EAD & Associates, LLC
Emergency Management & Special Needs Consultants
www.eadassociates.com

ELIZABETH A. DAVIS

Elizabeth Davis is an emergency management consultant specializing in Special Needs planning and related issues through her firm EAD & Associates, LLC in New York.

Ms. Davis received her JD from Boston University School of Law and her EdM from Boston University School of Education with a degree in the Socio-Bicultural Study of Deafness and American Sign Language. She holds an undergraduate degree with a major in Sociology and a minor in Political Science from Barnard College at Columbia University.

After many years as an advocate in the disability community, she began public service after law school with the NYC Mayor's Office for People with Disabilities as Assistant to Counsel and Senior Policy Advisor. Due to her role as Incident Commander in the Deaf Mexican Nationals slave-ring case in Queens, she was transferred to the NYC Office of Emergency Management as Special Needs Advisor. There she was responsible for ensuring that all elements of planning, response and recovery incorporated the unique needs of the disability community, senior population, and medically dependent persons. She functioned in this capacity throughout the events of September 11th.

Ms. Davis now consults for public jurisdictions and agencies, private businesses, home based care agencies, residential health care organizations. She retired as the first Director of the National Organization on Disability's Emergency Preparedness Initiative but remains an advisor to DHS and FEMA, sits on several national advisory boards, has been a court appointed subject matter expert, participates in many major conferences and web forums and has had materials published on the subject of Special Needs emergency preparedness. Ms. Davis is the co-chair of the National Hurricane Conference Health Care/Special Needs Committee, chair of the International Association of Emergency Managers (IAEM) Special Needs Committee, and appointed chair of the FCC's CAC Homeland Security Committee, to list a few active roles she maintains.

As an accomplished public speaker with a reputation for creative solution development, Ms. Davis is considered one of the nation's "go-to" sources for emergency management and special needs issues.

Ms. Davis grew up in San Francisco but now resides in Brooklyn with her husband and two young daughters.

Emergency Management and Special Needs Issues

AUCD Joint Meeting: Emergency Preparedness and Interdisciplinary Training

March 5, 2006

Elizabeth A. Davis, Managing Director

EAD & Associates, LLC
Emergency Management & Special Needs Consultants
www.eadassociates.com

Agenda

- Historical perspective
- Current Trends and Research
- Call to Action

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

Evolution of Emergency Management: Overview

- 1803: Congressional Fire Disaster Relief Legislation
- Between 1803-1950 over 100 disasters received federal resources
- 1941 Office of Civil Defense created within the Office of Emergency Planning
- Federal Disaster Act of 1950: established legal basis for a continuing federal role in disaster relief

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

Continued…

- Disaster Relief Act of 1974
- FEMA created in 1979 (Carter administration): concept of comprehensive emergency management
- 1988: Robert T. Stafford Disaster Relief and Emergency Assistance Act
- Homeland Security Act of 2002: DHS created

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

Emergency Management Mission

- To preserve life, protect property and ensure the continuation of government and services.

Emergency Management Today

- National Response Plan
- NIMS: National Incident Management System – Universal Language
- All Hazards approach
- A System Challenged
  - Post-911 and Post-Katrina/Rita – much review of current system weaknesses and proposed change
  - Federal Emergency Management Agency Restoration Act (12/8/05) - proposed
  - Nationwide Plan Review: States and Urban Area Security Initiative grantees
    - Self-assessment
    - On-site peer reviews

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

Background: Phases of Emergency Management

- Preparedness
- Response
- Recovery
- Mitigation

*Special needs issues are integral in each phase.

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

EM Structure in U.S.

- Federal: FEMA
  - Now known as Emergency Preparedness & Response within the DHS
  - Reports to the President via DHS Secretary
  - 10 Regions
- State: SEMA/SEMO
  - Oversees all counties within boundaries
  - Often have regional offices around the state
- Local: OEM/OES/EMA
  - In every county, city, town, hamlet, etc.

(bottom-up assistance structure)

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

Emergency Management & Special Needs

- "Special needs populations" defined in an emergency management context
- Examples of where special needs issues occur in contingency planning:
  - Notification/Warning & Communication
  - Evacuation/Transportation
  - Sheltering
  - Continued Care/Client tracking and identification
  - Post disaster geography
  - Recovery Issues (DME, housing, job sites, etc.)
  - Drills & exercises

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

Special Needs in Emergency Management: Recent Milestone examples

- Hurricane Andrew - 1992
  - Governor's After Action Report included annex focused on the response to special needs populations
  - Registries and special needs shelters in Florida
- September 11th Attacks
  - 9/11 position designated in FEMA to oversee special needs issues at federal, state, and local levels
  - Many new groups emerged
  - Executive Order 13347 in 2004: creation of the Interagency Coordinating Council
- FCC Fines

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

Post Katrina Review

- Post Katrina/Rita
  - DHS deploys disability subject matter experts at JFOs in Baton Rouge and Austin
  - Preparedness Directorate: Nationwide Plan Reviews (12/05): States and Urban Area Security Initiative grantees
    - Self-assessment
    - On-site peer reviews
  - Specifically addresses disability issues
    - What actions are being taken to fully address requirements for populations with special needs, particularly persons with disabilities?
    - What actions are being taken to ensure prompt evacuation of patients (ambulatory and non-ambulatory) from health care or other facilities?

Post-Katrina Review

- Emergency Preparedness and Response for Individuals with Disabilities Act of 2005 (12/16/05)-proposed
  - Disability Coordinator reports directly to Secretary
  - 30% of temporary housing for disaster victims be accessible, and usable by individuals with disabilities

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

Lessons Learned in Major Disasters

- People with special needs are impacted greater
  - Disrupted continuum of care
  - Delay in equipment supply, delivery, repair
  - New geography/transportation issues
  - Effective communication issues
  - Identification of post-disaster needs impacting their special needs

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

Kaiser Family Foundation Study

- Interviewed evacuees from New Orleans evacuated to the Astrodome and other large facilities in Houston
- “Which of these was the biggest reason you did not leave?”
  - 37%: “I just didn’t want to leave.”
  - 22%: “I was physically unable to leave.”
  - 23%: “I had to care for someone who was unable to leave.”

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

Harris Poll: 2004 EM survey commissioned by N.O.D. for DHS

- Purpose: determine the degree to which jurisdictions have taken into account the needs of PwD in their emergency planning *and* included PwD in themselves in the planning process
- Respondents: nationwide cross section of emergency managers from each SEMO, the largest, midsize and smaller cities

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

Harris Poll: 2004 EM survey results

- 100% of Emergency Managers think planning for people with special needs is necessary.
- Barriers: Expertise, Time, Funding!!
- 76% do not have a paid expert on staff to deal with emergency preparedness and PwD
- 36% stated no special training on this topic has been offered
- 39% stated no specialized equipment for use by PwD during emergencies has been purchased
- 59% do not have plans including the pediatric population

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

Harris Poll: 2004 EM survey results continued

- 73% said no funding had been received or expected to address emergency planning for PwD
- 42% said they have a public awareness campaign providing emergency information to PwD; only 16% of these make the plan available in accessible formats (i.e. Braille, cassette, large type, etc.)

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

NOD/EPI 2005 3rd Survey Results

- Surveys done in 2001 and 2003
- Survey results reveal that 57% of people with disabilities indicate that they have a workplace plan, a figure that is down from 68% in 2003 (in 2001 it was 50%)
- Nearly 54% of people with disabilities know whom to contact about emergency plans in their community, up from 44% in 2003.
- 47% of people with disabilities have made plans to safely evacuate their homes, a significant increase from the 2003 survey results of 39%.

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

Continued…

- 63% of people with disabilities believe that the federal government is doing a fair or poor job at preparing them for disasters, while 61% for state government and 59% for local government

- 59% of people with disabilities rank non-profit organizations as doing an excellent or pretty good job

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

Continued…

- All the percentages were found to be higher for PwD than for those without disabilities
- Survey also revealed PwD are more anxious about their personal safety post-9/11 than the general population

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

Interesting Trends…

- Increased awareness for disaster planning
- Increased sense of vulnerability and uncertainty
- More organizations and groups
- Increase in funding sources

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

Local Authority

- Various local laws and ordinances
  - SF, CA – deployment of evac. Devices in all municipal buildings
  - Chicago, Ill. – 80 feet building height triggers SN EAP
  - NYC – FDNY revised EAP in comment period now
- Fla. county registry program being replicated by LA and others

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

Places of Public Accommodation

- Dec. 28, 2004, the Circuit Court for Montgomery County, Maryland declared that the **ADA requires places of public accommodation to consider the needs of people with disabilities** in developing emergency evacuation plans.

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

A Call to Action

- Get involved in planning today contact local officials
- Bring expertise to the table
  - Know players **before** a disaster
  - Identify needs/gaps/resources before the disaster
  - Develop plans that include population
  - Identify your role
    - Business Continuity Planning is a must!

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

SN Planning Considerations

- Use an “all hazards” approach so to be flexible
- Integrate SN plans into local disaster plans
- Recognize:

  “one plan fits all” is like “all disabilities are alike” = failed assumption
- Special Needs issues will be more time consuming and resource intense
- Manage Expectations

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

Special Needs Planning Challenges

- Unique resources
- Skilled personnel
- Time intensive efforts
- Buy-in necessary
- Cross-disciplinary collaboration
- Can be overwhelming to approach!

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

Planning Elements

- Awareness/Preparedness
- Communications: notification/warning, instructions, post-disaster services
- Evacuation/transportation
- Sheltering/areas of refuge
- Continued care
- Recovery issues (re-entry, housing, employment, mental health, etc.)

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

Planning Issues

- Shelters
- Registries
- Tracking
- Mental Health
- Information/Outreach
- Service Provision

EAD & Associates, LLC
Emergency Management & Special Needs Consultants

A Call To Action!!

If PwD are not taken into account before an emergency, the issues will likely not be addressed properly during a disaster, and this will have a huge impact on the entire community after the event.

Elizabeth Davis
mail@eadassociates.com
718-330-0034

EAD & Associates, LLC
Emergency Management & Special Needs Consultants
www.eadassociates.com

EAD & Associates, LLC
Emergency Management & Special Needs Consultants
www.eadassociates.com

Resources for Emergency Planning Regarding Persons with Special Needs*

The following list is provided for your benefit. This is only a sample of the resources that are available on this issue, but it serves as a good starting point. Following this list, are a few important documents that further highlight these issues and lessons to learn from past disaster experience. We hope these resources will be helpful to you as you move forward in your efforts.

WEBSITES

- **U.S. Department of Homeland Security's *Disability Preparedness Resource Center***
  www.dhs.gov/disabilitypreparedness offers information and resources for emergency planners and first responders to help them better prepare for serving persons with disabilities. Also read DHS Preparedness Directorate Information Bulletin No. 197 (attached and at http://www.ojp.usdoj.gov/odp/docs/info197.pdf) issued November 23, 2005, which calls for a nationwide plan review of all 50 states and 75 largest cities. This includes a review of planning for people with special needs.

- **U.S. Department of Justice**
  http://www.usdoj.gov/crt/ada/emergencyprep.htm
  will provide guidance about basic areas of emergency preparedness and response which must be accessible to people with disabilities as developed and implemented by local authorities

- **National Organization on Disability's *Emergency Preparedness Initiative (EPI)***
  Visit www.nod.org/emergency to access the latest information about emergency planning for people with disabilities and other special needs including preparedness brochures, reports, news items, planning materials, etc.

- **Community Emergency Preparedness Information Network (CEPIN)**
  The U.S. Department of Homeland Security (DHS) has awarded Telecommunications for the Deaf, Inc. (TDI) nearly $1.5 million in a two-year project, called the Community Emergency Preparedness Information Network (or the CEPIN Project) to develop model community education programs for deaf and hard of hearing consumers. TDI will coordinate efforts by specialists in four centers throughout America in promoting emergency preparedness. Visit http://www.cepintdi.org.

---

* This is an annotated list of the best sources of information to begin research. For a more complete listing of recommendations or other specific resource information, contact EAD & Associates, LLC -Emergency Management & Special Needs Consultants at 718-330-0034, mail@eadassociates.com and visit our website at www.eadassociates.com.

- **Job Accommodation Network** (JAN)
  JAN is a service of the Office of Disability Employment Policy of the U.S. Department of Labor. The website www.jan.wvu.edu will provide a document for employee emergency evacuation and also provide free guidance recommendation about workplace evacuation plans customized for a specific employee's special need and/or help identify solutions for employers wishing to respond to an employee's request.

- **U.S. Access Board**
  www.access-board.gov has posted its agency's own planning methodology and plan criteria as an example as well as providing guidance on the structural requirements under the Americans with Disabilities Act (ADA) pertaining to evacuation.

- **U.S. Equal Opportunity Office**
  www.eeoc.gov/facts/evacuation.html will provide guidance about the use of employee medical/disability information for emergency planning by the employer

PUBLICATIONS AND TRAINING

- **FEMA/USFA – Publications and Training**
  Visit the website for publications in pdf and alternate versions: www.usfa.fema.gov/usfapubs/index.cfm .
    - Emergency Planning & Special Needs Populations G197 (developed to be offered via SEMO Training Offices when placed on training calendars). A companion independent study course (IS197) on this topic is being developed and should be available within the next year.
    - Emergency Procedures for Employees with Disabilities in Office Occupancies (publication FA-154)
    - Orientation Manual for First Responders on the Evacuation of People with Disabilities (publication FA-235)

- **International Emergency Managers Association (IAEM)**
  The March 2005 and April 2005 *Bulletin* newsletters focused exclusively on special needs issues in emergency management. Also, IAEM initiated a special needs committee to focus on these issues and provide resources and information to the membership. The website is www.iaem.com. Topics covered include: communication, drills, sheltering, planning, special needs task forces, transportation, etc.

- **Tips for Emergency Responders**
  The University of New Mexico's Center for Development and Disability, created tip cards for first responders who work with a range of people with special needs.Many first responders have requested quick, easy-to-use procedures for assisting people with disabilities. These tip cards provide information about the many types of disabilities and emergency impact as well as routine encounters. They are not meant to be comprehensive, but contain specific information that first responders can read quickly either before or while responding to an incident that involves people with disabilities.

  Additional copies of these tips cards held together by a binder rind are available for purchase. For information on prices, contact Anthony Cahill at acahill@salud.unm.edu

RESEARCH STUDIES (federally funded)

- **National Center for Accessible Media (WGBH Boston)**
  The Access to Emergency Alerts project http://ncam.wgbh.org/alerts/ unites emergency alert providers, local information resources, telecommunications industry and public broadcasting representatives, and consumers in a collaborative effort to research and disseminate replicable approaches to make emergency warnings accessible. The website provides information on developments and resources in this topic area.

- **Nobody Left Behind Program at the University of Kansas**
  http://rtcil.org/NLB_home.htm has posted information on the ongoing research project to investigate 30 randomly selected counties, cities, or boroughs in the United States that have recently experienced a natural or man-made disaster in order to study impacts on persons with mobility impairments. The website has an extensive resource list as well.

- **West Virginia University's Project Safe EV-AC**
  http://evac.icdi.wvu.edu is a three year development project to improve evacuation from buildings, vehicles, and other settings during emergencies by providing training materials on the evacuation and accommodation of people with disabilities. The website provides information about the program and how to get involved.

LOCAL ORDINANCES

Chicago's High Rise Evacuation Ordinance (chapter 13-78 of the Municipal code of Chicago)

Passed on October 31, 2001, this ordinance requires that all "high rise" buildings (both commercial and residential) set up and maintain an evacuation plan. A required component of each evacuation plan is that owners must include planning elements addressing people with disabilities. This can be found at http://egov.cityofchicago.org/webportal/COCWebPortal/COC_EDITORIAL/Evacuationupdated_1.pdf

NYC's Local Law 26

Currently under review in New York City, Local Law 26 revisions include a requirement that Emergency Action Plans (EAPs) include planning elements addressing people with disabilities. The law was passed by City Council in June 2004, once it is released it will be enforced which is likely to happen between April-July 2006.

PROPOSED LEGISLATION

On December 19, 2005, Senator Tom Harkin (D-IA) introduced the *Emergency Preparedness and Response for Individuals with Disabilities Act of 2005* (attached). This bill calls for the hiring of a Disability Coordinator in the U.S. Department of Homeland Security, who will report directly to the Secretary. The bill also requires that 30 percent of temporary housing for disaster victims be made accessible to individuals with disabilities, and provides incentives to create more accessible housing during reconstruction efforts. The bill is in committee but duplicates some functional positions already in DHS.

CONFERENCES ON THIS TOPIC

2004 Conference on Emergency Preparedness for People with Disabilities
Presented by The National Capital Region, U.S. Department of Homeland Security, and the National Organization on Disabilities
You can find the full conference report, listen/watch presentation, get materials used during workshops, etc. at http://www.nod.org/epiconference2004/index.html.

2004 Emergency Evacuation of People with Physical Disabilities from Buildings
Presented by the Interagency Committee on Disability Research (ICDR)
You can read the conference proceedings which highlight research recommendations to improve available data, building and life safety codes, evacuation technologies, and evacuation practices for people with physical disabilities. The proceedings are available on the ICDR website at http://www.icdr.us/pubs.html#emerevacproceedings.

2003 Emergency Preparedness for People with Disabilities: An Interagency Seminar of Exchange for Federal Managers
Presented by: U.S. Department of Labor
Nationally and locally recognized experts provided information and facilitated an exchange of experiences between federal managers aimed at promoting consistent and effective emergency preparedness practices that afford equal protection for people with disabilities. The full report can be downloaded at http://www.dol.gov/odep/pubs/ep/.

REPORTS

Southern California Wildfires (attached)
The California State Independent Living Council (SILC) prepared the brief, *The Impact of 2003 Wildfires on People with Disabilities,* to highlight the impact of the wildfires on people with disabilities. This report can also be downloaded at http://www.calsilc.org/impactCAWildfires.pdf .

FEMA SN 9/11 Report (attached)
This is an after action focused specifically on how special needs issues were identified and addressed in NYC following the attacks on 9/11. This report is not posted online so a copy has been added to the list for you. Elizabeth Davis and Ron Mackert authored this document.

Deaf and Hard of Hearing Consumer Advocacy Network (DHHCAN) (Executive Summary attached) published *Emergency Preparedness and Emergency Communication Access: Lessons Learned Since 9/11 and Recommendations* which can be downloaded at http://www.cepintdi.org/dhhcanemergencyreport.pdf

National Organization on Disability's Emergency Preparedness Initiative's (Executive Summary attached) *Report on Special Needs Assessment for Katrina Evacuees* which can be downloaded at www.nod.org/emergency.

Victoria Transport Policy Institute's published in November 2005, *Lessons from Katrina and Rita: What Major Disasters Can Teach Transportation Planners.* It can be downloaded at http://www.vtpi.org/katrina.pdf.

"Special Needs" Terminology

The term "special needs" currently is the topic of much debate both within certain segments of the population (mostly the disability community) as well as within government planning agencies. Within the emergency management field "special needs" has expanded to include different marginalized and underserved populations with special planning considerations including but not limited to: people with disabilities, seniors, homeless, children, and people with non-English or low-English literacy, etc. The CDC has coined the term "special populations" to which pregnant women and other specialty groups are added to the above list. Traditionally, the term covered the categories of people with disabilities and sometimes the senior population. It is unclear how just how this debate will resolve and how long it will take for a "universal" definition to take hold.

Since the meaning of "special needs" in itself can be so large in scope, it is absolutely essential to define the term "special needs" when using it in plans, literature, and public messages in order to set parameters as well as to manage the public's expectations.

A generic and narrower definition of this term to focus planning efforts and resources could be, for example:

> "People with Special Needs" are individuals who have a physical, cognitive, and/or sensory disability, and/or medical care needs who, after exhausting all other resources (family, neighbors, public transportation, etc.) still need assistance before, during, and possibly after a disaster or emergency. These individuals reside in single homes or multiple family dwellings and are not residents of hospitals, residential health care facilities, or any State or Federally funded community based residences or services that already include emergency planning requirements.

The above allows for overlap among groups, places primary responsibility at the individual level, allows for an ability-focus approach and recognizes the very different planning efforts for the public living independently vs. those members of our community residing in a congregate system which is regulated in some way and thus may have different planning responsibilities as well as resource requirements.

An interesting article about this written by June Kailes and printed in the IAEM *Bulletin* is available on http://www.eadassociates.com/resources.html under publications.

A Call to Action

> If people with special needs are not taken into account before an emergency,
> the issues will likely not be addressed properly during a disaster,
> and this will have a huge impact on the entire community after the event.

NATIONAL ORGANIZATION ON DISABILITY
www.nod.org

Report on Special Needs Assessment for Katrina Evacuees (SNAKE) Project

Table of Contents

I. BACKGROUND

Hurricane Katrina reinforces lessons learned regarding management, policy and training issues identified in previous large scale disasters such as Hurricane Andrew, the Loma Prieta and Northridge earthquakes, and September 11th Terrorist Attacks. The catastrophic scope and impact on seniors, people with disabilities, and individuals who are medically dependent in the Gulf States amplified the problems and made them all the more evident. This report confirms what has been recognized for years that traditional response and recovery systems are often not able to successfully satisfy many of these human needs.

The Federal census of 2000 determined that 19.3 percent of all Americans over the age of five years have a disability, related either to transportation, employment, or self-care. The census shows 23.2 percent of New Orleans residents as disabled, a total about one-sixth above than the national average. Nearby, hard-hit St. Bernard Parish has almost the same proportion with 23.4 percent of its citizens having a disability. Prosperous Jefferson Parish has a disability population of 21 percent, almost ten percent in excess of the national average. Little difference can be found in Mississippi. Hancock and Jackson, the two counties that hug the Gulf Coast and absorbed Katrina's worst blows, have a disability rate of 27.1 and 21.3 percent respectively.

Latest Statistics

As of September 20, 2005, the U.S. Department of Homeland Security reports the following:

- 89,400[1] evacuees are safely housed in shelters nationwide.
- Approximately 1.2 million registrations for individual assistance via telephone and the internet have been taken for Alabama, Louisiana, and Mississippi.
- Approximately 54,800 housing damage inspections have been completed.
- Approximately 83,000 housing units are being prepared for occupancy.
- More than 63.1 million liters of water and more than 26.8 million meals ready to eat have been distributed.
- 44 Disaster Recovery Centers are open in Alabama, Florida, Louisiana, Mississippi, and Texas.

Although local, state, regional, and Federal government agencies play a major role in disaster planning and response, traditional government response agencies are often ill equipped to meet the needs of disability and aging populations during emergencies. The typical approach to delivery of emergency services is not designed to provide the essential help required by these segments of our country's population.

[1] This number includes all individuals in known shelters. However, reports have confirmed that there are many informal shelters or unmandated shelters housing evacuees.

A network of disability and aging specific organizations utilize government and private sector resources to serve the various segments of their clientele. There is no single organization that is capable of serving everyone. This network of providers represents a vast array of national, state, regional, and local human and social service organizations, faith based organizations, and neighborhood associations.

Organizations with a history of specialized service delivery to the disability and aging populations have built their reputations on unique and credible connections trusted by the people they support. Their refined skill-sets and expertise represent a unique know-how and understanding that is a valuable, but often overlooked, source of knowledge. These organizations must be included as partners during emergency planning, preparedness, response, recovery and mitigation activities if local, regional, state and Federal, public and private response agencies are to deal effectively with and to understand the needs, geography, demographics and resources of individuals within their local areas.

Knowledgeable disability and aging specific organizations are prepared to address issues related to the population they traditionally serve.

Most of the issues uncovered by this report can be rectified by long-term studies with action steps that require recommendations beyond the parameters of this account. However, as Hurricane Katrina events transition from the emergency to recovery phase, there are immediate and short-term actions that can be implemented which will vastly improve how the needs of seniors and people with disabilities are met. These issues were common to all affected states.

II. PURPOSE

The singular purpose of this project was to capture a snapshot in time through a representative sampling of experience and observation on the ground. It is recognized that a full and comprehensive review of the impact of Katrina on the special needs population, like all aspects of this national disaster, will be undertaken and completed over time. This project is meant to be an immediate capture of ground information to inform further reviews.

III. TERMINOLOGY

For purposes of this report, the term "**disability and aging specific**" will be used in place of "special needs". The special needs label often used as "emergency responder short cut language" to describe the disability and aging populations is admittedly confusing and unclear. Some people interviewed were unclear as to what groups are actually included in this term. Some responder's definition of who was included in the group was quite narrow.

Within the emergency management field the term S/N "**special needs**" is defined in multiple ways. Often, important segments of this diverse group are overlooked (i.e. people with hidden disabilities, people with serious mental illness, people with intellectual and cognitive disabilities, people with a variety of visual, hearing, mobility, emotional and mental disabilities and activity limitations.)

The term **shelter** means different things to different people. For the purposes of this report the following definitions are used:

> **General Populations Shelter or Shelter**: A facility selected to provide a safe haven equipped to house, feed, provide a first aid level of care, and minimal support services on a short-term basis (e.g. Astrodome).
>
> **Special Needs Shelter or Medical Needs Shelter**: Similar to a general population shelter in service, however, can provide a higher than first aid level of care. There is currently no standard or consistency with these types of shelters.
>
> **Refuge of Last Resort**: This is a facility not equipped with supplies or staff like a shelter. It is a place to go as a "last resort" when there is no alternative left in which one can get out of harm's way. These are often spontaneous.

A **Disaster Recovery Center** (DRC) is a facility established in, or in close proximity to, the community affected by the disaster where persons can meet face-to-face with represented federal, state, local, and volunteer agencies to:

- Discuss their disaster-related needs
- Obtain information about disaster assistance programs
- Teleregister for assistance
- Update registration information
- Learn about measures for rebuilding that can eliminate or reduce the risk of future loss
- Learn how to complete the SBA loan application
- Request the status of their application for Assistance to Individuals and Households

IV. PROJECT OVERVIEW

The National Organization on Disability's (N.O.D.) Emergency Preparedness Initiative (EPI) is currently providing outreach, awareness, and education under a grant from the Department of Education Rehabilitation Services Administration. Within the approved grant deliverables is a component for "**tracking special needs in disasters"**. With this deliverable in mind, N.O.D. coordinated and deployed four rapid assessment teams into the Gulf Coast States (Alabama, Mississippi, Louisiana, and Texas) to capture time-sensitive data on the impact and service delivery to those with disabilities, seniors, and medically managed persons affected by Hurricane Katrina. This representative sampling of experience and observation on the ground is not meant to be a comprehensive review or study.

N.O.D. believes that this report can be used to address immediate challenges and to suggest further review to identify systemic points of weakness and opportunities for immediate actionable corrections that will alleviate suffering during emergency response operations. In addition, this data may support the review and implementation of corrective actions and new protocols to improve the emergency management system, as determined by the appropriate authorities.

The Special Needs Assessment 4 Katrina (SNAKE) project was an extremely fast operation with the singular goal of capturing systemic points of breakdown or immediate actionable correction to suffering. The project was initiated in the spirit of humanitarian oversight for the benefit of all. This was an extremely time-sensitive operation as the opportunity to capture appropriate data and accounts will dissipate with the closing of several major evacuation shelter operations.

N.O.D./EPI has been monitoring the disaster from pre-event into the early recovery operations. It appears that the disability and aging specific communities were woefully under-prepared individually. EPI has been in touch with several of the authorities within the effected region, as well with Federal entities in Washington, DC. At this point there appears to be no singularly coordinated response available for the specialized populations tracked by the SNAKE teams.

V. TIME LINE

The dynamics of a disaster are very fluid and fast shifting, nonetheless, the process of transitioning impacted populations to short and eventually long-term recovery solutions/services begins immediately. The opportunity to capture system approaches, or lack there of, diminishes each day. This is not to say that the impact is resolved but it is a recognition that some special needs issues become evident after a longer period of time following the trigger event. In the future, it is clear that to be truly effective, this type of rapid assessment team must:

- Be on the ground as part of the first deployed team, and
- If not part of the Federal effort, then local and state entities addressing the special needs issues, must at a minimum, have a direct means to communicate the issues to higher authorities for immediate action.

VI. SNAKE OPERATIONS

SNAKE Field Team Composition
Each team consisted of three experienced emergency management professionals, one of which served as a team leader; one a subject matter expert in disability and aging populations during disasters; and another was responsible for transfer of data to the analysis team.

SNAKE Field Operations
Four teams were deployed to major hub shelters and operations centers in areas immediately affected by Katrina as well as to shelters in outlying areas, including those that are hundreds of miles away. Deployment decisions were based on reports from an intelligence officer already on the ground that conducted advance work at all listed locations as of 9/9/05.

The teams deployed for a total of four days including two days for travel and two full days for field operations to the State Emergency Operations Center (EOC) in Louisiana, Mississippi, Alabama and Houston, Texas. From these entry points, the teams determined their site visits after gathering ground intelligence, as the information from the field was ever-changing. All

team leaders remained in constant contact with the primary project contact during the deployment.

In addition to the field teams, N.O.D. relied on the information provided by several trusted sources. Some of these sources included emergency management professionals such as an EOC representative from a large, urban Office of Emergency Management (OEM) assigned and deployed in the first wave under Emergency Management Assistance Compact (EMAC); a doctor with a pre-deployed Disaster Medical Assistance Team (DMAT) who has experience with disability emergency issues; and a representative of the Federal aging network, who established service systems for the region – to list a few.

SNAKE teams met with 26 individuals from 18 shelters (including operations both American Red Cross affiliated and non-affiliated), 4 community based organizations, and 8 emergency operations centers.

Data gathered included:

- information about short-term response efforts, how gaps were identified and filled in the immediate phase, and
- information on long-term recovery efforts currently being established, gaps that exist and how they are being addressed, and
- information to support or disprove "stories" that emerged from the disability and senior communities.

SNAKE Analytical Team
Assembled for a total of six days, the analytical team consisted of five subject matter experts experienced in special needs and emergency management. This team briefed the group operation teams before deployment. The report, as follows, is organized using format of an actionable report. It uses a briefing format and not extended narrative.

SNAKE Report Evaluation Process
Using an evaluation tool created by the SNAKE Analytical Team, the ground teams assessed shelter conditions as related to disability and aging populations. The survey was organized into four major areas:

- sheltering
- management, policies and training
- resources and
- community-based organizations.

The teams looked for strategic level, programmatic and systemic issues. The evaluation process included interviews with lead officials responsible for S/N (if identified), interviews with lead emergency management officials, as well a visual review of shelter conditions as it relates to special needs. Evaluation documents were, with difficulty and delay due to ground conditions, completed electronically and dispatched to the Analytical Team by email and fax for analysis and report generation.

VII. FINDINGS

The percentages listed below are based on a small data pool. While estimated to mirror the larger system support services, these are from 30 surveys not the reported 700 or more shelters that were opened.

To the extent possible, shelter selections should be conducted prior to a need, allowing for an inventory of facilities with the most accessible elements available. Given that these facilities are not meant to be long-term housing opportunities it must be recognized that during emergencies they become congregate facilities. Minimal accessibility should include physical route access within the structure, use of the accessible restroom facilities, communication access within the facility including the announcements being made, to list just a few. However, depending on the type and scope of the disaster, facilities might be utilized to shelter populations that are not, under these conditions, assessed ahead of time. It is critical to have informed staff who can make programmatic adjustments in the absence of structure accessibility.

All people should have a plan in place to shelter with friends and family. Even a medical needs shelter is a place of last resort. Individuals must be advised about how to make decisions regarding their own safety, including planning for evacuation. Shelters are meant as life boats (crowded, limited supplies, threatening outside environment, etc.), not luxury liners and are only a transitional/temporary situation until long-term accommodations can be put in place.

Management, Policies, and Training

50% of those interviewed had policies, plans and guidelines for accommodations in place prior to Hurricane Katrina. Only 36% had someone with expertise onsite to provide guidance regarding appropriate accommodations.

Resources

54% of the respondents did not have any working agreements with disability and aging organizations prior to the event. 50% made contacts with those organizations as a result of their Hurricane Katrina experience.

Community Based Organizations

The gap between emergency management and disability and aging specific organizations widened when the organizations serving these populations tried to connect with the emergency management community - 85.7% of these community-based groups answered that they did not know how to link with the emergency management system.

Shelter Assessments

The quality of the shelters spanned the continuum of models from good practices to unorganized, and chaotic. Coordination and communication among shelters was difficult or completely lacking. This lack of coordination and communication made the work of the disability and organizations, already over taxed, more difficult. This also impaired the deployment of needed volunteers, such as registered nurses and other medical teams.

There were some exemplary shelters that were opened quickly by community entities on their own volition, by individuals with little or no shelter experience. For example:

- An abandoned and dilapidated school was restored to code by a cadre of local volunteers, including electricians, plumbers, engineers and many college students. Evacuees residing in this shelter have abundant amenities available to them. Elaborate medical services are provided, including physicians, registered nurses, mental health practitioners and pharmacists. Day and evening clinic hours are scheduled for both the evacuees residing in the shelter as well as those who had been relocated to temporary housing. Other elements contributory to the overall comfort of the evacuees include day care, a computer room with internet access, an 'around the clock' snack area staffed by ARC, and a separate living area for each family decorated with pictures.

- A city mayor designated the convention center as general and medical needs shelter and appointed a local hero, a respected retired military officer to oversee the entire operation. The services provided, including, a 'Deaf' center with interpreters, accessible shuttle service, three recreation rooms, playground, game room, adult and children's library, movie theater, TV rooms, puppet shows, massage center, internet access, post office, bank, ATM, housing assistance, chapel, NA/AA meetings, barber shops, family reunification, employment opportunities. There was as extensive volunteer structure in the shelter, at times 1 to 1 ratio of volunteers to evacuees. "This was the place to be" with carpeted floors, good lighting, and the volunteers all outfitted in "Operation Compassion" t-shirts, a very pleasant environment.

- Another community-operated shelter is described as having 'no bureaucracy'. Anything that was needed was provided by the community to evacuees, including those with disabilities. The shelter was able to support long term stays and the goal was to assist in the transition of those who choose to return back into the community.

Contrast that with the poor living conditions and a paucity of services and amenities provided in another of the shelters. This shelter was described as having, "extremely poor conditions" Which included, lack of space, overcrowding, scores of evacuees outside shelter in tents, lack of food and drink, unsafe play area, no privacy areas, no mental health or social services on-site, several riots involving evacuees and law enforcement. It was described as, "there was major shelter client despair."

- Two-thirds of those surveyed indicated they had questions regarding disability and aging needs in the intake/shelter registration process. However they expressed concerns that the Red Cross intake process only minimally identifies people with "special needs."

- Shelters claimed to have basic accessibility and supplies for people with mobility disabilities. The most underserved group were those who are deaf or heard of hearing. Less than 30% of shelters had access to American Sign Language interpreters, 80% did

not have TTY's, and 60% did not have TVs with open caption capability. Only 56% of shelters had areas where oral announcements were posted so people who are deaf, hard of hearing or out of hearing range could go to a specified area to get or read the content of announcements. This meant that the deaf or hard of hearing had no access to the vital flow of information.

VIII. MAJOR ISSUES & RECOMMENDATIONS

The issues listed in the following section of the report are based on the analysis and information that was available to the SNAKE Teams while conducting the assessments. We acknowledge the efforts of the Interagency Coordination Council and other entities involved in addressing the urgent needs of the disabled and special needs populations impacted by Hurricane Katrina.

Immediate Issues

I-1: Disability, Activity Limitations and Aging Issues Addressed Through Medical Model

Assistance provided to disability and aging populations often over-emphasizes medicine instead of independent living or advocacy models. This perspective resulted in some people being separated from families and support networks and transferred unnecessarily to medical shelters or nursing homes. Others were not identified because of the lack of trained eyes as well as the lack of or inadequate screening questions. This caused some individuals' conditions to deteriorate to the point that they did require transfer to a hospital, nursing home, or medical shelter. Early response service coordination offered through disability literate organizations could have prevented many of these transfers.

Disability and aging specific populations who need long-term services must have the right to receive such services in the community. The Katrina aftermath must not lead to a reversal of options where people who have been able to live independently with community-based services are forced into institutions in order to receive necessary services.

Recommendations:

- Utilize the skill sets and expertise of disability specific and aging organizations to help prevent deterioration, expensive hospitalizations, or nursing home placements for some evacuees.
- Assist people in quickly replacing critical durable medical equipment (DME) and essential medications to speed a return of their level of functioning, allowing them to manage independently in a general population shelter and in temporary housing.
- Continue to provide the services, support benefits and programs, including Medicaid, to maintain the integrity of the family unit and to allow individuals to live in the community as they rebuild their lives.
- Add questions during all intake processes (shelter, American Red Cross or FEMA applications, and/or other services) that help to identify needs and/or issues of disability and aging individuals. This will allow for more appropriate assistance, referrals, and long-term solutions.
- Ensure that disaster relief services include Federal financing to provide *medically necessary* long-term services in community settings.

I-2: Fiscal Impact on Disability and Aging Specific Organizations Involved In Response

Disability and aging specific organizations who are heavily involved in the Katrina response effort are reporting that their budgets are being depleted.

Recommendation:

- Provide these organizations with supplemental government funding to continue their critical role in the response effort.
- Like after 9/11, philanthropic organizations wishing to contribute need to know about the unintended disaster consequences to front line service organizations that are providing necessary services at the risk of financial damage to the long-term health of their own organization. There is a clear need and a gap to be filled. A cautionary lesson from 9/11 addressed by the Disability Funders Network is that these well intentioned givers need to enlist subject matter experts to assess their giving decisions to be sure that funds are appropriately donated and distributed to organizations providing value-added services in concert with the overall response and recovery system.

I-3: **No Use and Under-Use Of Disability and Aging Organizations**

The immediate Katrina response reflected no use or, under-use of and sometimes just ignored offers of help from disability and aging specific organizations. There is often no designated entity or individual to "own" and coordinate disability and aging issues.

Each community based organization that was interviewed reported difficulty in gaining access to emergency management authorities to coordinate response and service delivery. This leads to sometimes well intentioned but misguided actions only adding to the management difficulties on the ground.

Recommendation*:*

- Create a team that mirrors the management structure of the National Response Plan to be put in place to support disability and senior issues. The federal level must have a designated person for these issues who reports directly to the Principal Federal Officer (PFO). This person must have the operational emergency management experience as they become apparent during the response and recovery operation. He/she must be vested with the responsibility, authority, and resources for providing overall day-to-day leadership, guidance and coordination of all emergency preparedness, disaster relief and recovery operations of the federal government on behalf of disability and senior populations. He/she should be in regular contact with other members of the U.S. Department of Homeland Security (DHS) senior staff, including the Director of FEMA as well as the members of the Interagency Coordinating Council on Emergency Preparedness for People with Disabilities, state and local authorities. [2]
  He/she should work directly with an Assistant Field Coordinating Officer (FCO), at each established Joint Field Office (JFO), someone who is focused on special needs issues with an operational background, as well as an expertise in the subject matter. This allows

[2] The response to Katrina was coordinated on many levels of government. As such, while the SNAKE Teams were conducting the research and analysis for this report, several efforts within the disability community were able to become reality. One of these efforts was the agreement of US Homeland Security Secretary Chertoff to send a special needs expert to act as liaison with the PFO located in Baton Rouge and Houston to address the Katrina and Rita response and recovery issues for the special needs population. The Interagency Coordinating Council on Emergency Preparedness and People with Disabilities was able to see this effort through and it is our hope that a qualified special needs expert becomes a permanent part of the PFO team for disaster response.

for a means and mechanism for issues to be brought up the command chain for resolution. This Assistant FCO would then be supported by a multi-jurisdictional team of similarly qualified experts in the field. Teams should consist of federal, state, and local (or regional) representatives who are knowledgeable in emergency management and disability and aging services.

The teams will oversee information dissemination, resource allocation, and service coordination among disability and aging organizations and address issues such as accessible transportation, essential durable medical needs, enrolling of students in temporary special education classes and employment, etc.

The team on the ground would include people with expertise/advocacy backgrounds in the state and local communities (and services available in such communities) to which these individuals should have access, and be present in shelters, temporary housing and other assistance centers. The team would institute information systems for people with disabilities and seniors, identify their support/service needs, and their access to needed supports services.

The teams must be skilled in assessing the general health, well-being and access to support and services needed by the disability and aging populations found in shelters and temporary settings.

They must also be able to orient quickly shelter personnel and emergency managers regarding these needs. This is not unprecedented, as this is exactly what was done after 9/11 in the DASC and the DFO so that service agencies and people working face-to-face in the communities had this awareness training.

While there were numerous government and non-profit agencies doing assessments in the field (e.g. Louisiana Department of Health and Hospitals), it is apparent that there is no unified approach for coordinating this work. The above structure would help to coordinate the many resources that can be placed in the field.

I-4: Disaster Recovery Centers

FEMA officials reported a plan to open a disaster recovery center ("mega DRC") in Houston sometime during the week of September 19th. They are planning to include agencies from all levels of government as well as not-for-profit and community based organizations but must ensure that disability and senior organizations are represented.

Recommendations:

- FEMA, in coordination with local and state authorities, should invite disability and senior groups to participate in the planning, and secure space in the facility. These centers must incorporate local, state, and Federal disability and aging organizations and services into their service delivery process in order to assist with transitioning from shelters to temporary and/or permanent housing, and accessing an array of other services.
- These organizations must develop mechanisms to coordinate with each other to maximize resources and eliminate duplication of effort. One such effort that can be modeled in a DRC is the system established by the 9/11 United Services Group in New York City.

Multiple service organizations came together to coordinate casework, service delivery, and to identify and resolve gaps in services. This allowed for the most appropriate assignments while eliminating duplicative efforts and resources.

- Allow opportunities for cross-training so that organizations become familiar with existing programs and can make appropriate referrals.
- Recognizing that not all individuals go to the disaster centers, descriptions of services should be disseminated using multiple communication arteries (radio, TV, internet, fax sheets, posters, etc.).

I-5: Emergency Information Needed In an Accessible Format

Broadcasters and public emergency management agencies continue to fall short in their responsibilities to modify their information procedures. The FCC's rules require that accessible information be made available to members of the disability community in times of emergency. Section 79.2 of the FCC's rules require that emergency information be provided in an accessible format. The rules further require that all critical details must be made accessible. Critical details include, but are not limited to, specific details regarding the areas that will be affected by the emergency, evacuation orders, detailed descriptions of areas to be evacuated, specific evacuation routes, approved shelters or the way to take shelter in one's home, instructions on how to secure personal property, road closures, and how to obtain relief assistance.

Recommendations:

- The FCC must immediately issue strong statements that remind video programming distributors, including broadcasters, cable operators, and satellite television services that they must comply with their obligation to make emergency information accessible to people with hearing and vision disabilities.
- The FCC needs to acknowledge that these requirements (given the scope of Hurricane Katrina) need to continue in the recovery phase because information is still just as crucial in the aftermath as it is during the response and recovery phases. Communication should include impacted states and areas taking in the evacuees.

Long-Term Issues:

LT-6: Service Coordination Many people need assistance with activities of daily living (i.e. dressing, feeding, toileting, and for some, assistance with activities requiring judgment, decision-making, and planning), as well as, in some cases, primary medical care. Individuals frequently require assistance in arranging services and coordinating among multiple providers. The aftermath of Hurricane Katrina has led to large-scale displacement that has interrupted the networks of support that individuals with disabilities have. People will need knowledgeable help in arranging essential services in new environments with limited contacts and little knowledge of local resources. At the same time individuals seek assistance in arranging and coordinating services while they are scrambling to meet other essential needs such as housing and access to food.

Recommendation: See Issue #4 Recommendations to address this issue.

LT-7: Accessible transportation

To start the recovery process, accessible transportation is critical for some people with disabilities. In many cases, accessible transportation did not appear to be available.

Recommendations:

- Ensure locations selected are serviced by accessible transportation.
- Public transit agencies should ensure that all transportation between shelters, housing and disaster relief centers is accessible.

LT-8: Cross Training

Disability and aging specific advocates and service providers need to strengthen their understanding of emergency management local and state systems. In order to improve effectiveness, they need a quick orientation to emergency management organizations and structure, as well as to the roles of traditional recovery organizations such as FEMA, the American Red Cross, and other Voluntary Agencies Active in Disaster (VOAD).

Likewise, emergency managers need to strength their understanding of disability and aging populations. This falls into many different areas including donations management, sheltering, feeding, service delivery, etc.

The misguided impression that aging and disability issues is not of concern to general shelter managers was a stated assumption expressed by several shelter managers. There must be a realization that all shelters, emergency managers and disaster relief centers, serve disability and aging populations even if not specifically articulated in their task assignment or mission statement. People with disabilities do have various disability-specific needs (e.g., transferring from wheelchair to cot, providing guidance to a blind person through crowds to the restroom) that are not burdensome and that shelter staff can be trained to perform. Many of these people do not need a medical shelters or segregated services. However, many of these people are in need of a variety of complex, and sometimes not well understood, community services to reestablish and piece segments of their lives back together.

Recommendation:

- Both emergency managers and disability and aging specific organization should engage in some quick cross orientation/training meetings.
- Emergency management staff should acquire basic knowledge of the emergency management local and state systems. FEMA courses G197 Emergency Planning and Special Needs Populations (training for local and state emergency planners and organizations serving seniors and people with disabilities) and IS 197 (once available) would be a start.
- Use disability and aging specific organizations to strengthen responders understanding of:
    - Which organizations can offer what services under what conditions.
    - People with disabilities are not a homogenous group but rather have differing capabilities, opinions, needs, and circumstances, and no one individual or organization speaks for all people with disabilities.

LT-9: Durable Medical Equipment (DME)

People with disabilities were sometimes forced to leave expensive DME (augmentative communication devices, wheelchairs, walkers, respirators, etc.) at airports, bus loading areas, shelters, etc. Customized power chairs can cost up $30,000 - $40,000.

Recommendations

- When transporting individuals, make every effort not to separate users from their DME's.
- Tag with the owner's name all DME not easily replaced or that must be left behind.
- Attempt to return a DME to an owner as soon as possible. Use systems similar to posting missing children's photos on specific web sites.
- Vendors and responders should look to the National Emergency Resource Registry that was recently expanded as a direct result of the impact of Hurricanes Katrina and Rita.
- Consider creation of a national stockpile of DME or add to the Centers For Disease Control Strategic National Stockpile to ensure readily available supplies of durable medical goods would be available to communities.

LT-10: Finding Accessible, Affordable, Safe Housing and Communities

Finding accessible, affordable, safe housing and communities has never been easy for people who live with mobility and activity limitations. Even before Katrina, there was a serious shortage of housing options for people with disabilities. Post Katrina, the task of finding temporary and permanent housing and communities will be even more difficult.

The immediate and long-term rebuilding process offers a unique opportunity to build, on an unprecedented scale, accessible communities and accessible and adaptable housing. This will help thousands of people with disabilities maintain or improve their ability to live independently and will enable hundreds of thousands of people, regardless of disability, to age-in-place as they acquire activity limitations. This includes the wave of baby boomers that begin turning 65 in 2006.

Lack of accessible housing opportunities for individuals with disabilities does and will continue to result in unnecessary and expensive institutionalization. Available data discloses that the costs of providing appropriate housing options for people with disabilities is well worth the investment because of the significant savings that results from enabling people with disabilities to live in the community, find employment, and pay taxes.

Recommendations:

- As a rebuilding measure in the Gulf Coast States, government should make all funding requests contingent on changes in building codes to stress accessibility for persons with disabilities, including:

    - The US Access Board's new construction and alterations guidelines - ADA Accessibility Guidelines (ADAAG) for Recreation Facilities. The guidelines will ensure that newly constructed and altered recreation facilities meet the requirements of the ADA and are readily accessible to and usable by individuals with disabilities.
    - ADA and ABA Accessibility Guidelines (7/23/04) that update access requirements for a wide range of facilities in the public and private sectors as covered by the law.
    - The US Access Board's draft guidelines regarding public rights-of-way which cover pedestrian access to sidewalks and streets, including crosswalks, curb ramps, street furnishings, pedestrian signals, parking, and other components of public rights-of-way.

- Offer significant tax incentives for the design and construction of housing and other buildings and facilities that adopt visitability standards.
- Establish regulations that incorporate a basic level of universal access with at least one, zero-step entrance and wide interior doors in every new home and multi-family dwelling units financed in whole or part by Federal funding.
- Facilitate immediate collaboration between disability design experts familiar with universal design concepts and contracting Federal officers who will promulgate and enforce regulations involved in construction of temporary and permanent housing.
- Create significant tax incentives for the design and construction of universally accessible or adaptable temporary and permanent housing GOING BEYOND the minimum requirements found in the Fair Housing Act Amendments of 1988.

Policy Issues:

P-11: Gulf Opportunity Zone

President Bush has proposed the creation of a Gulf Opportunity Zone, encompassing the disaster region in Louisiana, Mississippi and Alabama. Within this zone, incentives for job-creation, tax relief for small businesses, and loans and loan guarantees for small businesses, including minority-owned enterprises would assist in getting the region up and running again.

Recommendation:

- When the Enterprise Zone is created ensure that the interest of people with disabilities and seniors is specifically included in the criteria for funding.

P-12: Medicaid Is a Critical Benefit

Medicaid is a critical benefit for a significant number of people with disabilities including individuals with physical or sensory impairments, mental illness, mental retardation, autism and other developmental disabilities, cerebral palsy, epilepsy, traumatic brain injury, HIV/AIDS, diabetes and other chronic conditions. Because Medicaid and its comprehensive benefits package is the predominant provider of disability-related services, it has a unique capacity to meet the needs of people with disabilities in the aftermath of Hurricane Katrina.

Many people with disabilities will need to reestablish support networks in the areas where they have been relocated. This is especially important for people with serious mental illness, many of whom rely on a therapeutic regimen that creates stability in their lives. Given the emotional trauma and toll following Hurricane Katrina, it is wise to anticipate new mental health needs resulting from post traumatic stress disorder, increased incidence or increased severity of anxiety disorders, depression, alcohol and substance abuse. The variation in Medicaid coverage limits for mental health services from state to state presents additional challenges.

Recommendations:

- Legislation is proposed to provide disaster relief Medicaid to all affected survivors. This approach is critical to people with disabilities. A streamlined application process with self-certification must be included in order to direct Medicaid resources to providing services and not to administering a complex eligibility determination process.
- Federal policy must ensure that broad access is available for current recommended treatments, including access to needed medications and treatment for alcohol and

substance abuse. Coverage for these services must be available to survivors even in cases where the need for services is in excess of typical benefit limits.

IX. Conclusion

All levels of government experienced systemic failures in their efforts to respond to the needs of the disability and aging populations following Hurricane Katrina. It is time now to move from lessons learned to lessons applied. Emergency professionals and response organizations must seek out and utilize the expertise of disability and aging networks to reduce or eliminate barriers to effective service delivery. People with disabilities must become familiar with emergency protocol in order to work effectively with emergency responders before, during and after an emergency. N.O.D. has been committed to these cooperative efforts through our Emergency Preparedness Initiative launched immediately following the tragedy of 9/11. Today, N.O.D. proposes to establish an independent Task Force comprised of stakeholders to examine how the issues identified in Hurricane Katrina can be applied to future emergency planning and response. N.O.D. will disseminate the Task Force findings widely and will present a comprehensive list of recommendations to decisions makers at the federal, state and local levels.

We, as a nation, can do more to improve the outcomes for people with disabilities and the aging population the next time disaster strikes—and there will be a next time.

Survey Notations

This data is representative of only a small sampling and is not intended, nor appropriate, to apply findings to the over 700 known facilities (and the many unknown) that were opened to shelter Hurricane Katrina evacuees.

The survey tool developed very quickly by the Analysis Team and the individual surveys are provided as an Appendix. The surveys were intended to be topic guide roadmap or check-off list for the ground teams. Therefore, some inconsistencies have been noted in the findings. For example, 25.9% of respondents said that there was a special needs services desk, while 50% of respondents said there was signage for special needs services desk.

The data from Louisiana was inputted for qualitative data, but the qualitative data was given mostly by phone and fax due to access limitations to internet connectivity.

State of California Arnold Schwarzenegger, Governor

State Independent Living Council (SILC)
1600 "K" Street, Suite 100
Sacramento, CA 95814
Voice: (916) 445-0142
Fax: (916) 445-5973
TTY/TDD: (916) 445-5627

Issue Brief

The Impact of 2003 Wildfires on People with Disabilities
April 1, 2004

During October of 2003, the worst wildfire disaster in our nation's history struck Southern California. Unlike many prior emergencies, this disaster consisted of a series of fires that started in multiple counties for a variety of causes. The final toll on the state and the people who live here was horrendous. During the fires, which totaled 19 throughout the state, more than 730,000 acres were burned, over 36,000 homes were destroyed, 22 people were killed, more than 200 more were injured, and over 500 farms and commercial properties were significantly damaged. Many pets and livestock also perished in the fires, and those loss estimates vary from hundreds to the thousands.

The October fires struck during severe Santa Ana windstorms in Southern California. Winds up to and exceeding 70 miles per hour drove the flames faster than any response team can handle, and burning embers were blown far ahead of the main fires where they started additional blazes.

Many local fire response teams were on loan to fight fires in other areas when an errant hunter started the fires in San Diego County, delaying the ability to control or even fight the firestorm that decimated entire communities in the county. Electrical power lines that sparked some of the blazes were shut down as a precaution, to avoid additional fires, resulting in loss of electricity in rural areas throughout the south state. This impacted the notification and evacuation processes.

People with disabilities were especially hard hit by these disasters, although no exact monetary figures have been produced to show the extent of that damage. With approximately 6% of the state's population having a disability, and many of those individuals unable to evacuate themselves, see approaching danger, or hear announcements to evacuate, they are especially vulnerable to these wildfires and other natural disasters.

Preparation for fires and other emergencies by people with disabilities is a component of, and critical to the success of, the mission of the State Independent Living Council (SILC). The SILC has participated in statewide disaster planning for several years, for the purpose of helping emergency response and shelter organizations be better prepared to deal successfully with disability-related needs in disasters. SILC members and staff have

also provided leadership and guidance to projects that have developed fire and disaster preparation and evacuation materials at the statewide and national levels.

During January and February the SILC held public forums in San Bernardino and San Diego County, which were the counties where the most damage and loss of life occurred. The SILC's purpose was to hear from agencies serving the community or responding to the disaster, as well as from individuals with disabilities who were impacted. Because many of their homes had been destroyed or public transportation was not available, the turnout of people with disabilities at the two forums was relatively light. However the agencies and those individuals that did respond via email or by attending were able to detail some of the critical problems that occurred. They also provided some potential solutions to assure that such loss and confusion does not occur in the future.

The areas impacting the disability community the most were:

- Preparation
- Notification
- Evacuation
- Sheltering and interim services
- and Recovery.

This issue brief will recap some of the major points that were brought out in the forums, and will also provide some recommendations that were made as a result of the testimony that was presented or received by other means.

Preparation

California residents have dealt with many natural disasters in the past, including earthquakes, fires, and floods. Periodic power outages during 2001 resulted in several press releases and advisories being distributed about how to be prepared in the event of emergencies, and these materials were specifically directed at people with disabilities and those who are elderly.

For individuals who have conditions requiring periodic medication or specialized durable medical equipment or supplies, advisories have pointed out the need to prepare a small suitcase for emergencies. The bag should be packed with several days' supply of medication, durable medical or urological supplies, and prescriptions that can be easily accessed in the event of an evacuation. Despite such warnings, many people were not prepared for what occurred in October.

The mountains of Southern California are rugged, and homes throughout the region are located in isolated and undeveloped areas. Many of these homes do not have telephones or public water systems, and must rely on wells that are operated by electricity. People who relied on electricity for cellular phones or water pumps were

unable to learn that fires were approaching, protect their homes, or hear warnings that they were to evacuate.

Residents who had not created a defensible fire-safe perimeter around their homes were in greatest danger of loss when the fires struck. For people who are elderly, or whose disabilities prevented them from cutting back brush and trees, they were unable to create these safety zones without assistance.

The SILC also learned that local Independent Living Centers and paratransit providers were not included in the emergency planning process. As two of the many types of community-based organizations that serve people with disabilities and seniors, they were able to make up for some of the deficits that became apparent when the fires struck despite being excluded from the planning processes.

Notification

The notification methods used in the Southern California firestorms were haphazard at best. In many cases local fire officials and police agencies had no time to assure that broadcast media learned of the updated evacuation needs of the affected counties. Fast-moving fires necessitated having deputies or highway patrol officers race ahead of the fires and announce the need to evacuate using the loudspeakers on their patrol cars. When reports were issued on television, they were usually not captioned, unless captioning was done at a later time. This impacted people who were Deaf and who could only see pictures of the fires—not realizing they were in danger.

Television and radio signals are not available in many isolated and mountainous areas of the region. During the fires the news stations in the Los Angeles area were concentrating on fires in Los Angeles and San Diego Counties, while many residents in adjacent San Bernardino County were frustrated in their attempts to learn about the need to evacuate. Without established notification systems such as enhanced or reverse 911 in the affected counties, there was no way to advise those trapped in remote areas about the threat to their safety.

People who are blind were unable to hear local radio announcements and would be unlikely to be watching (or listening to) television. In some cases, those notified to evacuate were not advised which direction to flee, or what location could be used as an emergency gathering point. As a result people fled to public facilities that were being evacuated, or were directed to shelters that later had to be evacuated as the fires changed directions and covered much more territory than was originally anticipated.

With a reverse 911 system in operation, public safety authorities would have had an opportunity to call everyone in an affected area to alert them to the need tWith an enhanced 911 system, dispatchers at a central location would be able to produce a list of people who might have mobility issues or be unable to evacuate themselves in an

emergency. Those who testified at the SILC forums did not believe that such systems were in place locally at the time of the Southern California fires.

Evacuation

Once the community learned of the need to evacuate, there was a rush to reach safety. People loaded valuable possessions into their vehicles and began to drive toward what they felt was the safest location. In rural areas this caused extreme congestion and in some cases led to backups of three or four hours to cover a few miles. Evacuation plans for rural areas in San Bernardino County had been established that designated some roads for one-way traffic, which would allow people to escape at twice the rate. However, during this disaster, the plan was not implemented and congestion continued.

There is little public transportation in the remote areas of San Diego and San Bernardino counties for people who are unable to drive themselves. This includes individuals who are blind, or who do not own cars because of the cost or with problems driving. In some cases neighbors did not even know where individuals who needed such assistance lived, and distant family members had no way to contact them to see if they had safely fled the area.

Where transit is available, as in the rural areas in San Bernardino County, additional problems occurred. Mountain Area Rural Transit Agency (MARTA) evacuated dozens of people with disabilities, as MARTA drivers on duty knew where their more frequent riders lived. When the drivers tried to return to the remote areas to evacuate more people who they had been unable to transport on earlier trips, they were blocked from entering by public safety officers who had been instructed to keep people out of those zones. This resulted in several hours' delay in the evacuation process.

With the power out in most areas of the affected counties, agencies that had access to lists of people who might need assistance with evacuation were not able to be contacted. In most cases their own employees were not at work as the agencies had closed or lost power due to the fires.

In San Diego County, a list had been distributed to all local fire agencies that listed people receiving disability-related services from the county. However, those lists were locked in secure locations in the local fire stations during the first few days of the disaster, and no regular personnel were manning those stations. The lack of a centralized dispatching system to coordinate efforts between the many communities in these counties also affected the ability to assure that every area requiring evacuation had been notified.

Many individuals who require mobility aids to walk or move themselves were evacuated without those items. In San Bernardino County, the residents of two skilled nursing facilities were evacuated to the Grace Chapel near Norton Air Force Base. Many more individuals with mobility impairments were brought to the main shelter at Norton AFB, where they were restricted to their beds until volunteers could carry them to the restrooms

when needed. Evacuation planning did not include vehicles that could also transport wheelchairs and walkers so evacuees with disabilities could maneuver in whatever environment they were placed in, without assistance.

Sheltering

Because of the rapid and unpredictable movement of the fires, new facilities were often used as shelters. The local Red Cross volunteers received praise for their efforts in this disaster, but in many cases the shelters were inaccessible to people with mobility disabilities and those who use service animals were not initially allowed to bring their animals with them into the shelters. People who are Deaf were unable to receive news in the shelters, as there were no interpreters available initially, they couldn't understand the public address systems, and televisions were not captioned. People who relied on specialized medication and who did not have prescriptions or a supply with them were placed in danger due to medical conditions.

Emergency telephone access was provided through prior arrangements with a vendor that utilized a special trailer that had no telephones located within reach ranges of people using wheelchairs, and no telecommunication devices for people who are Deaf. Because of the rapid set-up of the facilities to be used for shelter, there was often cable strung across the floor in a manner that blocked people using mobility devices, and this was especially true where the news media had set up banks of equipment to broadcast nationwide. The areas where donated emergency clothing was gathered and distributed were often at a sufficient distance from the shelters, on inaccessible routes, so that people using mobility devices had trouble reaching them. When other people with disabilities who were not impacted by the fire attempted to volunteer at shelter sites, they were turned away instead of being allowed to assist.

Recovery

For people whose homes were not destroyed, the process of returning home was very complicated—especially if they were people with disabilities. Local transit agencies, where available, relaxed restrictions and allowed people to return home with the donated goods they had received during the sheltering phase. In some cases that meant that only two or three people could fit with their donated supplies on a standard paratransit vehicle. Even the fixed-route buses relaxed their rules and allowed people to bring pets, food and other needed items on the trip home.

A rapid escalation in scarce rental housing has resulted in eviction of low-income residents of these counties, especially if they relied on the HUD Section 8 voucher program to help subsidize those rents. A complete lack of affordable housing has caused some people to migrate elsewhere, rather than try to remain in the general areas where they lived prior to the fire. Limited availability of contractors to make home repairs or construct new homes has been especially difficult for people who require different levels of accessibility. Specialized contractors may not be available, and their work backlog

could extend for months or years. For the person who is unable to access most of the available stock of housing due to a mobility impairment, this is a critical issue.

Transit agencies expended hundreds of hours of overtime during this disaster and operated beyond normal working hours. Their dedicated employees assured that many people were rescued who might otherwise become fire victims. Some of those transit agencies have unreimbursed expenses and were initially denied payment. This will impact their ability to improve their infrastructure, their equipment, and ability to respond to future disasters, and should be corrected if at all possible.

While the SILC and other agencies provided some emergency funding to help people who were impacted by the fire, not everyone was able to receive it. The Federal Emergency Management Agency (FEMA) and state application process was ponderous at times. Individuals who had returned to isolated areas might be unaware of, or unable to access, the locations where applications could be submitted.

This is a landmark disaster that should not be forgotten, and it behooves the public service agencies and the citizens of California to cooperate to the fullest extent and focus our efforts on being completely prepared for whatever future disasters might occur.

Recommendations

Preparation

- Prepare and distribute updated press releases and brochures relating to steps to be taken by individuals with disabilities and seniors in preparation for disasters and/or evacuation.
- Establish enhanced 911 systems throughout the state that allow public safety entities to access a list of individuals who may need specialized assistance of some type in an emergency or evacuation.
    - Establish training programs through statewide advocacy programs to educate consumers about the need to provide personal information to such secure systems.
        - Assure that emergency services personnel are familiar with how to communicate with people with all types of disabilities in emergencies.
- Create awareness of the need to clear brush, grass and debris from around structures in rural settings.
    - Encourage or establish volunteer programs in each county that can assist individuals with this task when they are unable to do so themselves.
- Create volunteer or public safety programs that can assist individuals with disabilities and seniors in completing a home assessment regarding safety.
    - Encourage manufacturers to standardize smoke alarms for home use so that each unit is equipped with 10-year Lithium batteries and a visible strobe flasher.

        - Establish programs through local fire agencies to perform periodic review of proper installation and operation of home smoke alarms.
- Provide a recommended list of critical items to be evacuated in the event of an emergency so that people with disabilities and seniors can have these items readily available.
- Educate the television media about the need to caption emergency announcements on local television stations whenever a real-time emergency announcement is made. Vendors are available to perform this service at both local and national levels.

Notification

- Activate Enhanced 911 and/or Reverse 911 systems. These systems can have compatibility problems with Telecommunications Devices for the Deaf (TDDs). When such technology is purchased this must be factored into the decisions about which systems to buy.
- Assure that notification systems are in place, including reverse 911 systems, that can also advise individuals with disabilities through use of TTYs if necessary.
- Assure that local news related to evacuation announcements is presented on television stations that cover an expanded area. This relates to the inability of people in San Bernardino County to receive notifications concerning county conditions during the October fires, as Los Angeles stations were not targeting news in those areas.
- Volunteer organizations serving people with disabilities and seniors should assign members to maintain and operate a “phone tree” for notifying association members in the event of area emergencies.

Evacuation

- Transit agencies need to play a key role in local and statewide emergency planning.
- Paratransit rider lists should be available for emergency services personnel to use in contacting transit-dependent individuals in the event of an emergency.
- Transit vehicles need to be treated as emergency vehicles for purposes of evacuation.
    - Driver training certification programs need to be established.
    - Transit vehicles need access to fire zones for emergency purposes even after roads have been closed to non-emergency vehicles.
    - Emergency services personnel should be willing to escort one or more transit vehicles through danger areas in event of emergency.
    - Transit agencies should be reimbursed for excess costs related to emergency services.

- Transit agency dispatchers should relay updates about emergency situations received from drivers to media or family members of passengers living in affected zones.
- Transit vehicles should be stocked with emergency preparedness and evacuation brochures and similar safety-related materials.
- Paratransit dispatchers should routinely call regular riders when emergencies occur to ensure that they are aware of the situation and to schedule rides if needed. If unable to contact, emergency services personnel should be notified.

Shelter and Interim Services

- The mainstream shelter system should be accessible to people with all types of disabilities, and their service animals if needed.
- Designated shelter sites should be reviewed for accessibility prior to using in emergencies.
    - Television sets used in shelters should be equipped for captioning.
- A list of local interpreter referral agencies or independent interpreters should be on hand so that they can be contacted if someone with a hearing impairment arrives at a shelter.
- Shelter volunteers should be trained in how to interact with people with all types of disabilities.
- Local hospitals, medical suppliers, and disability advocacy groups should be contacted in advance to determine the availability of necessary supplies in the event of emergencies.
- Once shelters are in use, walkways and other features should be kept clear for movement by people with mobility impairments.
    - Media outlets should be advised that cables should not be strung across walkways unless they have proper materials to prevent them from becoming obstacles for wheelchair or scooter users.
- Communication equipment for people with disabilities must be available in each shelter location.
    - If emergency telephone trailers are provided, at least one telephone should be within wheelchair reach ranges and another should be equipped with a TTY for use by people who are Deaf.
- If public address systems are used, individuals who are Deaf or hard of hearing should be notified separately so that they will be aware of general information available to other inhabitants of the shelter.
- If individuals who are sheltered are provided with replacement supplies, food or medicine from an outside source, individuals with disabilities should be provided access to those same resources through an accessible path of travel or by use of an accessible means of transportation.

- Individuals with disabilities are qualified to assist with sheltering functions during emergencies. Shelter managers should be aware of how to accommodate any disability-related needs of such volunteers, and to assure that these volunteers are utilized when they offer assistance.

Recovery

- Volunteer organizations should be enlisted to ensure that individuals with disabilities and seniors who are unable to clean up their properties after a disaster have assistance available to them.
- If public transportation is utilized for return of transit-dependent individuals to their homes after an emergency, arrangements should be made for transfer of any donated materials and personal belongings at the same time.
- Emergency rent controls need to be established in counties where disasters occur, in order to assure that increases in rent prices will not prevent people with disabilities and others on low fixed incomes from remaining in their community of choice.