

Effective Emergency Management
Making Improvements for Communities and People with Disabilities
National Council on Disability
February 4, 2010

Hello, my name is Pat Pound and on behalf of the National Council on Disability (NCD), I would like to thank you for inviting us to present today. Joining me from NCD today is Martin Gould. We are delighted to be with you on this panel today to share our remarks, and honored to join Bruce Lockwood from the National Commission on Children and Disasters. We believe that you will find great similarities in what emergency management improvements are needed in this country based on the comments of the two groups represented on this panel.

NCD is an independent federal agency, composed of 15 members appointed by the President and confirmed by the Senate. NCD's purpose is to promote policies and practices that guarantee equal opportunity for all individuals with disabilities, regardless of the nature or severity of the disability, and to empower individuals with disabilities to achieve economic self-sufficiency, independent living, and integration into all aspects of society.

Why did NCD undertake this report?

- After 9/11 we became interested in how people with disabilities are faring during emergencies. We had some survivor stories from 9/11 including an organization serving blind individuals located in one of the towers. They all evacuated safely, largely because they had drilled extensively on how to do so. Other stories were not as positive.
- We looked into what was published on this subject in 2004 and found very little, so we published a report in 2005 called Saving Lives, Including People with Disabilities in Emergency Planning. We included what research existed along with stories from people with disabilities about their experiences. We also conjectured what might happen to people with disabilities if a catastrophic hurricane hit the gulf coast. We published that report in April of 2005 which of course was the year that Hurricanes Katrina and Rita hit.
- At a Hill briefing in November 2005, Congressional Representatives called the Saving Lives report “eerily prophetic.”
- In 2007, the 110th Congress provided NCD with a supplemental appropriation to fulfill its responsibilities under the PKEMRA.
- As a result of our policy and research work in the area of homeland security in 2007, we identified a major gap in governments’ knowledge base. That gap involves the availability and use of best and/or promising and effective practices for communities.

Report Objectives

- NCD commissioned a year long empirical study to identify how people with

disabilities appear in the emergency management paradigm.

- The research team was free to cross into a variety of disciplines and review various documentation.
- NCD's objective was to find out what exists or doesn't exist on this topic; there was no pre-established conclusion the team needed to support; the research led to the findings.
- The team presented practical applications based on the findings to make the report useful in the field.

Overview of the Report

- Key Terms
- Scenarios
- Four Phases
 - Preparedness
 - Response
 - Recovery
 - Mitigation
- Emergency Managers
- Voluntary Organizations
- Implications from Research
- Initiatives in Progress
- Trends
- Interventions
- Appendices – resource section

Organization of Key Chapters

- Introduction/Overview
- Summary of Key Findings
- Review of Scientific Literature & Technical Reports
- Research Recommendations
- Practice Recommendations
- Policy Recommendations

Methodology

- Extensive literature search across multiple disciplines: sociology, public health, policy, health professions, disaster studies, emergency management
- Contacted colleagues asking for copies of key pieces they had done
- Searched out technical reports (GAO, NOD, NCD)
- Looked at key pieces, such as plans written for shelters
- Searched out examples of people trying various efforts (OK Warn)
- Went through conference proceedings
- Listened to suggestions from NCD review panel
- Drafted sections, sent out for review, integrated comments

Key Findings

1. The greatest amount of work has been done in the area of disaster preparedness but there's need for more regarding education/training, planning, design of warnings, and sheltering services.
2. Response - Work remains to be done, particularly in the areas of warning, search and rescue and evacuation.
3. Recovery -Minimal research has been done; reports and proceedings indicate the recovery period is difficult (lack of accessible temporary housing, case workers having trouble finding resources to assist clients).
4. Mitigation - A considerably under-investigated area despite the potential to significantly reduce the risks of people with disabilities.
5. Emergency managers are often not prepared for serving people with disabilities due to burdens on minimal staffing; people with disabilities often are not prepared for disasters due to their challenging life circumstances.
6. We need more research into the best ways to assist people with disabilities especially in the area of search and rescue.
7. More attention needs to be given to the needs of:
 - a. People in nursing homes
 - b. People who do not drive or do not have cars
 - c. People who need general or functional needs shelter services
8. Some areas need to be addressed in the disability community and then implemented in emergency management
9. People with disabilities trying to recover from disasters experience:
 - a. Difficulty finding temporary accessible housing
 - b. Lack of Insurance coverage for specialized disability needs
 - c. Gaps in Federal assistance
 - d. Loss of access to health care
 - e. Disruption of caregiver networks
10. Most emergency management planning occurs without input from disability organizations or people with disabilities.

Vulnerability Assessment

When disasters occur, they do not affect everyone in the same way. In emergency planning, it is important to pay particular attention to the needs of people with disabilities. The difficulty with most current hazard assessment approaches is that they generally gloss over the matter of a community's vulnerable population. Their assessment is generally focused on the hazards related to the infrastructure, geography, or natural environment. Where people or populations are considered, they are often discussed in the context of their geographical location and/or in the

context of the emergency hazards that they confront (and assume that everyone can see, hear, run walk and drive). But as has been continually noted by the National Council on Disability, people with disabilities have typically been left out (prefer inadequately included to left out) of community hazard assessments and emergency plans and, as a result, left behind and vulnerable throughout the disaster life cycle.

The assessment strategy contains the following steps.

1. Form the planning team;
2. Gather relevant information;
3. Identify the population of people with disabilities on a map, including densely populated areas;
4. Identify sites on a map associated with groups of people with disabilities

(e.g., group homes, long-term care facilities, assisted-living facilities, schools, etc.);
5. Identify other areas where each of the groups has significant numerical presence;
6. Identify disaster prone areas
7. Identify critical time periods when each group is especially vulnerable; (shift changes, transportation availability, decreased staffing)
8. Estimate likely emergency needs of each group;
9. Identify realistic expectations regarding the capacity of each identified group (consider fiscal, physical, cognitive, personal resources, support systems);
10. Prioritize groups into levels of risk;
11. Identify issues or groups for further consideration or action; and
12. Integrate this information into local disaster plan and update.

Realistically, of course, this vulnerability assessment process should be incorporated into any overall hazard assessment and planning strategy by a community, and is designed to provide an often-missing component.

Promising Practices

In our report we include many promising practices. We describe the practice, link to it if there's information on the Internet, and then we provide a bulleted list telling what we thought was valuable about this practice. This way there's ample information to both learn more about the program and to determine why we believe it's a promising practice. Here are a few examples.

Transportation and Evacuation

Recent disasters have revealed issues with evacuating those with special needs. Many people with disabilities can evacuate with public transportation support, especially paratransit vehicles. After Hurricane Katrina, FEMA contracted with American Medical Response (AMR) to provide paratransit evacuation services for New Orleans and 12 other Louisiana parishes during the hurricane season of 2006. FEMA awarded an exclusive contract to AMR in 2007 to provide a variety of services to 21 states along the Gulf and Atlantic Coasts, with optional services to the West Coast and the central portion of the United States. Services include triage, treatment, transportation, hazard recognition, symptom surveillance and reporting, on-scene medical standby, transport of hospital patients, immunizations, shelter staffing, staffing of hospital emergency departments, and setup of mobile medical clinics. AMR was activated for Hurricane Dean in August 2007; it deployed 300 ground ambulances, 25 air ambulances, and enough vehicles to provide transportation for 3,500 passengers (Office of Emergency Preparedness 2008). AMR received high evaluation scores from FEMA and the National Institutes of Health. Involving paratransit assets is a best practice because—

- Local paratransit systems have drivers who are already familiar with client needs and locations, and can be used as key assets in an emergency (National Service Inclusion Project, n.d.).
- It uses a predisaster agreement developed and implemented by FEMA and the General Services Administration (GSA), with a considerably larger and more diverse set of assets than most jurisdictions have.
- It uses a service that has expertise in both disabilities and disasters.

Sample Recommendations

In the final chapter of our report, "Interventions," we transform recommendations from previous chapters into action steps for federal and state and local governments, as well as for local organizations and individuals. The following are but a few examples.

Federal -Preparedness

Release (and update as needed) guidance materials on transportation evacuation of special needs populations through the Federal Highway Administration.

Federal - Response

Continue support for a Emergency Evacuation Task Force, especially to encourage the development of investigations into high-rise evacuations, including the use of elevators and alternative methods of exiting.

Local - Preparedness

Inventory transportation assets, especially those that provide a diverse set of accessible accommodations and trained personnel. Develop MOUs with transportation agencies.

Thank you all for listening, please know that the full report is available on the NCD website. Please also note that a copy of the report can also be found on the NCD thumb drive in your conference packet. If you want a print copy with tabs please feel free to contact the NCD office. Our web address is www.ncd.gov.