6 So they're bombarded with these emotions that are, you
7 know, according to your description of the reaction that
8 the human body makes to these stressful situations, could
9 be happening at different times, having different reactions
10 to different things.

11 So I'm anxious to hear what you think we could do
12 to support them, what kinds of structures should be in
13 place, because if the child, if the parent, you know, the
14 child wakes up and the parent is getting him ready for
15 school and the child has a meltdown, the parent can easily
16 say, you know, stay home today. We're going to take the
17 day and we're going to do something distracting.

18 Teachers have a limited number of sick days.
19 They have a responsibility they feel to the rest of the
20 class, and many times they'd probably just go into school
21 rather than stay home and take care of themselves. So what
22 kinds of -- what suggestions would you have to help with
23 that?

24 DR. DEMARIA: I think your point is well taken.
25 I think a teacher following a traumatic event is both a

1 victim and a caregiver, and it's hard to be in both worlds
2 and oftentimes teachers will neglect their own needs and
3 sometimes put themselves into a position where they're not
4 being available for their own family or for their own
5 wellness. And it's a big risk because the other part of
6 that is eventually the teacher, if they're impaired, will
7 not be as effective in working with the kids; the kids will
8 pick that up; they'll become symptomatic; they'll be harder
9 to manage; the teacher will be more stressed, you know, and
10 the cycle just gets out of control.

11 There's one model that Dr. Sandra Bloom had
12 written about, the sanctuary model, and she did a very
13 fascinating thing. She worked in state psychiatric systems
14 and she found that over time you put anybody in a system
15 working with traumatized individuals, they become
16 traumatized themselves, and the traumatized person ends up
17 ultimately becoming a person who traumatizes others.

18 So what happens is climates or organizations
19 change and the sanctuary model, and I used it in my slide,
20 is really about making sure that the environment that the
21 teachers work in still maintains itself as a sanctuary for
22 them also where it provides nurturance, where it provides
23 chance for wellness, whether they're also attended to in
24 terms of their needs because if they're out of the game
25 then they can't be there for the kids. And your point is

1 well taken though; you can't just focus on what the kids
2 need. You've got to work on who is the person, who is the
3 immediate person that the children look to. For a child
4 their teacher is up there in terms of a star athlete or
5 movie star. That's who they interact with, so you've got
6 to keep that person fresh.

7 But the strategy is to provide chances for
8 wellness opportunities for the teacher to get emotional
9 support, but also to make sure that the environment that
10 the teacher works in is conducive for them feeling
11 replenished, supported, nurtured also. So oftentimes the
12 intervention is both at the teacher level but also in terms
13 of the culture that exists in that building, and the
14 opportunity for the teacher to give input into how to
15 change the environment to make sure it's also a sanctuary
16 for them also.

17 DR. WONG: I couldn't agree more, you know, and I
18 think we -- what do teachers need to feel cared for in this
19 environment.

20 COMMISSIONER SANDFORD: I think one thing that
21 we've heard today, and I'm going to speak to the emergency
22 response component and the idea of a special team. I
23 think, Dr. Forrester, you had asked the question a few
24 minutes ago. And I don't think we've really tagged it yet,
25 but one thing we heard from the superintendent is

1 relationships, relationships, and relationships. And the
2 fact that the four commissioners who sat here this morning
3 I think today was evident that they had a much better
4 relationship today and probably work together better now
5 for all the citizens in the state than maybe they did
6 before the Sandy Hook incident.

7 But I'd like to come back to your question and
8 say that we have in the State of Connecticut an incident
9 management team already in place, and it's run through by
10 connected to the Connecticut Department of Emergency
11 Management and Homeland Security. Currently there are four
12 teams in the state. There's five regions in the state, the
13 state is broken down into emergency preparedness regions.
14 Four of those regions have teams. The fifth team is
15 working on forming it together.

16 I think the good news is that the teams are
17 there. What we need to do is to bring more assets to that
18 team. Right now the teams are made up of fire, law
19 enforcement and emergency medical services because
20 typically those are the ones that work together at the
21 traditional incident that we think of. And these came
22 about in Connecticut because of 9/11. They actually came
23 about because of many, many fire departments sent
24 firefighters to New York on 9/11 and when they came back we
25 realized that we needed a system.

1 The system is very sophisticated. They have
2 already identified in the state assembly points, where
3 they're going to assemble before they respond to a
4 particular incident. I believe the fire chief, Bill
5 Halstead, in Sandy Hook actually activated a portion of the
6 Connecticut regional incident management team that he
7 needed. The regional -- the incident management teams do
8 not take over an incident. They report to the incident and
9 say to the incident commander, police, law enforcement,
10 school official, it doesn't really matter in that unified
11 command who is in charge, but when they need help this team
12 arrives.

13 And we've talked about donations coming in,
14 that's something that an incident management team could
15 actually pick up and run for a community. There's many,
16 many components that need to be brought in.

17 The good part of it is the training is all there.
18 It's all been developed by the Federal Emergency Management
19 Agency, FEMA. They have the courses, they're available,
20 they're run right here in the State of Connecticut within
21 the region.

22 There's a downside. The courses are not three
23 hours long. Some of the courses are 30, 40 hours long, and
24 you need to take a course and be at a certain level in the
25 system and then graduate to a higher level. You know, we

1 see these fires out West, they manage those fires in a
2 similar way and you have to work your way up within a
3 system. So it does take that time to develop that
4 expertise. You don't become a two star overnight, you
5 know, and run a large incident.

6 DR. DEMARIA: Just one thing just to add to what
7 you're saying. There's an expression that the bride and
8 groom shouldn't meet at the wedding.

9 COMMISSIONER SANDFORD: Right. Exactly.

10 DR. DEMARIA: And I think you don't have people
11 who are going to be responding to a disaster together not
12 work together before crisis.

13 COMMISSIONER SANDFORD: Yeah, you don't want to
14 exchange business cards at the incident.

15 DR. DEMARIA: No. And I think your system seems
16 like it's to that point, is people are working together
17 before the incident, not at the incident. And there's a
18 difference in that and if that's not happening, that's a
19 better model to make sure --

20 COMMISSIONER SANDFORD: They are for fire and EMS
21 and police. Where the hole is is that we need to bring the
22 educational system into that. We need to bring the mental
23 health system into the -- it's already there, the structure
24 is there, the training is available, and we need to connect

25

1 those up. And I think Dr. Forrester might give us some
2 guidance as to where we need to go.

3 COMMISSIONER FORRESTER: I'm sorry -- thank you.
4 I also want to remind you of the clergy. You know, at the
5 death notification teams it was a state trooper, a
6 clinician and a clergy member, and I haven't heard much
7 about yet around their secondary trauma, which I think has
8 been extremely high. Many of them lost members of their
9 church, young children in families in their church. So I
10 think we have to keep that in mind.

11 I think that emergency response is -- and it's
12 wonderful to hear we have that already. I think to add
13 another layer around child development expertise and child
14 response, you know, frankly DBHRN from what I saw as of
15 December was primarily an adult response, even though
16 perhaps it started as a child response. But we were called
17 in as emergency mobile crisis teams from DCF but we had
18 never been part of DBHRN before. Maybe there had been one
19 or two representatives from DCF on the Hartford end, but in
20 general there had been no practice runs from a child
21 perspective.

22 And so here we have an example of really needed
23 the additional layer of child expertise and family
24 expertise.

25

1 DR. WONG: I just want to note that I was
2 trained, I went to what I call FEMA camp a couple of times,
3 and also taught there. So I'm well aware -- it's an
4 excellent, excellent training. But REMs is patterned after
5 that specifically for education, and it encourages reaching
6 out to the community and joining forces, coming back to you
7 and saying we want to be part of that team. And we have a
8 parallel kind of training. It's not as in depth as for
9 emergency responders, but it's kind of the education
10 version of that program.

11 COMMISSIONER SANDFORD: We've had a number of
12 schools in Connecticut apply for the REMs grant and very
13 successfully received the funding. Unfortunately, in
14 addition to adding the funding to the REMs program I'd like
15 to see the program enhanced where the money that goes to a
16 particular city can be used on a regional approach. Like
17 the City of New Haven and I believe Stamford and a couple
18 of other communities received the REMs grant. New Haven
19 received about \$800,000 I believe. They hired some
20 expertise, some experts to come in and write their plan for
21 them which, you know, is -- it's difficult to do that,
22 write a plan for somebody else.

23 They did a couple of exercises, the grant ended,
24 and it's like, okay, we got it now. You know, I think
25 that's one of the problems with REMs. It needs to allow

1 the integration into the incident management system; it
2 needs to allow that. So maybe in addition to funding it it
3 also needs some updating to allow, you know, to reach
4 outside of the community.

5 DR. DEMARIA: Just one other point just to --
6 related to what you're talking about. There's different
7 cultures in terms of professionals. The law enforcement
8 culture is different than fire culture; the mental health
9 culture is different than law enforcement culture. And I
10 think part of it, and I don't want to get into first
11 responders since I've worked with them now for a while
12 since 9/11, but I can tell you a lot of mental health
13 people don't understand first responder culture, and the
14 advantage of including them. And teachers also is a
15 different culture too. The advantage of including
16 different cultures together, you'll start to cross over to
17 each other in terms of understanding better their roles.
18 So when you're in a situation it's relationships, but it's
19 also understanding culture too.

20 I'm from an Italian/Irish background, I couldn't
21 tell you there's two more different types of people in the
22 world in terms of the way they celebrate events and do
23 things. And I think it's the same thing with different
24 cultures too. So it's not now do we outreach to a group,
25

1 it's how do we get to understand that group so we can talk
2 their language, so to speak.

3 So collaborative ventures are excellent for
4 forming relationships but also for cross fertilizing both
5 areas in terms of really understanding each other, because
6 their languaging is very different and I find that
7 sometimes I have to translate between the groups and I
8 think we need to do that before the disaster crisis
9 happens.

10 COMMISSIONR MCCARTHY: Yeah, the only thing that
11 I would like to add is regarding incident management teams
12 and some of the school readiness training. I think it
13 would be helpful if we had a representative from the
14 Department of Emergency Management and Homeland Security,
15 preferably the deputy commissioner or maybe the director of
16 Emergency Management join us so that we can understand what
17 the status of the programs are in the State of Connecticut
18 and if they need to be invigorated or re-invigorated we can
19 encourage them to do that and make that part of our
20 recommendation with some input from them.

21 COMMISSIONER FLAHERTY: Just one very quick
22 question. I know we heard earlier, I think it was from
23 John, that some of these initiatives don't cost very much
24 money or they might be things that school systems are doing
25 already, but I'm wondering if either of you have any

1 recommendations in terms of things that you think are a
2 bare minimum that school systems should be doing in these
3 regards. Because I always sense that there might be some
4 school districts that say, you know, this is another
5 mandate or unfunded mandate that we're being told to do.
6 So are there at least any minimum -- one, do you think
7 there should be mandates or bare minimums that folks are
8 required to do to make sure the kids stay safe. Thanks.

9 DR. WONG: Well, I guess in California there was
10 a school safety legislation, so it did mandate several
11 things, and I'm not familiar with safe school legislation
12 here in Connecticut. But it did require every school to
13 have a safe school plan, and it didn't cost money and it
14 was incumbent upon the superintendent to bring together
15 stakeholders to discuss what the risks were for school
16 safety and to come up with an overall plan not just for the
17 district but for each school. And that would include, you
18 know, I think the template is there, you know, what kinds
19 of -- it's sort of again an all hazards approach. It was
20 sort of the predecessor to REMs and it was the idea that
21 every school should have a safe school plan.

22 So what are they going to do about security and
23 safety; who do they call upon; what are their resources.
24 Do they have an in-house school resource officer; have they
25 reached out to the police department or a local law

1 enforcement agency; what do they do about communication
2 with parents should they be a sudden event; where do the
3 parents -- it really gets down into detail. Where do you
4 pick up your kids, you know, and it's based on lessons
5 learned from certain events like school shootings. Parents
6 do not come to the front of the school; you block all of
7 the emergency vehicles. Go to the rear of the school. And
8 have a gate where there's a reunion gate.

9 But it gets very specific and there's lots and
10 lots of templates on line. But also it goes through each
11 of the phases, so there's response, who's going to be your
12 responder, have you made contact with community agencies
13 and federal agencies that can support you, and do you have
14 a crisis team. And does that crisis team meet every
15 quarter. Do they know the other person. That's a zero
16 budget item, at least in my district it was zero budget
17 because I never saw any money for it. But, you know, you
18 could put together a crisis team and it helps people to
19 work together in advance of an incident.

20 And it could be, I mean tragically, for instance,
21 there are suicide attempts in school districts, there are
22 suicide completions. There are all sorts of other kinds of
23 unfortunate -- the rigors of daily living that occur and
24 impact a school. Those are the kinds of things that crisis
25 teams can address, and it demonstrates a caring about the

1 children and the teachers and the community that is a zero
2 cost item.

3 DR. DEMARIA: Just one other suggestion to that
4 is for the state to identify a program that they consider
5 to be a center of excellence regarding the management of
6 crisis and disasters and let that be a model for the other
7 school districts for them to -- and I think there is a
8 competition among school districts, and to know the center
9 of excellence who has all these procedures worked out, who
10 has all the processes done, who spent the money to bring in
11 the consultants, and have that be the showcase for the
12 state. You don't need to have every district start from
13 ground zero themselves. They can all model somebody who
14 has the plan down and have that one district then have some
15 minimal funding to help other districts and share the
16 wealth, so to speak.

17 So sometimes I know it's picking one of the
18 children versus many, but sometimes that's not a bad thing
19 because it can inspire the other districts to strive to get
20 to that same level of expertise.

21 COMMISSIONER BENTMAN: A couple of questions.
22 The commissioners all talked about the impact of external
23 folks in the disruption of a whole host of things, and so I
24 wonder what you folks have to say about both the people who
25 -- the national experts who come to offer help but really

1 are more intrusive than they are helpful despite their
2 wishes, and the media. That's my first question.

3 DR. DEMARIA: Well, to put them in the same
4 breath is really hard, but the national experts and the
5 media, maybe I'll try the national experts first.

6 I view a school as a home, and you don't invite a
7 stranger into your home unescorted, and if they are in the
8 home typically they've been empowered not to be a stranger
9 anymore. And I think the problem is that sometimes people
10 will have access to the school, and we talked about school
11 as a sanctuary, I think any time someone is in who is not
12 identified, who is not with somebody who is familiar, it
13 scares children and it disrupts the school functioning.

14 So I think that the use of outside people is not
15 a bad thing but it has to be done in certain set ways.
16 They have to be there on a regular basis; they have to be
17 there at scheduled times; they have to be with somebody who
18 can help make sure the students, if they see them, just let
19 them know that they're with somebody they trust. And they
20 can't just wander the building.

21 For example, if you have a consultant, it could
22 be an expert on post-traumatic stress, walk through the
23 building, if the children see a stranger that they don't
24 recognize as part of the school staff, that's going to
25 scare the kids. Unless in an assembly this person is

1 introduced, the person is brought around to the school and
2 introduced as a member of the new school community. It's a
3 way to really decrease a lot of that fear and anxiety. And
4 I think it's a nice model.

5 So I think external people are invaluable
6 resources for the school, but I think there's a way to
7 bring them in in a good way. I've seen with schools in a
8 way that just scares teachers, scares the students and
9 creates a lot more disruption.

10 So I usually use the home model. It's a
11 hospitality manual and you bring them around.

12 Media, I've had dealings with the media because
13 we had all these 9/11 children for so many years, and I can
14 tell you every anniversary I get the same phone call: Can
15 we interview one of the kids. And my answer is always no.
16 Well, can you give us a crying parent? No. And they said
17 what can you give us? A boring psychologist talking about
18 sensitivity to victims, and I would get the hang-up. But
19 it was the same thing for as long as I ran the program.

20 So we need to I think protect, and I think we
21 also need to be careful, and it was one of my points in the
22 slides I didn't get to, we need to advise parents about the
23 internet with their kids posting things, posting things on
24 blogs, posting things on Facebook, because a lot of
25 children will post things and it's not safe. You can pull

1 that. And a lot of reporters now are digging through
2 websites and blogs to get information and quotes from
3 victims also. So they're going at it different ways.

4 So educating parents that a child is vulnerable,
5 their defenses are not there, they're open, and it's
6 oftentimes children will regret what they say.

7 There was an interesting study that just came out
8 recently. They found that children who are interviewed by
9 the media do suffer more temporary adverse distress than
10 children who don't get interviewed by the media. It
11 doesn't mean necessarily those kids will develop post-
12 traumatic stress disorder, but it tends to, and this is
13 what this article -- I don't know if Marlene is familiar
14 with it too, but the article talked about the fact that it
15 does distress children, especially after a traumatic event.

16 And you'll always get the reporter hanging two
17 blocks away from the school ready to interview a child, but
18 parents need to be educated and I think we need to be more
19 alert that there are -- and I'm not saying you should push
20 the media away. Remember, we talked about windows of
21 opportunity. We do have a time to teach the public about
22 the issues that we're facing, but I still think we need to
23 protect the children.

24 COMMISSIONER DUCIBELLA: I don't have a question,
25 I just want to support and compliment Commissioners

1 McCarthy and Sullivan. I think the notion of there being a
2 well-structured incident management system here in
3 Connecticut, I certainly take their word for it. And the
4 notion of it becoming perhaps enlarged in its scope, the
5 one thing I've heard consistently is we tend to, as law
6 enforcement folks, look at our carbon fiber body as that
7 which is most important as a first response. Whose leg is
8 broken, whose eye is out, whose face is burned, who is
9 shot.

10 But what I hear is that the process of mental
11 healing, which is just another part of our carbon fiber
12 being, is hurt simultaneously within the same second that
13 our body is affected. And the notion that we respond with
14 firemen, police and EMS to treat the broken bones and put-
15 out eyes and gunshot wounds maybe would be in a school
16 environment supplemented well by a very close -- I won't
17 say instantaneous because there are things law enforcement
18 and fire department need to do in order to secure a scene
19 and make it safe. But the notion of including and
20 enhancing the team, as Dr. Schonfeld and yourself have
21 said, to expand its intellectual resources to include
22 people I'll call it in the public health or mental health
23 sector, which is what I hear advocating, it just sounds
24 like it makes all kinds of sense and I'd like to compliment
25 the two commissioners for bringing the subject up.

1 And maybe more importantly, as Commissioner
2 McCarthy stated, we can all have great ideas, but the
3 people who run the program, if we don't get the right
4 people who manage that program and they don't hear who
5 managed that program and they don't hear the rationale
6 behind, we won't get that kind of support that we need
7 which is, hey, look it, fire, EMS, cops, they're there,
8 that's their job. Well, wait a minute, we've got something
9 else other than our carbon fiber body to worry about. We
10 have these little kids who are in a position, and teachers
11 and staff and the responders themselves who are potentially
12 affected.

13 So I think Commissioner Sullivan's idea is just a
14 great coalescing of what I've heard you folks and others
15 today advocate for, and I hear Commissioner McCarthy
16 saying, without saying it directly, if we're going to make
17 that happen we need the people here who manage that program
18 to hear that, and hear that message as well.

19 So it's less a question and more, if you don't
20 mind, sort of summary of a lot of things that I've heard
21 today that I think make very good sense and I appreciate
22 the forum and the opportunity to say it. Thank you.

23 COMMISSIONER SCHONFELD: This is more a comment
24 and I'd appreciate everyone's response to it. I hear a lot
25 of trying to figure out how we can do this without it

1 costing much money because it's an unfunded mandate and it
2 will be expensive. And I was actually on a state
3 commission here after 9/11 that was set up to talk about
4 how to promote recovery for children after 9/11. And the
5 comment was made, yes, we have to figure out how to work on
6 school safety issues, and this is now more than a decade
7 ago, and they said but we don't have the funding yet.

8 And so my comment was, well, in the middle of the
9 meeting I said, well, to be quite honest my children are
10 now in a public school here, and so I'm going to go home
11 and protect them until you find the funds when it's time
12 that you're going to make sure that they're safe because I
13 don't really feel like leaving them there saying we're not
14 yet ready.

15 And I will say now even though I've moved out of
16 state and am visiting now, that I'm not sure that we've
17 made a great deal of progress and if we keep waiting for
18 the money it could be a very long time, the lifetimes of
19 many of these children.

20 And so the concern that I have is that on the
21 National Commission on Children and Disasters we talked
22 about the fact that the Homeland Security money can be used
23 for preparing schools. But they have to invite the
24 schools, and mostly they do not. They retain the funds for
25 their own internal resources, and that's something that the

1 Governor and others in leadership positions in the state
2 could help to readjust. Because I started doing training
3 with people in the State of Connecticut on school crisis
4 back in 1991, but it was always voluntary. And invariably
5 the people who would come didn't have the release time.
6 It's hard for the school system to absorb the salaries of
7 people to go for 30, 40 hours of training and ongoing
8 meetings when they're pulling teachers out of -- with
9 having to lay off teaching staff because they don't have
10 the money for that and they're getting rid of the art
11 teacher and the specials program.

12 So this does cost and I think we have to decide
13 as a commission and then recommendations to the state about
14 whether it's worth that cost, and then where the cost is
15 going to come from. So I just -- I caution us a little
16 because I think we are all used to doing this on a
17 voluntary basis and offering our time, but that doesn't go
18 to scale. And so there is expertise but the expertise is
19 not broad enough because it's main -- I would like your
20 opinion on it, but most of the people that do this work are
21 doing it on a voluntary basis, and in light of full
22 disclosure both Tom and Marlene are part of the National
23 Center for School Crisis and Bereavement on the
24 professional advisory board and they donate their time.

25

1 So the issue is it's very hard to sustain a
2 national effort that will have maximal impact if it's on a
3 voluntary basis. So I don't know if you have any comment
4 to that or does that reflect your observations or are you
5 seeing more funding going into this?

6 DR. WONG: No, I think it won't sustain. It
7 definitely won't sustain the longer term effort that is
8 needed here now. It just won't.

9 And there are invisible wounds. I really loved
10 your statement, Bob, I thought that just put it all
11 together very succinctly. But I think it also goes to show
12 that our reporting lines are very still in silos because,
13 you know, are there any mental health folks in terrorism,
14 Homeland Security? I mean and what happened in LA, just
15 because we have economies of size, is that they pulled me
16 out of the mental health service and I reported to the
17 chief operating officer along with the cops. So we had to
18 work together every day, we were in the same meetings. We
19 knew what was going on with them, we knew what the risks
20 were, but they also would call us immediately and we'd work
21 together on the ground in the schools.

22 So I think reporting lines are really important
23 and it provides truly an integrated service. It pulls
24 together that, you know, that mind and body dichotomy that
25

1 is evidenced in the way that our bureaucracies are
2 organized.

3 COMMISSIONER DUCIBELLA: Well, I think as a
4 commission one of our responsibilities is to listen to your
5 subject matter expertise and then to go through legislation
6 or through the legislative body and make fundamental
7 recommendations. And I think that there's always the issue
8 of credibility and cost, and after working on the World
9 Trade Center site for 12 years in a very distinct capacity,
10 I got to a particular point which I can't impose on the
11 commission because we all have our individual opportunities
12 to voice our opinions. But I see the benefit of the
13 commission in creating an adequate focus on this based on
14 correctness, subject matter expertise, conscience and
15 appropriateness. And one of the things I learned in the 20
16 years of working on counter-terrorism events, should it
17 ever happen again, the notion of funding not being
18 available, not an argument you want to make in court. It
19 is absolutely not a discussion.

20 And I know that one of my clients is looking
21 at a 600 million dollar lawsuit as a result of that which
22 fortunately was dismissed as a result of a law. But I
23 think our responsibility, and I'm certainly not challenging
24 you, David, I'm advocating exactly for the subject which
25 we're talking about which is putting together a series of

1 very, very appropriate well-founded recommendations that
2 make great sense, and then let, with all due respect, other
3 people figure out how to fund it. I think that's one of
4 the emphasis and one of the responsibilities that we as a
5 group have. That's just my opinion.

6 COMMISSIONER CHIVINSKI: I think I've seen that
7 somewhere before. A couple thoughts, and then a question.

8 I've heard for the second time now school is
9 sanctuary, and a classroom is a sanctuary. It's a little
10 bit of a different direction. I had meant to ask this
11 question to Commissioner Pryor. I did manage to speak to
12 him over on the side. But we're rapidly approaching the
13 month of March here, okay? And a lot of times the
14 classroom isn't a sanctuary or doesn't appear to be a
15 sanctuary specifically when there is state mandated
16 educational testing. It resembles more of a lockdown
17 environment, okay? And that's just a fact. And that can
18 be a very stressful thing.

19 Commissioner Pryor did state before the
20 Commission that one of the forms of local relief that's
21 been requested after much debate in Newtown was for
22 educational testing and that they were currently going
23 through -- check my notes -- a process to obtain them. And
24 one of the things I asked Commissioner Pryor was where is
25 that process. Because yesterday after the Western

1 Connecticut State University event attended by our senators
2 from the state, Vice President Biden, Governor Malloy, a
3 lot of teachers contacted me, both on the way back and then
4 when I was at school trying to grade papers late into the
5 afternoon. Because there's a lot of anxiety.

6 What Commissioner Pryor told me was that it's
7 going to have to go through a legislative process, okay?
8 And I bring that up because we're less than two weeks away
9 from taking the test. So although I have no reason to
10 believe that that's not going to happen, we're talking
11 about 10 days. So if it does occur and there is testing in
12 these situations where this has so greatly affected these
13 communities, what can we expect to see as educational
14 professionals?

15 DR. WONG: Based on other large scale situations,
16 probably decreased scores.

17 DR. DEMARIA: Part of the biological
18 ramification, and I don't want to get into biology, but
19 what adrenalin does is it tends to take a lot of blood flow
20 from the extremities and the head tends to be one of the
21 extremities, and part of what it does is it pulls the blood
22 back more to more of the primitive brain, but the frontal
23 lobe where a lot of decision-making, planning, logical --
24 which is really important for school -- usually doesn't get
25 fed. So highly stressed kids and adults just don't think

1 very well. Their brain is not being sufficiently nourished
2 because the blood flow is just not there. It tends to be,
3 you know, in more primitive basic survival modes a little
4 bit.

5 And there has been studies of glucose,
6 glucocorticoid levels in the brain and academic
7 performance, and it's been shown. So you would argue that
8 if the children are still in a state of stress because
9 there's no sanctuary for the school and there's no safety
10 and the children are not brought down, and I think even if
11 it was there it's still going to take a while for those
12 adrenalin levels to get down in the system. You would
13 argue that from a biological basis purely, their brains are
14 not functioning the way they should function. And I think
15 we all remember that, going back to the events of 9/11 I
16 tried to balance a checkbook three weeks after and I
17 couldn't add, you know, you don't add numbers. Your brain
18 just doesn't work that way.

19 So these kids are awash in this and their
20 families are and their community is. And that's what's so
21 unique about this tragedy is we're all or everybody
22 surrounding it is awash in stress and adrenalin. So both
23 the teachers who've been victimized too and the children,
24 their cortical functioning is not going to be the same.
25 It's just the way it is. So you can expect, as Marlene is

1 saying, that academic performance, especially higher order
2 stuff, would probably be not as well.

3 COMMISSIONER LYDDY: As Commissioner Rehmer
4 stated, their office was flooded with best practices and
5 experts and people who really wanted to contribute to
6 helping Newtown and the state recover.

7 Now, there's no process in place to vet those
8 proposals or truly understand where those proposals are
9 coming from or what the validity of them are, of those
10 proposals are. So do you have any ideas to what best
11 practices to vet, best practices would be for a state?

12 DR. WONG: I want to say that Connecticut did not
13 get the benefit of the Office of Safe and Drug Free Schools
14 at the U.S. Department of Education. And there was one
15 undersecretary who has been the primary resource to all
16 schools since Oklahoma City. What happened was that that
17 office was cut and all the people who had the depth of
18 experience and information who would have in other
19 situations stepped in and provided you with that kind of
20 guidance are gone. They've gone to other agencies. And
21 the head of that department retired.

22 So this situation also reflected that delay in
23 being able to have that individual and his staff be here on
24 the ground, knew all the guys in justice, knew all the
25 educational folks, knew all the school safety officers

1 across the country, would have been able to help you to
2 sort through and guide you on this -- to guide you and
3 navigate this amazingly complex situation. Because people
4 come out of the woodwork and -- I mean in Oklahoma City
5 somebody came and said, oh, what we recommend is that we
6 get all of the kids out of the school and we'll throw rocks
7 at this wall so that they can express their anger. There
8 were people who wanted to give massages to all the
9 children. I mean people come out of the woodwork and
10 school districts deserve more. They do. And it's just
11 that this happened, it got defunded, it go all the people
12 dispersed to other agencies, they're not together anymore.
13 And I think that you suffered from it.

14 COMMISSIONER LYDDY: Thank you for I think your
15 candid response. This is, being from Newtown, absolutely
16 horrendous that we wouldn't have that opportunity to in the
17 state, quite honestly, have an opportunity to fully vet
18 what's happening and where we should be going and, you
19 know, we're shooting from the hip here.

20 DR. WONG: I also want to say that there are good
21 people there who really want to help you and they're just
22 waiting to help you, but they don't have the same depth of
23 experience as the person who was there before.

24 COMMISSIONER LYDDY: Sure. Okay.

25 DR. WONG: I mean 30 years of experience really.

1 COMMISSIONER LYDDY: Thank you.

2 DR. DEMARIA: One other alternative would be,
3 albeit this resource was a valuable one, is to form a
4 committee of people who are not related to the people
5 offering services, people who are knowledgeable in the
6 different professional disciplines, people who are
7 knowledgeable in the proposals that are coming in and help
8 advise the district or the state about which proposals seem
9 to be more viable, but it has to be almost an independent
10 committee of people not vested. It's an ad hoc, and it's a
11 way to bring in some experts, but obviously it's not the
12 same as having an established program.

13 COMMISSIONER LYDDY: Great. Thank you very much.

14 COMMISSIONER BENTMAN: This is a question around
15 your expertise with children and trauma. There have been a
16 lot of conversations about the inclusion of security drills
17 and the involvement in not only of the establishment of
18 integrated groups to kind of guide this. The
19 superintendent of schools from Aurora would be an example.

20 I'm curious about your sense of the impact on
21 children of various ages, both grade school, middle school
22 and high school ages in terms of their -- not participation
23 as actors, but participation in certain kinds of drills in
24 relation to preparation for events, some of which may be

25

1 quite rare, and what the impact of that preparation is in
2 terms of scaring them rather than keeping them safe.

3 DR. WONG: I think that there are drills that can
4 be instituted that don't go straight to the school shooter
5 scenario, but that build children's skills that don't
6 frighten them, but they need to understand that they must
7 attend to what the teacher is saying to them. And I think
8 that is really for most situations the thing that is most
9 problematic. And what does it mean to have a lockdown?
10 Now, you don't have to have an active shooter outside, but
11 what is a lockdown?

12 And you know, I think that that color-coded
13 system, I mean that's one way to approach it, but when the
14 teacher -- for instance, in elementary school, just the
15 teacher saying, well, this time we're going to do this.
16 There are different kinds of drills, and we're going to do
17 the fire drill first and then maybe we'll do one where we
18 have to say in the classroom, and maybe one where you have
19 to lock the door, you know, but here's we're going to do
20 all of these different things so that the skills are built
21 one upon the other without going directly to the school
22 shooter.

23 I've seen this happen in Japan. I was a
24 consultant for Kobe and the Hyogo (phonetic) Teachers
25 Union, and they did that very gradually after the Kobe

1 earthquake and did it very well without scaring the
2 children. But they did have a very frank discussion with
3 them and I was there when -- I was quite actually taken --
4 I was shocked and surprised and learned a lot when during
5 one of the drills which they had on a regular basis, you
6 know, the kids walked in and they lined up in as straight a
7 line as I've ever seen, and they put their heads down. And
8 then they sat up and then he principal said, you know,
9 thank you for doing this. This is a very important thing.
10 You must take actions that will preserve your life. And
11 one of the things that will preserve your life is listening
12 to your teacher.

13 I mean they were just straight out honest. I
14 don't know that I've ever heard anybody say that to an
15 American child. Certainly not to my children.

16 And that's the problem with lockdowns. We had a
17 lockdown once where there was an active shooter, it was a
18 gang guy that was running through the school. And clearly
19 this one school did not practice what a lockdown was and
20 what it meant to the kids because in the middle in all of
21 this here comes Pizza Hut and some guy saying who ordered
22 the pepperoni pizza, because some kid on a cell phone got
23 hungry and decided to order a pepperoni pizza. It was just
24 astounding. So, you know, now we have the poor guy who
25 puts his life in jeopardy.

1 But what is a lockdown? To preserve your own
2 life. What does that mean? It doesn't have to be a scary
3 thing, but it has to be a serious thing. Listen to your
4 teacher.

5 DR. DEMARIA: In terms of recovery from post-
6 traumatic disorder, I think giving children the belief that
7 there is more mastery skills that they attain to feel safe,
8 and giving their safety to them as something they can
9 control, giving them some sense of that, can be very
10 empowering for kids. Don't forget, they're vulnerable to
11 being victimized and that's a scary feeling and the adults
12 around them couldn't protect them, and that's another scary
13 thing.

14 So number one is having a drill will show that
15 the adults can partner with them to be safe, but they can
16 assume some responsibility to make themselves feel safe
17 also in the future.

18 So you find with victims when they can do things,
19 for example, a rape victim taking a karate class, you know,
20 it's not that that would have prevented -- could have
21 prevented, but it gives them a skill or something to give
22 them the sense that they could do something to protect
23 themselves.

24 But number two, something to keep in mind, who is
25 doing the drill, you know, and are the people doing the

1 drills people who are sensitive to where those kids may be
2 and are sensitive to what those kids are going through.
3 And there's a fine line between a drill that's helpful and
4 a drill that's going to be laughed at by the students. So
5 it's also seeing what the children feel ready for, and
6 that's obviously taking a pulse of what the teachers and
7 the students are ready for. So the drill has to have a
8 little bit of urgency to it but not enough where the
9 children feel overwhelmed.

10 And I think since it's been so soon after this
11 traumatic event has happened, I think the children would be
12 a little bit hypervigilant, hyperactive for any strong
13 drills. It might be a soft drill, a little bit more
14 distant as Marlene is suggesting. But again giving
15 children mastery in ways for them to take part in their own
16 safety is a good thing, and the same thing for teachers.
17 So I don't think that's a bad thing; it's just a question
18 of the sensitivity about what they're ready to be facing.

19 Thank you. I'd like to thank my two doctorate
20 students who came here, Dr. Conti, just (inaudible), she's
21 over there. And Nicole Nydell is still one of my students
22 studying with me. So they came along to support. And I
23 want to thank -- I told them I wouldn't embarrass them.
24 Thank you very much. I'm proud of them too.

25 (Dr. Wong and Dr. Demaria exit the room.)

1 CO-CHAIR SULLIVAN: I think at this point I'm
2 going to ask Michael (audio fades). And we have some
3 housekeeping after we get through with this.

4 MS. WAGNER: So most of you I haven't got a
5 chance to speak with yet, but my name is Natalie Wagner and
6 I'm deputy legal counsel to the Governor and I also help
7 staff the commission. So to the extent that I can be
8 helpful to you, just let me know.

9 MICHAEL: So we don't really have to play a role
10 in this conversation. This is mostly amongst you all, but
11 we wanted to start blocking time in the agendas to allow
12 you to have a conversation, talk a little bit about the
13 substance of what you've been hearing, and give you a
14 chance to discuss meetings going forward.

15 A few of the thoughts that we think are important
16 for everybody to keep in mind is obviously that March 15th
17 date and to make sure that the conversation focuses on how
18 you fit the substance into the report, and also a
19 conversation about the upcoming meetings and what items
20 that you would like to see in these upcoming meetings.

21 So, I mean with that regard we can answer any
22 questions you want. Obviously you've received from us the
23 letter from the governor from yesterday and the information
24 that was accompanying that, so hopefully if you have any
25 questions in the future we can certainly answer them then

1 after you have some time to let it sink in and read through
2 it more. I know that you got it with everybody else, so I
3 want to make sure of that and answer any other questions on
4 process that we can.

5 CO-CHAIR SULLIVAN: Thanks for coming. Is it
6 possible to have a representative from Homeland Security
7 attend and testify relevant to some of the discussions that
8 we had today regarding planning, and they will affect some
9 of the recommendation so we're not recommending something
10 that they already have in place and/or could modify to meet
11 some of our goals.

12 MICHAEL: The State Division of Emergency
13 Management? Yes, we could find that.

14 COMMISSIONER LYDDY: Michael, the Governor's
15 letter yesterday was very, very upfront, but it also took
16 some preventative measures in terms of making sure
17 something like this doesn't happen again, and a lot of our
18 focus so far has been on kind of the recovery piece and
19 kind of how to address a tragedy. So I'm wondering as a
20 commission is our charge to look at both preventative
21 measures and kind of the recovery, or is it just recovery
22 with this other kind of gun piece to it? I'm just a little
23 confused.

24 MICHAEL: I would leave that to Mayor Jackson as
25 chair.

1 COMMISSIONER LYDDY: Okay.

2 MICHAEL: I mean we're just here to help with the
3 supporting of it. We don't want to drive the agenda or any
4 conversation. So Mayor Jackson could certainly take that
5 on and I know Bernie can also help with that as well.

6 COMMISSIONER FLAHERTY: The question, the biggest
7 question I have is in terms of the FOIA. I know I keep
8 harassing kind of with the emails in terms of what
9 discussions we have that are open, like is this even being
10 filmed now, or is the camera off? You know, if emails go
11 to just some people on the commission, are those open to
12 discovery, and I'm hoping maybe you can answer that
13 question. That would be great.

14 MS. WAGNER: Yes. So for some of you who are
15 less familiar with participating on a public agency, I mean
16 as a commission charged by the governor you are essentially
17 a public agency for purposes of Freedom of Information. So
18 any emails that you send to one another having to do with
19 the business of the commission are subject to a Freedom of
20 Information request.

21 You are being taped by CTN right now. I don't --
22 to my knowledge it is not on CTN at the moment, but it is
23 available to people.

24 Any discussions that you have over email as an
25 entire group, to the extent that they diverge from just

1 setting the agenda, it does constitute a meeting. So you
2 should try to steer away from having substantive
3 discussions as a full group over email because there are
4 requirements in Freedom of Information that meetings are
5 noticed to the public so the public can have a chance to
6 witness the discussion. So any discussions that you have
7 as a group over email that are substantive in nature are
8 essentially a meeting that has taken place without notice
9 to the public. So you should try to keep your commission-
10 wide discussions of substance to the meetings.

11 Yes.

12 COMMISSIONER SCHONFELD: Just a comment, having
13 served on the national commission, I understand the Freedom
14 of Information Act, but I don't think it requires that it
15 be videotaped. So it would be possible for us to set up a
16 time for us to talk as a group here without it being
17 videotaped where it may be open, although I do remember our
18 commission meeting for periods where it was not open to the
19 general public, but I would think at the very least, at the
20 very least like this meeting, if it wasn't being taped I
21 think we could talk about and have a fruitful discussion
22 and not feel that it's -- that the public attention is
23 intrusive, but it would still be open.

24 So I think the idea is that it has to be open but
25 I don't know that it has to broadcast.

1 MS. WAGNER: Yes, that's correct. So the CTN
2 cameras are pretty much here because we are in the
3 Legislative Office Building and they're available to us,
4 and as a resource to the commission and to members of the
5 public it's being recorded so that, you know, you can go
6 back to it, so the members of the public can go back to the
7 meetings. But certainly there is no requirement that they
8 be recorded.

9 However, it is different than federal commissions
10 where we can't deny access to the public. So to the extent
11 that the media or the public wants to come in and record,
12 that's different than us, you know, requesting that
13 something be recorded.

14 COMMISSIONER SCHONFELD: I would imagine that
15 they can come in and observe. I don't know that they have
16 the right to come in and record. Is there -- I'm asking
17 for the clarification.

18 MS. WAGNER: Well, I honestly don't know the
19 response to that. I can certainly look into it, but I
20 doubt that there would be anything that -- you know, except
21 to the extent that -- I don't want to speculate about it,
22 but I think that to the extent that media is welcome to
23 come or we are required to allow the media to come, I doubt
24 that we could bar the media from recording. But I can
25

1 certainly look into that and let the commission know more
2 about that at future meetings.

3 COMMISSIONER SCHONFELD: Again, I think if we
4 indicated to the media and to the general public that we
5 have four hours or five hours of testimony and then there's
6 one hour that's open to the public but it's to cover the
7 general business of the commission, I don't know what we
8 would -- I don't expect that there would be a lot of media
9 wanting to come in during that one hour.

10 A COMMISSIONER: I sympathize with you, but there
11 are media who just because you said that would want to come
12 in.

13 COMMISSIONER SCHONFELD: Well, but again --

14 A COMMISSIONER: Believe me, that's how they
15 operate.

16 MS. WAGNER: Yeah, to that point or really more
17 to your point, Connecticut's Freedom of Information laws
18 are broader than most any other state. So there is very
19 little that a public entity can or should or, you know,
20 depending on how you feel about the issue, do in executive
21 session. It's very limited and I am happy to send out the
22 areas that can be discussed in executive session. They
23 mostly have to do with personnel, hiring of personnel,
24 things like that. So I'm not sure that any of them relate
25 to the business of this commission.

1 So to that end, most discussion, if not all
2 discussion of the commission, is available to the public.

3 COMMISSIONER CHIVINSKI: Two questions. Did I
4 hear that if I sent out, let's say, an individual email to
5 a commission member, so let's say Alice or Dave here, that
6 that is FOI-able as well?

7 MS. WAGNER: To the extent that it relates to the
8 business of the commission, yes.

9 COMMISSIONER CHIVINSKI: Okay. And the second
10 question, we were asked at the last meeting by our chair,
11 Scott Jackson, to forward recommendations. You know,
12 hitting the reply button versus the reply all, I'm hearing
13 that it's FOI-able either way. Is there a preferred way to
14 funnel those requests? I mean, I could copy it at home and
15 hand in an envelope or I could hit reply all or I could
16 just hit the reply. Is there a preference about how that
17 information is funneled before we all look around in a room
18 like this and say yea or nay to any particular
19 recommendation? I know you don't want us -- we shouldn't
20 be talking about them and have enraging conversations, but
21 what's the process?

22 MS. WAGNER: You mean in terms of setting an
23 agenda?

24 COMMISSIONER CHIVINSKI: No. In terms of we were
25 asked for recommendations by the chair, preliminary

1 recommendations on an individual level, how we provide
2 them.

3 MS. WAGNER: I would just recommend that you ask
4 the chair, ask Mayor Jackson what he would prefer.

5 COMMISSIONER CHIVINSKI: Okay.

6 CO-CHAIR SULLIVAN: (Audio not picking up voice.)

7 MICHAEL: (Inaudible) you'd have to ask Mayor
8 Jackson.

9 CO-CHAIR SULLIVAN: Okay. The mayor is not here
10 today, but I understand on the 8th we're going to have a
11 section on emergency management, on the 15th we're supposed
12 to be discussing the draft with the governor for our
13 preliminary recommendations. I'm going to (inaudible) and
14 email and see if he and Terry and I can get together
15 (inaudible) so we can get something out by the 15th (audio
16 skip) what, around the 20th or something.

17 A COMMISSIONER: I assume the recommendations
18 will be only on things we've discussed.

19 COMMISSIONER BERNIE: Yeah. Oh, I don't think
20 we're limited to that. I think if there's a consensus that
21 we should recommend something that hasn't been discussed,
22 but I think we're going to have to look for consensus on
23 any recommendations we're making. But I don't think we're
24 limited. I think if somebody has an idea that the rest of
25 say, you know, we didn't think of that but, boy, that's a

1 good idea, we should recommend that, I don't see we're
2 precluded from doing that.

3 A COMMISSIONER: I'm trying to -- I'm trying to
4 interpret your response. It seems so carefully crafted
5 there -- I'm teasing, I'm teasing, Bernie.

6 Because how can we recommend it if we haven't
7 discussed it.

8 CO-CHAIR SULLIVAN: All I'm suggesting is that if
9 some unknown idea is floating in somebody's mind here that
10 we have not yet discussed and they bring it up in a meeting
11 and somebody says, you know, we ought to throw that in, I
12 don't think we would not throw it in if there was a
13 consensus from all of us -- well, not all, but a consensus
14 that it's a good idea to put in the report.

15 COMMISSIONER FLAHERTY: I think the biggest
16 problem is we have not had time because we don't have
17 sufficient time to have a discussion and figure out if we
18 have consensus on things. And I think part of the problem
19 is, and I don't know if this is something you and Terry
20 want to discuss if you're going to have discussion with
21 Scott, but maybe we try to have that the first hour (audio
22 fade). If we had discussion for an hour in the morning
23 before we get started instead of the afternoon, because
24 sometimes people have to leave during the course of the
25 day.

1 And the other question I have (audio fade), the
2 Virginia Tech panel had their own independent counsel and
3 we able to meet with their lawyer. I mean I don't even
4 know -- and I'm assuming there was significantly different
5 (audio fade). I don't know. Is there a possibility we
6 could get our own independent counsel (inaudible). Are you
7 allowed to meet outside the building with counsel to think
8 about whether we cannot meet at all outside the building,
9 so potential things that we're not sure we're going to
10 recommend so that we can figure out what the consensus
11 (inaudible).

12 MS. WAGNER: I can't speak to Virginia Freedom of
13 Information laws.

14 COMMISSIONER FLAHERTY: And I don't expect you to
15 give advice on that. I'll make it clear. I don't expect
16 you to give advice on Virginia law because I'm not admitted
17 to the Virginia bar either.

18 MS. WAGNER: Sure. And I would have to look into
19 -- I have been in touch with some individuals that were
20 involved in the Columbine commission, but not anyone who
21 was in touch with the Virginia Tech commission yet. And I
22 was aware though just by looking at their report that they
23 had, you know, I think a dozen lawyers at some point from
24 Skadden Arps, the second largest law firm in the world,
25 that were assisting them. And they had a very short

1 timetable that they turned around a report. And I think
2 that's something for us to talk to them about. What was it
3 that the legal counsel did for them in their process;
4 whether they were providing legal advice or whether they
5 were just assisting them in developing their report. And
6 to what extent Virginia Freedom of Information laws played
7 a role in that I don't know, but certainly that's something
8 that I can look into for you. Okay?

9 MICHAEL: Just to say, because we're going to
10 excuse ourselves. We don't want to be -- this is your
11 discussion to have. We were just here for the initial
12 technical questions, I mean Mayor Jackson with Bernie and
13 Terry, we want to defer everything on questions to them. I
14 just wanted to make sure that Natalie had a chance to talk
15 about any of those questions you had. And we're certainly
16 available any time, if you have any questions you can ask
17 us then. But not being part of this commission we don't
18 want to take on this part of the discussion, we want to
19 allow you as the commissioners to do that.

20 COMMISSIONER BENTMAN: I have a framework
21 question. After the 15th do you anticipate that we will
22 continue to be meeting, and if we will, will our charge be
23 different? How often will we be meeting; what will be the
24 duration of those meetings, and even -- I don't know would
25 be more helpful than a kind of a -- we're living in a kind

1 of a blank space and even I don't know but we're
2 considering the following would be more helpful than the
3 blank space that I feel that we're currently living in.

4 CO-CHAIR SULLIVAN: I think we should be prepared
5 on continuing. I think we've gotten into such a depth of
6 things here that there will be definitely a reason for the
7 commission to continue its work, because while we may make
8 some preliminary suggestions to the governor, I think
9 there's a lot of stuff that we've had here that we haven't
10 even had time to truly absorb and ask the ideas how to
11 approach it. So I would expect we're going to keep in
12 place.

13 I asked Terry to get a hold of Scott -- he's out
14 of state -- to see if the three of us could get together
15 this week to deal with this issue of when could we start
16 discussing things. I'll be very candid with you. I spent
17 35 years in public service in the State of Connecticut, FOI
18 is what it is, it's not going to change, so we're going to
19 have to have those discussions in the open. There's just
20 no way around it. Because even with your lawyer -- I'm not
21 an attorney --

22 COMMISSIONER BENTMAN: That's helpful.

23 CO-CHAIR SULLIVAN: I'm not an attorney but I
24 know that I can't even meet with my lawyer without certain
25 kind of reasons, and we don't want to invent reasons here

1 that don't exist. So I would look forward to this as a
2 public body, we're going to be in the public. If you have
3 thin skin, be prepared, because we're going to have
4 discussions where somebody may get their feelings hurt.
5 We're all here for the same reason, we all want to do good
6 things, and we'll just get through this. And I think
7 everybody has something to contribute. We all come from
8 different disciplines and if we respect that, we'll be
9 fine. But you're not going to get away from FOI.

10 COMMISSIONER McCARTHY: As the subject matter
11 experts testified today, they have never done this before
12 in the circumstances that they were placed in, and we find
13 ourselves in that same environment. And it's certainly I
14 consider a no fault environment, we're struggling with some
15 very difficult issues that have not been tread on before,
16 certainly not in the State of Connecticut.

17 I would ask when you and Scott --

18 CO-CHAIR SULLIVAN: Pull your mic up --

19 COMMISSIONER McCARTHY: Oh, I'm sorry. Okay.
20 Maybe I should talk into it? See, that's exactly why I
21 don't want to be on TV.

22 When the three of you get together I would ask
23 that you consider removing the -- when we get to a work
24 session, and I hope that we do get to a work session that
25 we can spend the better part of a day in public but in an

1 environment that's more conducive to discussion. This may
2 be great for a legislative action, but as a committee and
3 when we get to a work session and we're talking about it, I
4 think it would be very beneficial to be at a conference
5 room table to discuss. And it's an environment I think
6 that we're all a little bit more comfortable with and I
7 think it would lead to a better discussion. Thank you.

8 A COMMISSIONER: (Audio fade.)

9 CO-CHAIR SULLIVAN: And maybe even if necessary
10 add a couple of days to our schedule before March 15 so we
11 can have -- just set aside for those type of things.

12 COMMISSIONER DUCIBELLA: Yeah, I'd like to second
13 Commissioner McCarthy's suggestion. I just have a general
14 thought, you know, for all of us. And I suppose there
15 always is public exposure, but the exposure I think we run
16 which is a greater risk is recommendations that come from
17 individuals, because then they represent a person's view.
18 And it's better to have a great deal of creative contention
19 --

20 A COMMISSIONER: Oh, absolutely.

21 COMMISSIONER DUCIBELLA: And, you know, bore into
22 all the different subject matter expertise that's on the
23 council. And if that creative contention is public but out
24 of that comes the consensus developed solution, while there
25 may be some sense of embarrassment as a result of

1 commissioners arguing amongst each other, although we might
2 call it something else, at the end of the day what that
3 shows is an extraordinary commitment, answers that are
4 agnostic and free of ego, and I think that's the
5 commission's responsibility.

6 So I love the idea of meeting in an environment
7 that's a little more conducive to that kind of discussion
8 format, but the notion of a creatively contentious
9 discussion that leads to a series of, you know, mature
10 recommendations I think is really what's being expected of
11 us.

12 CO-CHAIR SULLIVAN: Yeah. And I will also ask
13 that -- well, I could email, but maybe for the next meeting
14 if you are looking for any particular presenters to be
15 invited or any particular subject matter, maybe just put
16 that in a little note that we can give to the chairman at
17 the next meeting, and then we don't have to worry about
18 sending it around in email because there may be people you
19 think of that would be beneficial to us to hear from.

20 COMMISSIONER DUCIBELLA: One last thought. I'm
21 on my own sort of taking on a little bit of responsibility
22 by codifying anything that has to do with a safe and secure
23 school design. If there's something that any one of you
24 think about I'm sort of data mining the FEMA requests.
25 I've got Mr. Mahoney's information. I've gone through and

1 I'm going through the AIA presentations, and obviously my
2 questions to some of the other subject matter experts are
3 very focused on the environment of schools and what makes a
4 great school ecosystem. I'm staying away from specifically
5 opining on the expertise of the emergency responders or the
6 public health or the mental health professionals.

7 If you have something that you've heard, if you
8 have an opinion about what makes a great safe school place,
9 that can be a two dimensional space that isn't enclosed,
10 like more buses drop people off, or an environment, feel
11 free to pass it on to the commission chair, but if you copy
12 me on it I'm creating a master list in anticipation that
13 the discussion we talked about, which is that creative
14 contention in an appropriate environment, I'm going to try
15 to as a scribe service keep track of those and throw them
16 out and say here are the 44 recommendations I've heard
17 about creating great safe schools. I'm happy to do that.
18 I can do it more successfully if those of you who created
19 -- at least make sure I'm copied on that email.

20 This is just sort of an housekeeping issue. I'm
21 happy to do that; I'm excited about doing it. I don't
22 expect that everything that everybody sends to me is going
23 to be codified in some sort of a recommendation that we all
24 agree to, but that's the process I'm starting in order to
25

1 make that happen. Unless someone has an objection to it on
2 the commission.

3 COMMISSIONER BENTMAN: I think a safe school
4 culture is a day in itself, and safe school culture as it
5 integrates with some of the other topics that come up. I
6 don't know that -- I mean I have opinions about that, but I
7 think it really deserves the same kind of expertise that
8 we've seen here before.

9 COMMISSIONER DUCIBELLA: That's fine. I'm simply
10 offering unless there is an objection, if someone says I
11 think we ought to lock doors on classrooms, I write that
12 down. If someone says I think video surveillance would
13 help situational awareness for emergency responders, I
14 write that down. If someone says every school should have
15 a threat assessment done which is achieved by qualified
16 multi-disciplined professionals, I write that done.

17 Unless anyone has an objection, I'll take on that
18 position and I'll perform that service.

19 CO-CHAIR SULLIVAN: No, that's good. That's
20 appreciated, and we have thoughts, we can give them to you,
21 but if you're willing to do that that will save us trying
22 to make up 28 individual lists.

23 COMMISSIONER DUCIBELLA: Well, I think others may
24 inherit the model of doing that for issues relative to safe
25 school culture and mental health; others may do it for

1 emergency response and emergency management, but I think,
2 you know, I sort of did this terrible exercise -- I'm going
3 to get crucified for this, I sort of color-coded people by
4 discipline on the committee, so some of you are yellow,
5 orange, green and blue. And I won't tell you what that
6 means, I will say --

7 A COMMISSIONER: (Inaudible) to be red.

8 CO-CHAIR SULLIVAN: I assure you whatever it
9 means it will not be the worst thing I've been called in my
10 life.

11 COMMISSIONER DUCIBELLA: I'm going to just give
12 you an insight as an example. Commissioner O'Connor,
13 McCarthy and Sullivan ended up -- and Sandford ended up to
14 be blue because they're in the emergency response and law
15 enforcement community and have focused their efforts there.
16 Well, I can change that.

17 A COMMISSIONER: Glad you didn't color me yellow.

18 COMMISISONER DUCIBELLA: But my sense is that
19 these different disciplines have a handle on expertise that
20 needs to be cross-pollinated with the intellectual
21 expertise of others so that the eventual recommendations
22 are in fact the benefit of a lot of different intellectual
23 insights. But I have a sense as we move forward toward a
24 document deliverable, that those various entities or areas
25 of expertise are going to have to be codified somehow to

1 turn into some kind of a deliverable that has some kind of
2 meaning that can turn into something that can go to the
3 governor. So I'm just offering up my service on my one-
4 fourth piece in that one particular colored area.

5 CO-CHAIR SULLIVAN: Very good.

6 COMMISSIONER DUCIBELLA: Okay. Thank you.

7 COMMISSIONER SCHONFELD: Just a couple of
8 suggestions for people to consider. The first is from
9 having been on commissions, and on the National Commission
10 on Children disasters in particular because it was a
11 similar topic area. It is a vast topic area. So I really
12 think that we should be spending some up-front time talking
13 about what it is we hope to accomplish and what are the
14 topics.

15 So even while I was putting this session
16 together, I made the -- and it was a unilateral decision
17 with Chris' involvement, but not with the whole commission
18 that maybe another session would be on mental health issues
19 more broadly in the community because I didn't think we
20 could do the school at the same time and get this depth of
21 discussion.

22 I don't actually have the authority to say that
23 -- and I don't even know the timeframe of the commission to
24 know that that will actually ever occur. So I think that
25 for us to be able to plan what we're going to do in each

1 session, it would be nice to have a sense of what we are
2 hoping to cover in the different sessions. And it's also
3 really important I think to develop committees that start
4 to break down certain areas and then can do what was
5 already suggested in one area, but not have it be a person
6 by person but maybe a committee is going to take on school
7 security, and then you divide up the tasks within the
8 committee.

9 And, you know, personally since I live in
10 Philadelphia, it's really hard not to know the schedule
11 well ahead of time. So I'm just apologizing to people that
12 I have personal commitments on Fridays for the next four or
13 five weeks, so that's one of the reasons why we tried to
14 fit this one in quickly. But I'd also like to know how I
15 can participate remotely, and if it's not going to be
16 through email it's going to make it very difficult for me
17 to comment on drafts of reports. And the other thing that
18 I would say is no matter how many good ideas there are in
19 this group or that we hear from outside experts, if we
20 don't have a well-written report, that it's not going to be
21 useful.

22 And so that I would really caution us of
23 developing new ideas all the way up to March 14th and then
24 having a report due March 15th. And to really have a well-
25 written report, even a draft due March 15th, it's more than

1 a term paper, it's more than a thesis. So this should have
2 already been started. And so we might want to think about
3 whether that deadline is feasible or whether our initial
4 report isn't going to be a report with recommendations but
5 more an outline of what we think the commission can do.

6 I think there needs to be some meta-cognitive
7 work done to think through how we're going to do this
8 because it's a huge undertaking.

9 CO-CHAIR SULLIVAN: I think what we need to do,
10 I have to get a hold of the chairman and as soon as
11 possible schedule a day for us just to have a day of
12 discussion on where we're going.

13 COMMISSIONER BENTMAN: We have two reports that
14 we began this commission with. One, the report from
15 Columbine and the second was a report from Virginia Tech.
16 They're works of art. They are the most -- they're really
17 extraordinary documents, simply written, carefully crafted.
18 They don't overstep, they don't seem to overstep sort of
19 the bounds of sort of fantasy and they're extraordinarily
20 dignified, and they are dignified even in relation to the
21 shooters.

22 And it would really be embarrassing if this
23 commission can't put out a report that somehow belongs in
24 that same company. And, you know, the folks who talked to
25 us first, the ex-governor of Colorado, the person who ran

1 the Virginia Tech commission, I mean they cautioned us
2 don't let people push you faster than you can go. And I
3 really feel that I can't -- I not only can't tell where we
4 are, I feel rushed by forces outside of this room.

5 CO-CHAIR SULLIVAN: I don't think anybody should
6 feel rushed. The governor is not beating us in the head
7 with a baseball bat. We may be able to prepare a very
8 brief report on what we have decided are the critical areas
9 going forward, something of that nature, and tell the
10 governor we're not quite prepared to do something in depth.
11 All we can do is be honest because I agree with you, we
12 don't want to put out a report that stinks, in plain
13 English.

14 So I think we just have to follow our hearts and
15 our heads here. And I don't feel any pressure at all. You
16 know, if I'm not home by 9:00 o'clock, I'm 70 years old, my
17 mom's not going to yell at me anymore, you know, so we're
18 not worried about it. But we do the best we can and that's
19 all that can be expected of us. And if we are not prepared
20 as a group to submit a real report to the governor by the
21 15th, then maybe we just submit a brief report saying we've
22 been listening to so many experts, these are the areas that
23 we feel we need to work further on, and if there are some
24 areas we can make some short recommendations, we do so.

25

1 A COMMISSIONER: I thought I heard the governor
2 forgive us that deadline.

3 A COMMISSIONER: Yesterday?

4 A COMMISSIONER: Yesterday. Oh, from the
5 commission? I'm sorry. I thought when he appeared and
6 when he opened the commission he was very clear that this
7 was not to be rushed and the 15th was --

8 CO-CHAIR SULLIVAN: I believe he said that we
9 should not feel any pressure, proceed accordingly, and I'm
10 sure that this deadline is not a hard and fast deadline.

11 A COMMISSIONER: Absolutely.

12 CO-CHAIR SULLIVAN: Unless we try to make it one.

13 COMMISSIONER DUCIBELLA: Yeah, I think there's
14 another issue. We have just received, or at least I know I
15 did yesterday, a request from the governor for opinions
16 about some of the legislation that he's anticipated posing.
17 So there's the original, quote, charter of the commission
18 which we're all struggling with to get our handle around as
19 Commissioner Schonfeld has said -- I think we've got some
20 meta-thinking to do to make sure we know what this report
21 will be to satisfy what the request of the governor had in
22 mind when he set the commission up. That's A. But B, we
23 have some very, very specific questions that have been put
24 in front of us that I assume he's looking for the
25

1 commission to opine on fairly succinctly. That's kind of
2 task two.

3 So there's two issues that I feel obligated as a
4 commission member to respond to. One, what was our
5 original mission charter. We'll listen to people, we have
6 to come to consensus. I think the notion of the report
7 being highly mature is absolutely essential. Other people
8 in the country are going to be doing exactly to us what
9 we've been doing to Virginia Tech, to Aurora and to others.

10 And then secondly, what's the process for -- and
11 I mean literally what is the process expected for response
12 to the governor's request for opinion. Is that an oral
13 discussion; is that a written response issued by the chair
14 of the commission? I'll plead ignorance about knowing how
15 the commission is supposed to respond to a very specific
16 request from the governor. I don't know what that is.

17 CO-CHAIR SULLIVAN: The three questions are
18 specific to guns.

19 COMMISSIONER DUCIBELLA: Yeah.

20 CO-CHAIR SULLIVAN: And we're having an all-day
21 session next week on guns. The three questions are not
22 that complicated.

23 COMMISSIONER DUCIBELLA: Yep.

24 CO-CHAIR SULLIVAN: One of them we may not even
25 be able to answer. I am going to contact somebody in the

1 insurance industry because the question about should people
2 having insurance, I don't even know if they'll sell it, but
3 there is blanket association for all the insurance
4 companies and I'm sure if I give them a call, Bob Kehmna,
5 they can probably help a little bit answering that
6 question.

7 The other two questions are not that severe. The
8 first one is a little hairy because the behavioral issues
9 probably take longer.

10 COMMISSIONER DUCIBELLA: Do you imagine, and
11 maybe you'll ask the chair, having a session specifically
12 on that where we all listen next Friday and then caucus and
13 then publish a response to that?

14 CO-CHAIR SULLIVAN: We may be able to. The first
15 question we may not be able to answer that quickly because
16 it deals with identifying behavior criteria. That's not
17 all going to happen in one day. I don't think that anybody
18 here would believe we can write that kind of criteria that
19 quickly, so that may be a question that goes down the road
20 for an answer. The governor asked the question; he didn't
21 say have it to me by tomorrow.

22 COMMISSIONER DUCIBELLA: Okay.

23 CO-CHAIR SULLIVAN: I think we all really need to
24 take a deep breath because we're probably putting more
25 pressure on ourselves than is necessary. The governor

1 originally said he would have liked to have a preliminary
2 report by the 15th. That was to dovetail with the
3 legislature because they have committee deadlines, we have
4 to get bills out. However, the legislature doesn't end on
5 March 15th. There are other ways you can get bills done.
6 Is it a short session or a long session this year?

7 A COMMISSIONER: It's a long session.

8 CO-CHAIR SULLIVAN: Long one. So we're good
9 until the beginning of June, actually, if there was
10 something real critical that we wanted to get in there,
11 there's still a way to do it.

12 I don't think that's as important as it is to
13 write a good report giving the governor the best advice we
14 can at the time we feel comfortable giving it. So I think
15 we need to take the pressure off ourselves, don't get
16 excited, and just let's take this one step at a time. I'll
17 get a hold of the chairman and we'll try to get a session
18 going. We'll just talk about where we're going to go from
19 here, who's actually going to report, all those types of
20 things.

21 COMMISSIONER CHIVINSKI: At the last meeting when
22 Scott asked us for recommendations, I inferred, and you
23 know, you shouldn't always do that, that the
24 recommendations were going to come before the final
25 reports, possibly in sections. So I don't know exactly

1 what he was thinking or exactly how he intends, if he
2 intends to submit this piecemeal to the governor.

3 CO-CHAIR SULLIVAN: I can't speak for Scott, he's
4 not here. I can only say that he is -- I've seen Terry
5 give me that he's looking for is anybody who has any
6 recommendations on to subject matter or presenters, to let
7 him know. And I've suggested that we give it to him and
8 hand it to him at the next meeting and avoid the email
9 quandary. And that's all I can tell you.

10 And I'm going to tell you, he's the chairman, we
11 have to give him some authority also because we may give
12 him 38 things that we think important, he's going to have
13 to decide how to prioritize things, that's why he was
14 appointed by the governor. We have to go along with that.

15 So I think we just have to be patient. I think
16 the most important thing now is let's get a meeting where
17 we do nothing but talk to, at or through each other,
18 however you want to describe it for a day, get our act
19 together and then proceed accordingly without feeling any
20 pressure.

21 I'm not speaking for the governor, but I have no
22 problem if he was sitting here I would say the same thing.
23 I don't see him having any advantage to put pressure on us
24 when he wants a good report and he wants the best thoughts
25 of all these minds sitting at the table. He didn't put us

1 here just to give him something quick and dirty. He wants
2 something thoughtful, meaningful that he can work with.

3 Okay. Anything else before we adjourn? Okay.

4 A COMMISSIONER: I make a motion to adjourn.

5 CO-CHAIR SULLIVAN: Motion to adjourn. Seconded?

6 All in favor? Aye. Out of here.

7 (Hearing adjourned.)

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CERTIFICATE

I hereby certify that the foregoing 229 pages are a complete and accurate transcription to the best of my ability of the electronic sound recording of the meeting of the Sandy Hook Advisory Commission (SHAC) held on February 22, 2013 at 9:30 a.m. at the Legislative Office Building, Hartford, Connecticut.

Suzanne Benoit, Transcriber

Date

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