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Submitted via e-mail

Dear Mr. Gade:

Per your request, the Special Needs Committee of the International Association of Emergency Managers (IAEM) compiled this briefing memo for your review. We are encouraged by your interest in the challenging, yet important issues facing our professional peers and we recognize you are very busy with your new position. That said, as a committee we decided to survey a sampling of our peers – all active emergency management practitioners. Several committee members assisted in the compilation of the following information. It is important to recognize that while many of the components of this memo will not read in a single voice, they represent many IAEM members' opinions and experiences.

By way of introduction, the Special Needs Committee is a standing committee within the International Association of Emergency Managers. Those who voluntarily serve on this committee do so because of our interest in, expertise with, and strong commitment to the idea of planning for and with all members of our communities to save lives. We believe that successfully tackling some of the more difficult issues surrounding special needs ensures that all other populations will also be served. To illustrate, communication is the cornerstone to emergency management. Without effective communication of instruction or situation to the public, individuals cannot take the steps necessary for self-preservation. When this fails, emergency managers and frontline first responders must expend greater resources during an event. Following a functional needs based methodology (that which is subscribed to by most emergency managers), it does not matter *why* someone is unable to receive an emergency warning, for example, but rather that they are not being served as intended in a plan or actual practice. The *why* can be as

a result of low or no vision; the condition of deafness or hard of hearing; low literacy of written English; inability to cognitively process information in a certain way; or age. These are only a few examples to make the point that working during the planning phase on these issues will ensure that many others are also better served by the same solution and creative workarounds.

In drafting this briefing outline as a committee, we assumed that many other groups and individuals will be consulted and this will include advocacy organizations, federal agencies and divisions, etc. We therefore decided to offer a summary of the issues in this area most commonly encountered and debated by our peers. This is by no means an exhaustive outline. It is not a scholarly thesis. We hope it will be the first means of communication and we welcome the opportunity to assist you in greater detail.

The sections selected for this first communication contain reoccurring issues facing emergency managers: sheltering, housing, transportation, and communication. Additionally, committee members felt that other important but less universally listed issues also needed to be included: the support needs of emergency managers to address special needs issues meaningfully, personal preparedness, service providers' roles, and community assessments. Each section follows a set organizational formula of issue, background, and recommendations.

For the purpose of this briefing, the committee refrained from offering a single definition of the term "special needs". This matter in fact is currently the core of a national debate among and between emergency managers and communities representing various categories of persons usually covered by the term *special needs*. While we may use traditional examples throughout this briefing – people with disabilities, the age spectrum, and those medically managed – we realize other populations are included in practice ranging from non-English speaking, to racial or ethnic populations, to homeless persons, to a variety of other groups. This is a central and critical issue for practitioners – not to get lost in the semantics or a politically and emotionally charged debate at the risk of fractionalizing our ability to act. We must take action while we wait for a prevailing term to assume universal status. Should you require more clarification specifically on this point, the committee stands ready to offer our perspective.

The catastrophic devastation from Hurricane Katrina in 2005 revealed in an unprecedented way the problem of disaster planning and response for special needs populations. Along with the September 11th attacks and a multitude of other national and world disasters, we have failed to adequately prepare for the complexity of large scale disasters and their consequences on our special needs populations. Now is the time to act. We appreciate your time and consideration to these critical issues.

Respectfully Submitted,

IAEM Special Needs Committee

Topic #1: Sheltering People with Special Needs

Issue

Prior to, during, and after a disaster, there is often a need to establish areas of safe refuge or shelters to temporarily house those displaced by disaster. It is essential to provide shelter or safe refuge during an emergency/disaster to *all* individuals, including those with special needs, who do not have an alternative such as staying with friends and family. Unfortunately, it is often unplanned to include people with special needs in sheltering operations.

Background

During the 2003 wildfires in Southern California, many people with physical disabilities were turned away from general population shelters because the facilities were simply inaccessible. Sheltering concerns for people with disabilities include both ensuring that all facilities are accessible as well as encouraging jurisdictions to consider the needs of individuals with medical issues.

The Red Cross Shelter and Health services manuals “recognize that most people admitted to a shelter are self sufficient and need little assistance care, but some may require reasonable accommodations, limited assistance or other modifications.”

Many jurisdictions have a shelter concept in place for those who do not have needs beyond a first aid level of care. These shelters are not equipped to provide more than a basic level of care. In many cases, most people with disabilities will be able to safely shelter in these facilities, if accommodations are suitable and/or they are able to care for themselves or they have a caregiver. For example, a person who uses a wheelchair may be able to self-sustain without any additional healthcare provisions or professional assistance if the shelter location is minimally accessible.

However, those requiring higher levels of care or who require assistance with daily living activities may, without any alternative to general population shelters, be forced to relocate to a hospital (when that is even a viable option), or may seriously compromise their health or safety by not evacuating safely.

Recommendations

While general shelters *should* always be accessible, they often are not. Ensuring general shelters are accessible and creating *Special Needs Shelters* and *Special Needs Units* available to individuals needing a higher level of care will give people an alternative to hospitals, reducing the demand for hospital care. Additionally, hospitals and other congregate care facilities (residential health care facilities, assisted living facilities) may need to relocate clients/patients due to the emergency/disaster.

Local emergency management agencies and partners should establish special needs planning groups. It is important to include these groups because they provide an area of expertise not often possessed by emergency management. Collaborative efforts can only strengthen emergency management plans.

Medically managed individuals should be moved to a facility that is equipped to handle their needs. This requires coordination, cooperation, and communication between all involved. Medical shelters should be a joint-responsibility between local government, emergency management, health agencies, and community and faith-based organizations. Families and caretakers of people with disabilities require prior planning to ensure successful evacuation or relocation.

Communities should invite people with disabilities to participate in disaster exercises and drills to familiarize emergency services with the needs. This should occur at all levels of government from the federal government to local county and village jurisdictions.

Ensure plans encompass evacuating and sheltering people with special needs. Ensure that disability organizations are represented on the planning committee. Finally, the federal government should provide financial assistance and resources (guidance, trainings, etc.) for local jurisdictions to guarantee that shelters are accessible, jurisdictions have proper and useful knowledge to plan for the sheltering needs of people with special needs, and know how to establish special needs shelters in addition to the accessibility of general population shelters.

Topic #2: Service Providers For Special Needs Populations

Issue

Service providers must be well prepared to respond to and recover from disasters, to ensure that the special needs populations are served and protected. As a primary direct link to persons with special needs, service providers play a vital role in emergency planning and must be included in all phases of emergency planning – preparedness, mitigation, response and recovery.

Background

Both for-profit and non-profit organizations play a critical role in meeting the needs of the most vulnerable populations. They have regular access, established relationships, trust and authority. Engaging service providers as emergency management partners allows access to reaching special needs populations with preparedness literature, training and volunteer opportunities. This increases the safety net for the greater community overall.

As emergency managers, it is vital to include special needs service providers into planning directives, trainings and community outreach efforts. Though emergency planning is not the primary purpose of most service providers, their participation enhances overall community safety in all phases of emergency management.

Recommendations:

Encourage agency preparedness as service providers must understand the reality of self-sustaining for the first few days to weeks after a major disaster. Traditional emergency service providers will be overwhelmed, special need client needs will increase beyond the

normal service providers range of services. As the recovery phase progresses, so will client needs and their normal reliance on the service provider will greatly increase. We must expand planning beyond the normal “72-hour” recommendation.

Establish a national policy and advocacy work group to define standards of preparedness and planning for special needs service providers. This effort should be consistent with the National Response Plan (NRP) and National Incident Management System (NIMS), yet communicate the terminology for non-emergency personnel.

Identify emergency needs and service provider areas of expertise -- housing, sheltering, mass care, feeding, medical, communications, transportation, other languages, etc. Assess normal business activities and what additional services could be provided, as needed, in times of emergency.

Create collaborative partnerships. Actively involve service providers in local emergency management planning. Utilize their expertise, services, resources and direct link to clients. Encourage service providers to be a part of the local, state and/or national Voluntary Agencies Active in Disaster (VOAD). Involvement on this level increases their emergency preparedness efforts and most importantly, keeps the conversation alive by participating in regular meetings, trainings and resource sharing. Encourage private/public partnerships.

Revise and upgrade training material templates in the areas of communications, planning, staffing, client and personal preparedness. Give service providers a basic platform from which to start, allowing each community to be creative and specific to their vulnerabilities and needs. Educational trainings, drills and exercises are ways to have the written plan workable and interactive.

Supplying resource ideas for public and private funding opportunities can greatly enhance service providers’ ability to build emergency planning and response capabilities and ensures a greater chance of sustaining these programs before, during and after disaster.

Encourage agency preparedness as service providers must understand the reality of self-sustaining for the first few days or possibly weeks after a major disaster. Traditional emergency service providers will be overwhelmed, special needs clients will increase beyond the normal service providers’ range of services. As the recovery phase progresses, so will clients’ needs and their normal reliance on the service provider will greatly increase. Officials must expand planning beyond the normal “72-hour” recommendation.

A well prepared service provider agency, staff, and clientele can greatly mitigate the impact of disaster – before, during and after – it is a win-win for all parties to plan ahead and support those who support our most vulnerable.

Topic #3: Community Assessment and Special Needs Populations

Issue

Members of the emergency management community must have a keen familiarity with the demographics of the population they serve. There are many ways to gather information regarding a community's composition, such as the U.S. Census. However, these methods are not the only ways in which to identify the most current demographics for an area. Unfortunately, there is a disconnect between the emergency management community and the most vulnerable members of society in addition to lacking plans to successfully meet special needs populations' individualized and specific requirements.

Background

With a constantly shifting and transient population, it can be difficult for emergency management agencies to maintain census data on their communities, including special needs populations. It is critical that emergency management agencies conduct proper community assessments to identify where special needs may exist. Identifying people in the community who may require medical care, interpreters, or other aid is critical prior to an emergency. The more information emergency management professionals have about their jurisdiction's population the more likely positive outcomes from response and recovery efforts will result.

It is equally important to recognize that to avoid being singled out or labeled, many people with special needs do not self-identify. The need for pre-identified specialized resources makes it even more important that emergency management and local response agencies identify the people with special needs so that the necessary assistive resource be pre-acquired if possible. Another advantage to early community assessment is recognizing when needs are so specialized that the individual must be responsible to pre-plan.

Lack of appropriate and useful community assessments, in general, is a recurring issue throughout the history of disaster response operations. During Hurricane Katrina, the National Organization on Disability's SNAKE (Special Needs Assessment for Katrina Evacuees) team reported a lack of identification of individuals requiring special assistance prior to the disaster and during the response.

Recommendations

Individualized preparedness should be a key factor and component of any emergency management campaign. Since we are a transient society it is imperative that any individualized emergency preparedness campaign stress the importance of self-preparation for emergencies, disasters, or catastrophic events. Emergency preparedness must be a mutual and collaborative effort among citizens, emergency personnel, community groups, and Non-Governmental Organizations (NGO).

The emergency management community needs to network and cooperate daily with the agencies serving special needs populations. This enables emergency management to more accurately assess the needs of the highest risk members of their jurisdictions.

Building a strong collaborative relationship with agencies and organizations that serve and are most familiar with the special needs communities also allows emergency management to utilize their resources. Building a strong collaboration between special needs agencies and emergency management builds a greater level of trust and understanding with the entire community.

In situations where registries are being utilized for individuals with special needs requiring assistance during a disaster, these registries must be maintained in an accurate, timely, and confidential manner so as to protect the rights of the individuals in that registry. It is strongly advised for law enforcement agencies to monitor the privacy and security of the special needs registries recognizing that State laws apply here and that the definition of special needs in some areas may exceed the parameters of disability within the ADA.

Special needs registry enrollment should be as simple as possible. All informational literature regarding the registry should be disseminated in multiple formats to meet the needs of those who do not speak English, are Braille readers and those who require large print, as well as people requiring audio or visual communication. Several different media outlets, including online media, news print, radio, and television should broadcast information about the registry, including how to register. The more accessible the communication and the wider the media spectrum, the more likely the registry will represent the true jurisdictions' needs.

Individualized preparedness is a key component of any emergency management campaign. Since the United States is transient society it is imperative that any individualized emergency preparedness campaign emphasize the importance of personal preparedness. Emergency preparedness must be a mutual and collaborative effort among citizens, emergency personnel, community groups, and Non-Governmental Organizations (NGO).

Topic #4: Emergency Management Support Needs

Issue

Emergency Management agencies at all levels – federal, state, and local – are increasingly aware of the need to incorporate special needs issues in all phases of emergency management. However, emergency managers are increasingly pressed to find adequate resources to meet growing expectations. Because resources are so stretched or lacking, many emergency management agencies either cannot or have difficulty adequately integrating special needs into their planning efforts. Emergency managers lack the time, money, and subject matter personnel in this area, simply put.

Background

Over the last few years, federal, state, and local jurisdictions have taken steps to further develop and improve the integration of special needs issues into emergency management programs.

The Post-Katrina Emergency Management Reform Act of 2006 includes provisions for several special needs issues such as post-disaster case management services, housing, non-discrimination, and establishment of a national disability coordinator. (CCDEM Task Force, 2006)

As a result of the 2007 Homeland Security Appropriations Act, FEMA and DHS partnered to develop guidelines for accommodating individuals with disabilities in disaster mass care, housing, and human services. This includes several initiatives that are in process:

- Revision of the National Response Plan (NRP)
- Re-drafting of the National Incident Management System (NIMS)
- National Target Capabilities Lists
- Development of a guidance document on emergency planning for special needs populations

On July 22, 2004, President Bush signed Executive Order 13347 to strengthen emergency preparedness with respect to individuals with disabilities. It also created an Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities (ICC) chaired by the Department of Homeland Security and comprised of several federal agencies.

In 2004, the National Capital Region, DHS, and the National Organization on Disability held the *Conference on Emergency Preparedness for People with Disabilities*. The conference report¹ raised several issues, including:

- *Recognize that local performance measures will lead to accountability.* Require special needs issues to be mandated parts of grant applications for funding, requests for proposals (RFPs), and even extended to the negotiated language in service contracts with vendors. Without proper guidance from experts, the actual RFP language will be insufficient to solicit the proper outcomes in replies. Without expert involvement in the review process, inappropriate or inconsistent awards will be granted.
- *Hard research is desperately needed in the area of disability and emergencies.* Research would impact criteria and standards for equipment developed for people with disabilities and emergency applications. Research would validate funding opportunities by identifying the potential impact if preemptive actions are not enabled. Research would ensure the codification of rules and regulations by demonstrating that legislation must keep up with the ever-changing new technology platforms used by emergency and disability communities.

¹ NOD, Conference Report, 2004, <http://www.nod.org/epiconference2004/report.html>

On June 15, 2006, the U.S. Department of Homeland Security issued findings from a national assessment of the country's catastrophic planning capabilities. Responding to directives from President Bush and the Congress following Hurricane Katrina, the Nationwide Plan Review looked at whether existing emergency operations plans for states and urban areas are sufficient for managing a catastrophic event. The Nationwide Plan Review found that while most of the country is reasonably well prepared to handle a disaster situation, certain issues, such as evacuation, command structure, resource management, and attention to populations with special needs were in need of significant improvement.

In 2004, a national survey by Harris Interactive commissioned by the National Organization on Disability found that of state emergency managers and large, mid-size and small cities throughout the nation, 69% said they incorporated the needs of people with disabilities into their emergency plans. An additional 22% said they have a plan in development. Additionally, only 42% said they had a public awareness campaign directed at providing emergency information to people with disabilities - with only 16% of those with a campaign making the plan available in accessible formats (i.e. Braille, cassette, large type, etc.). The survey also indicated that small, and in some cases midsize, cities, include people with disabilities in their emergency plans to a lesser extent than do large cities. Clearly, emergency managers know these issues are important, but lack adequate support and resources.

Recommendations

The Emergency Management Performance Grant (EMPG) is the only direct funding source for all hazards emergency management planning and has been seriously underfunded. In order to meet the special needs requirements and planning priorities, it is critical that funding for the Emergency Management Performance Grant be increased. EMPG was funded at \$200 million in FY 2007. The House passed DHS Appropriations Bill for FY 2008 includes \$300 million as does the Senate bill which is awaiting Senate Floor Action. The program is currently authorized for \$375 million and authorization bills are pending which would increase the authorization significantly.

The federal government should increase planning support at the state and local level with toolkits, planning templates, best practices, and models for special needs emergency planning. Funding specifically for planning around disability issues should be increased or there should be increased flexibility in current funding in order to cover these issues.

On the one hand, it appears these new developments are steps toward accomplishing the inclusion of special needs issues into all aspects of emergency management. This is critical since accomplishing such integration directly translates into minimizing the loss of life within the special needs population as well as in the general population. On the other hand, it is unclear what this actually means in terms of emergency management implementation and systems.

Topic #5: Credible Communication During Emergencies

Issue

Communications is a major emergency management task. It is critical to provide accurate and timely information to citizens before, during, and after an incident. Citizens may lose their homes or their lives because they cannot hear, see, or read. The theory of risk communication is “based on the assumption that people leave themselves vulnerable because they are uninformed or unconvinced about the consequences of their action.”² While this theory may be true with the general population, those who are in the special needs category may not be able to grasp the consequences of their action or non-action.

Background

The methods used to communicate by voice or sound during an emergency such as sirens, shouts, yells from first responders, knocks, phone calls, radio broadcasts, or public address systems may be useless.³ Even local television stations may not provide open and closed captioning or in languages other than English. On September 11, 2001, a deaf Virginia resident says she “was watching the Pentagon go up in flames one block away from my home, and since there was no captions on national TV for awhile, I didn’t have a clue what was happening.”⁴ A California report from April 2004 indicated that many of the state’s population with disabilities were unable to evacuate themselves during the 2003 fire storms because of poor notification methods.⁵ Traditional methods of communication must be augmented by nontraditional but effective means of disseminating information to the public. Communities with large transient populations or tourists must communicate messages clearly and concisely. The more diverse communities become, the more communication needs are identified and must be addressed with a variety of methods, modalities, and tools. Dennis Mileti in *Disasters by Design* identifies three information sources: authorities, news media, and peers. Notifications to special needs populations will benefit most by using a mix of technology and information sources.⁶

Recommendations

In its 2005 Annual Report, the ICC identifies the scope of emergency communication issues. The ICC initiated a key projecting working with the FCC on a number of initiatives to upgrade the Telecommunications Relay Service and modernize the

² Haddow, George D. & Bullock, Jane A. (2006). *Introduction to Emergency Management* (2nd ed.) Burlington, MA: Elsevier Butterworth-Heinemann, pg 205.

³ The report "Emergency Preparedness and Emergency Communication Access: Lessons Learned Since 9/11 and Recommendations" *** ADD PUBLICATION INFORMATION, DATE

⁴ Deaf and Hard of Hearing Consumer Advocacy Network. (2004). “Emergency Preparedness and Emergency Communication Access: Lessons Learned Since 9/11 and Recommendations”, <http://www.nad.org/atf/cf/{A2A94BC9-2744-4E84-852F-D8C3380D0B12}/DHHCANEmergencyReport.pdf>, pg 3.

⁵ Project Disaster.com. “[The National Council on Disability is Looking to Identify Best Practices](http://projectdisaster.com/?p=3624)” (May 2007). <http://projectdisaster.com/?p=3624>

⁶ Mileti, Dennis S. *Disasters by Design: A Reassessment of Natural hazards in the United States*. Washington, D.D.: John Henry Press, 1999.

Emergency Alert System. Furthermore, the ICC's 2005-2006 goals included continuing to collaborate with the FCC broadcasters on providing video as well as audio support during emergency broadcasts.⁷

The National Response Plan and NIMS both promote interoperable communications. That concept goes beyond the hardware of first responders' ability to communicate. The "Emergency Preparedness and Emergency Communication Access: Lessons Learned Since 9/11 and Recommendations" report identifies the need for building infrastructure to support interoperable communications among manufacturers and service providers to facilitate wireless text messaging for those with disabilities.

The ICC invited advocacy groups to provide input and insight on methods to improve emergency communications. This also aligns with "building a national network" recommended by the Deaf and Hard of Hearing Consumer Advocacy Network and several other major constituent groups. It is critical to involve special needs populations on all levels of planning and execution.

Effective preparedness, appropriate response, and successful mitigation strategies can be better implemented among the special needs populations as they become more involved in the process. Involvement may be as simple as a church bulletin insert in their first language, or as complex as building infrastructure to support technology. The value comes in building the relationships among the impacted populations and the local emergency management and first responder communities and ensuring messages are uniform and unified. Federal leadership and funding is critical to the success of these efforts. Planning for successful communication under the auspices of reaching special needs populations is an effort that will benefit the entire population and also result in a better and more effective use of our emergency personnel and assets during an event.

Effective management of limited resources is critical under disaster conditions. In major emergencies the supply chain of human and material resource allocations for special needs populations, as well as for search and rescue, will require emergency communications using special radio nets such as Amateur Radio Emergency Service (ARES), Radio Amateur Civil Emergency Service (RACES), and Salvation Army Team Emergency Radio Network (SATERN). Without such special radio nets with sufficient numbers of trained operators and stations for sustained operations, efforts to manage the supply chain to meet the special needs populations' requirements will likely be ineffective. Governmental and commercial emergency communications systems will be congested and overloaded with traffic or otherwise inoperable.

Many physically disabled persons are highly capable of operating amateur radio equipment and could be trained and licensed. The entry level exam for an amateur radio license is relatively quick and easy. Morse code is not a requirement. Training and licensing capable special needs individuals promotes safety, as well as a sense of

⁷ Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities, 2005 Annual Report: http://www.dhs.gov/xlibrary/assets/CRCL_IWDEP_AnnualReport_2005.pdf. pg 14

community acceptance. People will attain a skill to help themselves and others. The Handi-Ham program is pointed in that direction.

Topic #6: Personal Preparedness for People with Disabilities and Other Disaster-related Special Needs

Issue

While some local emergency management agencies are able to identify people in their community with disabilities or other special needs, most generally have limited resources to actually reach them. State and national disability organizations, have the resources to communicate but have limited access to local emergency management protocols concerning the individual.

Background

Some people with disabilities are especially susceptible to emergency situations, as they are limited in receiving, understanding, or following directions of traditional types of information and emergency alerts. Between 11 and 42 million Americans living with some level of hearing loss⁸ and approximately 10 million blind and visually impaired people⁹ are at risk of not receiving radio, television, or audiovisual messages. Additionally, developmentally, emotionally, or cognitively disabled people may be able to receive the message but unable to understand the meaning or are incapable of performing protective actions.

Not all jurisdictions have programs incorporating disabled populations into their emergency management plans. Most likely, a relative, friend, or caretaker would have to relay the information to the disabled person. Additionally, a disabled person may not be able to carry out the specific actions recommended by disability personal preparedness guidelines. For example, a FEMA guideline recommends checking for ordinary household items which can become hazards during and after a disaster. However, a person with a disability may not be able to accomplish that task. Even if the information provided is available in all accessible formats, it is still possible that emergency management personnel would be unable to answer additional questions from the disabled person, due to communication or other barriers.

Recommendations

Establish and publish recommended guidelines and standards for the minimal required accessible formats to reach disabled populations.

Provide mitigation, response, and recovery information in the preparedness phase. People with disabilities must be informed of the dangers during and after a disaster. Successfully relaying these messages in the preparedness phase will aid in post-disaster communication.

⁸ Gallaudet Research Institute (2005). *Can you tell me how many deaf people there are in the United States?* <http://gri.gallaudet.edu>

⁹ American Foundation for the Blind (2007). *Blindness Statistics*. <http://www.afb.org>

Educate emergency management and other government stakeholders on disabled populations' needs and issues. Open lines of communications between local disability groups (customers, family, friends, faith-based, charity, and volunteer organizations) and decision-makers.

Create partnership opportunities to involve a wider variety of stakeholders. Create a portal and/or coalition to serve as a platform between emergency management, government, media, and special needs populations. Encourage local emergency management and disability groups to actively collaborate in events, training, exercises, and recovery operations. Create a method of lessons learned and information sharing between the two groups to provide highest quality feedback and evaluation.

Create job positions similar to regional or area coordinators that communicate local disability issues up to the state level. They can also serve as liaisons between community organizations and local governments to exchange information. This position would be specially trained in both the field practice of emergency management *and* special needs issues.

Form, or fold into an existing structure, a council of emergency managers and disability groups to evaluate current personal preparedness materials for ease-of-use, feasibility, and necessity; as well as accessibility format and methods of dissemination. Emergency managers need to learn how different disabled populations communicate (language, style, culture) in order to provide better preparedness materials.

Encourage people with disabilities to become involved in community emergency training and volunteer programs, like Citizen Corps and Community Emergency Response Teams (CERT). These teams build stronger and safer communities and allow those with special needs who are able and willing to contribute to the jurisdictions emergency planning efforts.

Relationships between disabled populations and emergency management decision makers are mutually beneficial, if not absolutely necessary. The disability-specific organizations can better communicate with their members. They have relationships, resources and links to which emergency managers normally would not have access. By including, listening to, and supporting them in the emergency planning process, partnerships strengthen the safety net for entire communities.

Topic #7: Housing

Issue

After individuals' basic needs are met post-disaster, relief programs progress to the next phase, recovery, and place disaster victims into temporary and/or long-term housing. For people with special needs this is especially challenging. There is a significant lack of accessible housing. Additionally, a disaster impact could destroy some of this precious

resource making it difficult for the emergency managers and related agencies to place special needs citizens into appropriate temporary and/or long term housing allowing for continued degrees of independence in the least restrictive but safe environment.

Background

The tremendous lack of accessible housing nationwide makes ideal living conditions difficult for many individuals with disabilities. When these limited housing opportunities are destroyed during a disaster, the results are devastating. Emergency managers plan the recovery phase and attempt to transition disaster victims from a shelter environment to a more comfortable temporary and eventually permanent housing opportunity. The lack of ADA compliant housing makes this task more difficult.

Hurricanes Katrina, Rita, and Wilma revealed a significant lack of temporary and long term housing opportunities for individuals with disabilities. Historically, emergency management used travel trailers as disaster housing. The lack of accessible travel trailers left emergency managers with few options for residents with disabilities.

Recommendations

Passage of legislation mandating that all temporary and long term disaster related domiciles be 100% accessible and usable by all individuals with or without disabilities. This facilitates relocation in a more expedient manner for everyone regardless of limitations. Mandating 100% accessibility will create user-friendly environments for everyone, including special needs and the growing aging population.

Emphasize the concept of “universal design” with all new home construction and repair projects to allow easier transition into long term housing opportunities for all persons affected by disaster. Moreover, this would solidify the overall commitment to access. Rebuilding from disaster using all-accessible design is a positive result of recovery.

Increase aggressive enforcement of building codes and standards set forth in the Americans with Disabilities Act and other prevailing laws, codes, and regulations. This will make emergency management’s task of locating viable housing much easier due to greater availability. There will be less question as to usability because there will be a greater likelihood of compliance if enforcement efforts are increased.

The development of training for emergency management personnel, as well as building and construction code officials on the accessibility guidelines required for both new construction and retrofitting existing construction will bring a new degree of understanding. Bringing construction and building code staff and emergency management officials together in a collaborative training environment will generate discussions leading to improvement of the safety and usability of all buildings.

Topic #8: Transportation and Evacuation

Issue

The transportation and evacuation of a large number of individuals in the event of a major disaster is an overwhelming issue that all emergency managers must plan to face. This is especially challenging when considering special needs populations. Most cities and counties lack the capability to evacuate individuals with special needs from an affected area or transport them to appropriate shelters.

Background

The most demanding task is planning for accessible vehicles for those with disabilities or medical conditions that make transfer difficult. Additional persons falling into these groups can include older adults unable to ambulate safely, public transportation dependent, or those otherwise unable to follow evacuation instructions.

A major issue facing emergency managers is the pre-identification of individuals lacking adequate transportation. Special needs registries have been developed, including those for transportation, but sometimes it is difficult to achieve high levels of participation from those who need the most assistance. The traditional methods of registration promotion, such as websites, media campaigns and community outreach events, may not be accessible to these populations. Emergency management offices usually have a limited amount of funding and resources, and it is beyond the budgets to perform in depth community-based enrollment and, most importantly, maintenance and updates of the data source(s) or to offer preparedness, registry, transportation, shelter and evacuation information in every possible alternate format (Braille, Spanish, audio, etc.). There can also be a level of distrust from members of the special needs populations toward emergency management and other government entities.

Once the special needs transportation requirements are determined, emergency managers must identify the resources available. However, communities may lack appropriate vehicles to carry specialized equipment such as wheelchairs or gurneys. Many public transportation or school vehicles could accommodate two or three wheelchairs in lockdown but not a large number of mobility or medical devices for those who cannot safely transfer. Emergency managers also face competition for limited resources from long-term care facilities and other providers needing the same vehicles and which may have agreements and retainer contracts already in place.

The coordination of pickup locations and routes with multiple transportation providers is another issue. Many jurisdictions do not have the resources available to map the locations of special needs individuals and determine the most efficient pickup route or locations. This is a concern when citizens may need to be evacuated quickly and a point-to-point pick up is necessary over a muster point collection or a fixed route pick-up system. Adequately trained staff must also be transported in order to safely assist individuals who need help leaving their homes. Some individuals may have a service animal accompany them. Allowance must be made for these animals to be with the person at all times.

Prior to September 11th, 2001 and Hurricanes Katrina and Rita in 2005, many emergency managers were not fully aware of the necessity to consider the coordinated transportation and evacuation of individuals with special needs during emergency situations. Most emergency operations plans and public preparedness information were designed to address the entire population as if they all had the same resources and capabilities. Assumptions were made that all individuals would evacuate or seek shelter, and have the means to do so, if it were required. These events, especially the 2005 hurricanes, highlighted the fallacy of these assumptions. It became evident that some individuals did not have access to appropriate preparation, evacuation and shelter information. Alternate modes of transportation were not provided to public transportation dependent. Emergency managers became more aware of special populations' needs within their communities and have begun to make changes.

Recommendations

Emergency management agencies must begin building partnerships with community agencies, citizens, transportation providers (public, private, non-traditional) and advocacy groups to address the transportation requirements of special needs populations during an emergency event. These partnerships should be formed at the federal, state and local levels. The utilization of a special needs registry can be effective, but only if it is properly maintained with current and sufficient information. Individuals' location, conditions and resources needed are constantly changing. This registry is not only a notification tool; it is a great asset that can assist emergency managers with resource procurement and allocation. However, partnership agencies and organizations must be fully aware of the purpose of the registry as well as its demonstrated limitations and the reality that prior to an event only a fraction of the target population is listed in the database. Still, this data collection is useless if funds dwindle below the level necessary to keep the information current and secure.

Develop a national standard of guidelines and best practices so emergency managers can appropriately identify and plan for the variety of issues facing special needs populations. These guidelines may include how to identify special needs individuals, vehicle recommendations and specifications, forms of alternate transportation, appropriate methods to assist individuals, tracking of an individual's equipment if they are separated, and the allowance of service animals. Once the guidelines are in place, provide training, especially on the local level, to ensure consistency and a clear understanding of special needs populations' difficulties and the methods that emergency managers may use to prepare for and overcome these issues. Collaboration with federal partners such as the US Department of Transportation and the Highway Administration is needed for emergency managers at all levels to determine evacuation routes and lane priorities, etc.

Devise national templates in accessible formats for special needs registration, transportation, and evacuations, since many emergency management agencies lack available resources but recognize that jurisdictions with successful methods in place will not favor a change to a template so this option must be available voluntarily. Community agencies and advocacy groups can greatly assist with the development and distribution of

these materials. Resource lists of transportation providers, medical and mobility equipment, supplies and individuals trained to assist with evacuation, should be generated at the local, state and federal level to be utilized during an emergency. A memorandum of agreement (MOA) should be signed with each provider to avoid an overlapping demand of resources by multiple entities. Emergency managers should review plans to identify possible overlap and limited resources. Finally, the identification of general population and special needs shelters and transportation providers within and surrounding a jurisdiction must be a collaborative effort. It is not beneficial if transportation is provided, but no facility is available as a shelter and vice versa.