

>>>[Rumbling]

>>>[Shattering glass]

>>>Narrator: There has just been a serious earthquake. Utilities are disrupted, and it is suspected that many buildings are unsafe and “Protective Action” instructions have been issued. The emergency plan you’ve worked on for years is about to be initiated. Everyone knows what to do and where to go. The highway signage system is activated, the reverse 911 system is operating, shelters are open and your hard work is about to pay off. But is it? Have ALL segments of the population been considered? What about those physically unable to respond, people with disabilities, the homeless, or children in daycare... what about your non-English speaking community or homebound seniors or those in your community that have such limited resources, they can’t respond appropriately? Have all these populations been considered in your evacuation plan?

Welcome to the training on emergency planning for people with access and functional needs, sometimes called “Inclusive Planning.” This video is not an attempt to provide you, as a planner, with answers of what to do, but is designed to introduce to you some of the issues associated with inclusive planning and provide suggestions to help you develop a more comprehensive emergency plan. The inclusive concept has emerged as a method to integrate individuals with disabilities and those with access and functional needs into the overall community planning process. Inclusive planning was fostered by over three decades of federal laws and regulations aimed at eliminating discrimination against people with disabilities, and/or access or other functional needs. Emergency planners and officials have sometimes been confused about how to pursue the integrative process while still fulfilling their mandated missions of protection and “search and rescue” operations.

Although jurisdictions are mandated by federal law to provide protection for persons with disabilities during emergencies, the event that brought the problem to America’s attention, was the media's coverage of people impacted by Hurricane Katrina. The relatively high mortality rate of those over 60 and the problems of people who could not evacuate following the flooding of New Orleans and the Gulf Coast, further emphasized the need to address the issue of populations with access and functional needs before a disaster and to have plans to rapidly respond immediately following and during recovery efforts.

>>>Bruce McFarlane: Vulnerable populations have always had difficulty when responding to major catastrophic events. I think Katrina brought to the forefront the power of media and media coverage,

but the power of the media to show people in the water, people sitting up on roofs, the media sort of chains itself away from the physical infrastructure damages and impact to the people and there was some very dramatic footage coming out of the New Orleans area of people being rescued, people having to leave things behind, clothing, pets, service animal, wheelchairs, catastrophic events of an entire nursing home being left behind and people perishing.

>>>Narrator: Every city, every county has populations that would be adversely impacted in an emergency without planning that includes them. This means inclusion within the general emergency plan, not as an annex attached to the planning document. So where do you start to ensure that your whole community is included in your emergency plans? How do you know you've made the right contacts with organizations and advocacy groups to identify them in your plans? Should you distinguish between people with disabilities, those with needs related to functionality and access, and vulnerable populations, or can they all be classified as having special needs for planning purposes, or can we have one inclusive plan? More to the point, who are these people and how do we define them and include them? What is a disability and what are the legal reasons for having inclusive plans? The purpose of this video is to move from having separate special needs plans or annexes to inclusive planning for the whole community. Lets start with the legal issues.

>>>Marcie Roth: When we talk about access and functional needs, it's really a good opportunity to first and foremost meet the needs of people who have legal protections. For instance, people that have disabilities are protected from nondiscriminatory practices in the Americans with Disabilities Act, section 504 of the Rehabilitation Act, the Stafford Act, the Fair Housing Act, the Telecommunications Act and the Architectural Barriers Act.

>>>Narrator: The foundations for inclusive planning are the Rehabilitation Act of 1973 and the 1990 Americans with Disabilities Act – or ADA. The U.S. Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in programs conducted by Federal agencies, in programs receiving Federal financial assistance, in Federal employment, and in the employment practices of Federal contractors. It also established the National Council on Disability, an independent Federal agency. The ADA guarantees equal opportunity for people with disabilities with respect to public accommodations, commercial facilities, places of employment, transportation, state and local government services, and telecommunications, including emergency management programs. Despite these laws, government reports continue to document pervasive discrimination against individuals with disabilities in emergency preparedness, response, recovery and mitigation.

While the ADA defines a covered disability as "a physical or mental impairment that substantially limits a major life activity," the ADA Amendments Act of 2008" broadened the interpretations by adding examples of "major life activities" such as "caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working".

Executive Order 13347, issued in July 2004 is entitled "Individuals with Disabilities in Emergency Preparedness." It directs the Federal Government to work together with state, local, and tribal governments, as well as private organizations to appropriately address the safety and security needs of people with disabilities in emergencies.

After the attacks on September 11, 2001, a number of groups worked together to explore how people with disabilities could be better accommodated in emergency planning. One organization involved in that effort, the National Organization on Disability or NOD, took the lead and started the Emergency Preparedness Initiative to help emergency managers better address disability concerns and ensure that people with disabilities be included in all levels of emergency management planning, including participating in exercises and training.

>>>Bruce McFarlane: The National Organization on Disability doesn't actually have a definition per se, especially within the emergency preparedness arena. It really goes along the lines with the national response plan or actually the national response framework which is a 2 stage definition which encompasses people needing assistance before, during, and after an event with functional needs.

>>>Narrator: In 2007 FEMA published the Reference Guide for Accommodating Individuals with Disabilities in the Provision of Disaster Mass Care, Housing, and Human Services. It was developed in coordination with the members of the Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities, led by the Department of Homeland Security, "Office for Civil Rights and Civil Liberties." The publication of the Reference Guide was the first step in meeting the requirement of Section 689 of the Post-Katrina Emergency Management Reform Act of 2006 to develop guidelines for those governmental entities that serve individuals with disabilities in emergency preparedness and disaster relief. The Guide is not intended to satisfy all of the guidance requirements contained in Section 689. Additional guidelines to accommodate individuals with disabilities are expected in the future.

The number of people with disabilities has grown over the years as better health and prenatal care allow more people to survive. According to the 2000 Census, 48.9 million Americans 5 years old and over living in housing units are estimated to have some type of disability. This indicates that about one in five - or 19.2 percent of the US population - has a disability. That number doesn't include the over five million children under the age of five with a disability nor the over 2 million people residing in long-term health care institutions or assisted living facilities. Often those residents are elderly, require 24/7 care, and may be dependent on electrical power sources. Nor does it include. How big is the problem and how does it manifest itself in an emergency? Take the Gulf Coast during and following Hurricane Katrina for example...

>>>Pat Pound: The data that we do know well is the data about 22% of people here said they didn't evacuate because of a disability and 23% said they didn't evacuate because they were providing care for a person with a disability. So added together that's 45%, which is huge.

>>>Bruce McFarlane: Of the disability group, the overwhelming number that got left behind were the deaf and hard of hearing because they could not get the announcements, they could not hear where to go, what shelters to go to, even if they made it to a shelter, they could not get information.

>>>Narrator: And these numbers are not unique to the New Orleans or the Gulf Coast population. Another issue is the number of facilities providing temporary supervision for the very young or the very old. There is a growing reliance by working families on pre-schools, after-school programs for youngsters, or for elder care day-centers. With more individuals in private or commercially run day-care centers, odds are, an emergency will likely occur when child-care or elder-care providers are the only ones protecting their clients. Although most young children have an adult available to protect them at home or at school, the frail elderly or homebound individuals who live alone are often the only "responsible" protector of themselves.

The National Commission on Children and Disasters was authorized under the Consolidated Appropriations Act of 2008 with the purpose to, first, conduct a comprehensive study that examines and assesses children's needs as they relate to hazards, including major disasters and emergencies. Second, to identify, review, and evaluate existing laws, regulations, policies, and programs relevant to such needs; and lastly to identify, review, and evaluate the lessons learned from past disasters relative to addressing such needs. This commission, along with scientific research, concluded that children are a highly vulnerable group, requiring special considerations in disaster situations and made recommendations for attaining that goal.

>>>Bruce Lockwood: I think that that's the one good thing about the commission. You have 10 individuals who have come from very diverse background, all with some pediatric or child backgrounds, specifically in disasters. And we are looking to try and make sure that we at least highlight the items the issues going forward. I see the fact that if this commission is successful and that the champions do their lifting when the commission goes away, that we will continue to work towards meeting the goals of children in the future.

>>>Lori Peek, Ph.D: So when we talk about physical vulnerabilities, psychological vulnerability, educational vulnerability, all of these different forms of interactive vulnerability, it's really important to distinguish where children are at in that developmental spectrum, because of course an 18 year old may be much less physically vulnerable than an infant.

>>>Narrator: As a society, we've historically thought about people with disabilities as a separate group with specific needs using terms such as individuals who need "special-needs housing" or a "special needs teacher." This reflected an attempt to associate individuals with a particular functional impairment. Missing from this were people with other types of vulnerabilities such as those with cultural or ethnic characteristics who may have difficulty understanding warnings or public announcements, or those with limited incomes who might need assistance to follow recommended protective actions - such as a transport vehicle to evacuate. The move to the more inclusive "whole community" focus on emergency planning is a key feature of "all-hazard" community planning. It is intended to emphasize that all communities include a variety of individuals who may or may not have resources to follow official warnings and the need for governmental agencies to provide assistance in those scenarios.

>>>William Swenson, Ph.D: It's interesting isn't it that we keep changing the name of the people who are more vulnerable to the effects of disasters and emergencies. Disabled people, people with disabilities, vulnerable populations, special needs, I think the change in the language that we use reflects the difficulty of the problems that are involved in preparedness and response that is inclusive of all people living in a jurisdiction.

>>>Richard Devylder: We decided to go more with access of functional needs than with the terminology special needs. Cause we believe special needs really doesn't tell you what are the issues and what are the needs

>>>Narrator: Interactive vulnerabilities, physical vulnerabilities, psychological vulnerabilities... although these labels may seem superficial or arcane, it is none-the-less important to consider their definitions

because, as a society, and as planners, we react to definitions. And those reactions will likely influence our actions and our planning. While there are many ways of defining what a disability is, the two most common classifications used are known as the 'medical model' and the 'social model'. The traditional medical model draws on a limited physical, sensory, or cognitive ability.

The social model, sometimes called the independent living model, examines how the lives of people with disabilities or with constraints that make them more susceptible to hazards are affected by social, economical and environmental restrictions rather than by an individual's physical or mental restrictions. This model assumes that if more social and environmental barriers were removed, there would be more opportunities for people with disabilities to become more fully integrated into the community and to respond to an emergency in an appropriate manner.

Social vulnerability describes the susceptibility of social groups or society at large to structural or non-structural losses from hazards. Hurricanes and floods can be especially hard on people with limited financial resources or who live from paycheck to paycheck because damages to residences cannot be repaired without community, volunteer or other outside help. Thus elderly retirees may be unable to repair structures and therefore be forced to rely on welfare services or to live with family members, a situation that may disrupt their former lifestyle, confidence, and quality of life.

>>>Betty Hearn Morrow, Ph.D: I think anything that impedes someone's ability to respond, I would call a vulnerability. So I think we talk about vulnerable populations is depends on what the issue is and what it is that's holding them back. So it can be a personal thing, it can be a community thing, it can be cultural for example, it could certainly be economic so whatever it is that creates that vulnerability.

>>>Narrator: Some vulnerable individuals may not be disabled physically or mentally, making them even less visible to agencies or officials in emergencies and less likely to self-identify before or during a hazardous event. Often vulnerable individuals are isolated and less likely to interact with others, especially authority figures. Homeless individuals often choose to remain away from social service providers and may be known only to law enforcement, health-care providers, or staff of faith-based organizations.

Thus the term vulnerable can include any number of far-ranging personal characteristics – medical, cultural, social, cognitive, racial, physical, or a combination thereof – that set some people apart from the general population, and how they are defined may depend on an agency's mission. For example, a social service agency may have a more broad description of vulnerable populations or people with access and functional needs than a funding agency whose mission is to provide meals for poor children in public schools or daycare centers. Some organizations simply use the term vulnerable populations to characterize groups whose needs are not fully addressed by traditional service providers. California, for

instance, defines vulnerable populations as “people who feel they cannot comfortably or safely access and use the standard resources offered in disaster preparedness, relief and recovery.”

>>>Richard Devylder: If you look at the definition, you could argue that 50-60% of the population falls under the definition which is the federal definition and international framework. You could very easily argue that 50-60% are falling under that definition of special needs. And that's what makes it even more laughable because really I mean seriously, are we going to be able to meet and be prepared for every one of their needs?

>>>Narrator: By developing an “inclusive” planning process, you will also be helping to build a more resilient community better able to recover after an event. But how do we become “inclusive” and where can we turn for help? The first step in creating an “inclusive plan” for the whole community is to analyze the potential hazards in your community, the areas affected, and the populations potentially impacted.

Trying to think of every scenario and every individual who may need consideration in your emergency plan may seem daunting. How you learn to identify such individuals begins by inviting subject-matter experts and advocates for people with access and functional needs in the preparedness phase of your planning. These advisors can bring a wealth of knowledge to the table likely inaccessible through more traditional planning analysis.

By bringing those people who represent these various populations, their organizations, along with the health and social service providers to the table before a hazardous event occurs you can begin to understand what their needs are and how to effectively communicate protective action measures and other vital information about a hazardous event to all segments of the community. It also helps to maintain them as advisors in your command center during an event to ensure people with access and functional needs are appropriately identified and assisted.

However, you should remember that not all individuals who will need help during an emergency have long-term access and functional needs. Caring for an infant or elder relative or having a temporary physical disability such a sprained ankle can also affect an individual's ability to respond to an emergency. The transient nature of some disabilities will likely not be known during the emergency planning analyses.

If upwards of 50% of your population is, in fact, considered vulnerable, you can see how important it is to plan for “inclusion” rather than “exclusion.”

>>>Bruce McFarlane: In the incident command system which the overwhelming majority of communities and organizations in the country have adopted, you have a public information officer, a medical officer, and a safety officer on the command staff. Those positions are very, very professional in public information, medical, and in safety. But not necessarily professional in incident command and emergency management. There's no reason why they can't have another adviser in there that takes care of emergency management issues affecting either special needs population, people with functional needs, people who are vulnerable populations.

>>>Frances Norwood, Ph.D: If you're gonna do planning, you need to include advocates, you need to include people in chairs, people with cognitive disabilities. They're all in your community, you've got to locate them and bring them to the table.

>>>Narrator: Advocacy groups, as well as service and other providers, should be involved in identifying individuals with access and functional needs as they can bring specialized information, expert advice, and additional regional and national resources to the planning table. One valuable resource is the National Council on Independent Living, and its network of local “centers for independent living” that focus on inclusion planning for people with disabilities. Advocacy groups can also help locate and contact individuals to determine their particular needs, act as information dissemination points, and identify gaps in community emergency plans that affects their constituents. Planners should make every effort to include them in the planning process, with the understanding, that as advocates, these groups may bring their own focus to the table.

It also helps to include service organizations, such as Meals-on-Wheels, whose volunteers often find themselves the only lifeline to clients during and after a crisis because of their knowledge about the needs of those individuals. Home health-care or accessible transportation service providers also can provide locations of people who temporarily enter or leave the disability service system. Others that can bring useful expertise and insight include coordinators of volunteer disaster relief organizations, often faith-based, who can respond both at the local and regional level.

>>>Richard Devylder: What we often times see happen is the communities are invited middle, three quarters of the way thru the planning process, and it's more of a please confirm, and that what we're

doing is correct and please don't ask a lot of questions scenarios and you have to invite us at the very beginning.

>>>Martin Gould: Some of the best plans at the local level that we've come across were ones where the first responder who's in charge of the emergency planning included someone from a disabled person's organization, from a non-government organization, a non-profit, maybe a public safety officer, health officer, a community planner if one existed for the town, someone who may be an administrator involved at a management level with a hospital, and on and on.

>>>Narrator: These representatives can help coordinate planning efforts with the managers of institutions and other facilities housing congregated populations. Although firefighters routinely visit such places to ensure fire codes are being followed, managers of these facilities are typically the gatekeepers who develop and implement emergency plans and decide how residents will be managed during a hazardous event. Private emergency plans are often not coordinated with local planners and transportation officials to insure available resources can fully accommodate the transportation needs for all such facilities in a community-wide emergency. The planning community should therefore work closely with the management of these facilities to help with their planning and encourage and help facilitate evacuations. In the event of a large-scale evacuation, some facility managers, may elect not to evacuate their populations because of the inconvenience, costs, health risks, or the perception that residents would be placed under increased stress if relocated. Because of these issues, some health-care facilities provide room and board to employees and their families during weather-related events. Facility managers should also be encouraged to have plans in place to alert officials and others when conditions limit or constrain their sheltering plans, or if cascading events force them to relocate to other similar institutions. While the strategy of sheltering-in-place with additional staff may work for some events and thereby prevent unnecessary trauma to residents, it may not be feasible in a catastrophic situation. This was a problem that occurred in several health care facilities in New Orleans following Hurricane Katrina when public sanitary or water systems became unavailable for weeks and back-up institutional provisions failed.

Having a dialog with managers of those facilities, will not only help you develop your plan, but you will be able to provide guidance to those institutions and, in the process, help you become more aware of those vulnerable populations in your community.

Locations of vulnerable populations are easier to identify if they reside in an institutional or group facility but the exact number of people who may be in temporary health-care or residential facilities such as nursing or transition homes, or living with caretakers dispersed throughout the community, or in

small private homes, will vary over time. It's also important to remember that congregated populations with disabilities are not homogenous in terms of their needs or the types of their disabilities. Some facilities that house people with physical disabilities may also house people with cognitive disabilities – each having different needs in an emergency. For example, individuals with mobility disabilities may be housed in nursing homes with others with dementia but having no mobility problems. In times of economic downturns, housing becomes more unaffordable for the working poor and families with young children, and they may turn to shelters which may also house people with mental illnesses or substance-abuse problems. Domestic violence shelters typically house women and children in a highly vulnerable state, without resources and in need of protection from their abusers.

>>>Pat Pound: We struggle with apartment complexes that have a large percentage of people with disabilities. They call them unlicensed facilities which sounds like they're illegal but they're not, they're just apartments and they happen to be unsubsidized and they happen to be accessible so guess what? We find people with disabilities who need affordable accessible housing there.

>>>Narrator: In an effort to get a snapshot of the scope and needs of vulnerable populations, many communities pro-actively solicit information by providing mail-in forms in local telephone books or in pamphlets distributed at public events to encourage people with disabilities or other specific needs to “self-identify” and state their requirements for inclusion on an emergency registry.

>>>Bruce McFarlane: From the administration side of registries, the big issue is maintenance. Staffing. As soon as you think you've got your community nailed, it's already out of date because as soon as one person moves, it's out of date. So how do you maintain a registry?

>>>Narrator: Many individuals feel this is a government intrusion into their lives, while others hesitate to voice their needs for fear of being singled out for special treatment that may be embarrassing for them. Registries can be especially problematic for people with mental health disabilities or those who rely on service animals during emergencies because they are not required by law to carry a doctor's certification of their disability.

A particular challenge with self-registries has to do with personal perception. Many people, often times the elderly, feel they are quite capable of taking care of themselves, and they do under normal conditions. However, they may be placed at significant risk during and after a disaster because their normal accommodations and service networks may be unavailable or cease to exist, sometimes for

weeks at a time. Another issue with registries has to do with legal considerations about privacy and who will have access to the information maintained in the database.

Oftentimes it is the caretaker who needs help in accommodating the needs of an individual with disabilities or other concerns. For example, caring for a family member temporarily confined to bed, or in need of crutches or a wheelchair, creates a unique situation in terms of mobility during an emergency relocation. Such situations require dedication of both public information and media specialists to ensure caretakers understand the necessity to identify and accurately state their specific needs, especially if an evacuation is recommended requiring transportation.

>>>Martin Gould: I think that the registries are perceived by people as level of risk that they want to take sometimes. Whether or not they want to be registered, I think that people who feel more at risk for any kind of emergency will likely participate in a registry and the best example are the ones that many of the power companies in this country offer registration for people who may be ventilator-dependant or have other kinds of needs for power and backup power and attention to their circumstances and so they more readily participate in power companies' registries. So again it's I think it's a matter of understanding what the registries are for, what benefit that they have to offer, and people's own perception of risk and whether or not they participate in a registry.

>>>Narrator: And as noted before, individuals that have recently acquired a disability or who have temporary functional needs may never be included in official databases.

>>>Betty Hearn Morrow, Ph.D: But if you're wise, you very quickly will partner with organizations that have been working that community for a long time. They know who their clients are and they can help you that way. A lot of the faith based organizations, churches, especially among minority groups, often its the church that truly does hold the group together and so they all know who the people are. In fact, the obvious thing to do is to empower them in whatever they need so they can help each other.

>>>Narrator: So what's the answer? Well, the fact is, there is no single answer... each element is simply a tool in the emergency planner's tool kit. Much of the information you may obtain from a registry may be available from those members representing the vulnerable communities that you've recruited to serve on your planning committees. In the end, there is no substitute for knowing your community and inviting those who know about the access and functional needs of community members in the preparedness phase of your emergency planning.

As an emergency planner, once you have developed a comprehensive network of representatives in your planning process and you feel you understand the needs of those groups that make up your community, how are you going to communicate a protective action message to them? How are you going to make sure all segments of the community are effectively addressed? What about people with vision disabilities or those that are deaf or have hearing disabilities, those who don't speak or understand English very well, or who are not close to a radio or TV during working hours?

When notification protocols are being developed, information from national data sources such as the "US Census on Ethnic or Racial Background of Residential Community Populations" can be used to determine the number of languages into which public information materials and warnings should be translated. However, if migrants or other transients such as large tourist populations are common at certain seasons in a community, public sources of such information may not be helpful. The Chemical Stockpile Emergency Preparedness Program, managed by FEMA, recommends translating public information materials if one percent of a community speaks another language. This one percent figure refers to each non-English language group – it is not a cumulative figure. Provision for alternative languages should also be made on reader boards along major evacuation routes in communities with large non-English speaking populations.

Communicating with the needs of the whole community in mind extends far beyond non-English speakers. For example, the hearing impaired may be unable to hear sirens or announcements over PA or TV systems. They may require scrolled text on a screen or sign language interpreters. Some text colors may be difficult for people with poor vision to read. This may make television or public information alerts or maps and graphics difficult to interpret and prevent some people from taking critical protective actions. For example, some individuals who are color-blind may not be able to distinguish a hazard area outlined in red on a map.

>>>Pat Pound: Well deaf people don't hear them and blind people don't see them if they don't appear both audibly and visibly. And many times in a captioning of newscasts is done from a script and instead of from the script the announcer is reading, and so if the announcer interviews someone and the interviewee tells you the zip code in which not to drink the water, sometimes that part isn't captioned. So you might know there's an issue but you might not know it involves you, or you might not even know there's an issue.

You know people in the media have told me we would be more concerned about captioning if we knew how many deaf people were in our community. Well, you can find that out. You know, the census has

those numbers. And they have them down to the community level. So there's more really going there and working at it and really trying to assess who lives in your community, where might they live, or where might they go to school, and where might they be that might need some attention.

>>>Narrator: Some communities with large numbers of illiterate or non-English speaking adults, unable to comprehend written information, may need to include graphic representations of the hazard and its implications. If there are large ethnic populations in your community, learn what television or radio stations cater to them by bringing representatives from those communities to the planning table. Learn where they get their news and other information and how they communicate within their community when hazardous events are about to occur or during recovery operations afterwards.

Communication access targeted to individuals with access and functional needs should continue after the disaster and specifically mention services available to those with disabilities.

>>>Richard Devylder: So what really needs to happen in the whole notification and the warning systems is we have to ensure that it's accessible. So having different arteries and different methods for communications is very important. Making sure individuals who are blind and who are deaf are actually part of the testing process and understanding what their needs are.

>>>Narrator: Clearly there are legal responsibilities for identifying and accommodating people with disabilities in an emergency. But how do we actually ensure they are adequately housed in temporary general population emergency shelters? Is the anticipated temporary shelter population a proportionately accurate representation of the community at large?

There are distinct connections between the risks people face in disasters and the reasons for their vulnerability to hazards. While most evacuees choose to stay at a friend's or relative's, in a motel or hotel during the hazardous event, or sometimes crossing state lines in moving away from the impacted area, other individuals do not have that choice.

>>>Frances Norwood, Ph.D: We definitely found that people with disabilities, many of them tend not to have the resources they need to evacuate, to be able to make that choice to evacuate. We definitely found that they're impacted by not just their disability but their other relationships and maybe lack of access to a car, lack of access to funds to pay for the hotel room, inability to move somebody or we also heard a lot about if you're stuck on the highway in an evacuation for 12 hours, there's some people who

cannot sit in a car for that length of time and if you can't even get off the highway, you really risk with people with some significant disabilities, making things worse than if you'd actually stayed.

>>>Narrator: This is because certain groups are more at risk and suffer more harm from changes in the economy and existing social or physical conditions. Some marginalized groups such as low-income families or people with mental health disabilities, who are not institutionalized, live daily without adequate resources for food and other necessities. Frequently they have no savings or resources to fall back on to facilitate evacuation or later, recovery from a disaster. For these people, withdrawal from harm's way when warned of an impending threat may be impossible without direct financial and physical assistance from emergency officials, transportation planners, social service providers or other organizations. Determining where these individuals are located when a hazard threatens and how to provide assistance is difficult, but not impossible for planning agencies, especially if officials have involved organizations that provide services to those groups during the planning phase.

>>>Frances Norwood, Ph.D: One of the main things that we found across every study, every evaluation that I've done here on emergency preparedness is that you need to work with the community, with the providers who are already there, and if it's migrant workers, you have Catholic charities, you have a number of different organizations that are regularly going out to the places they live and they work and they're offering them assistance.

>>>Narrator: Identifying individuals with access and functional needs can be challenging, especially in temporary care shelter operations. General population shelter operators are required by law to provide personal assistance services to enable individuals with disabilities to maintain their level of independence. This means considerations such as providing continual electricity to power medical devices or recharge batteries, must be made during the pre-incident planning phase.

>>>Pat Pound: The other thing that happens related to integrating versus segregating is you want to at all possible include the whole family. And a person with a disability may be a parent, they may be a grandparent, they may be a child in the family. But nevertheless you want to preserve the family unit for all kinds of reasons.

>>>Narrator: Sometimes shelter operators may think it necessary to protect some people – such as very young children, the elderly, or those with specific needs - during the shelter experience. Local emergency officials are increasingly concerned with domestic violence, substance abuse, and predators in shelters but lack the legal authority to intervene unless a crime is committed. Therefore, it is

important to plan for the safety of all evacuees. Emergency responders and staffers should also be trained to recognize cognitive disabilities by routinely screening for signs of confusion among evacuees – such as a person being unable to follow simple instructions or answer questions. Confusion in elderly evacuees may also indicate other potential health problems.

>>>Lori Peek, Ph.D: We know that often times children shelters are not set up to be safe or friendly for children and after Katrina when thousands and thousands of children were scattered in shelters all across the United States, some of the studies that were done showed that for example there were buckets of standing water that were left around, there were open sockets, there were windows that were left open, and these are all again thinking about the difference between children and adults, these are things that an adult would walk by would never worry about but a child could fall thru a window, could drown in that bucket of water, so there are lots of different hazards that might be introduced during the evacuation period because shelters or other places aren't set up to be child friendly or they don't have the resources available specific for children.

>>>Narrator: Children are especially vulnerable to mental and emotional health effects of disasters. Emergency managers should have plans in place to secure adequate shelter, transportation and legal services for children displaced from parents as well as published procedures for reuniting families. If children will be temporarily sheltered at school, officials must communicate why and how children are being protected until they can be released to parents or guardians.

>>>Bruce Lockwood: There's, as we say right now about children, been benign neglect. I don't think anybody purposely went out and said let's not plan for children, but we think that the time has come now that we really need to step back and look at how we need to see what the new norm is for the process and planning and make sure that when we plan, we plan for the whole, you know, and not what works but what is easy and easy planning is not successful planning.

>>>Narrator: Youngsters may be vulnerable to child predators in temporary shelters. Officials or organizations must perform background checks on workers and volunteers servicing those shelters.

>>>Bruce Lockwood: One of the recommendations moving forward from the commission is that we find a way to expedite the process of background checks.

>>>Narrator: Even if not separated from parents, young children often have psychological problems stemming from the trauma of a catastrophic event that they have difficulty expressing, given their undeveloped language capacity. Coupled with the aftermath of disaster or long-term emergency when schools and day-care centers are often closed, temporary housing confusion, and parents distracted by coping with clean-up or loss of jobs, the needs of this voiceless population are often underserved.

>>>Pat Pound: How do you best move someone, how do you best move wheelchairs, how do you what are the best products to use in terms of stair evacuation, can elevators be used, if so, how?

>>>Narrator: Many community emergency plans delegate temporary shelter operations to the American Red Cross or faith-based organizations. However, planners seldom take the time to ensure shelters are ADA compliant for accessibility, that volunteers have adequate training in disability-related tasks, screened for background problems, and that resources are adequate at all shelters to serve people with disabilities. Legally, communities are required to provide assistance to those with disabilities in any temporary general population shelter.

>>>Richard Devylder: Time and time again you go to a general population shelter and they don't have durable medical equipment. Well, some can argue they don't have DME cause economics, I would argue with you often times they don't have the DME because they don't want people with disabilities in their shelters.

>>>Marcie Roth: When we plan for the easy part of the community and then plan for everybody else in separate supplemental special annexes, we fail to plan for the whole community. We have to develop one plan that works for the entire community. So we're quickly moving away from sub-plans and separate annexes.

>>>Narrator: All shelter plans should be reviewed to ensure they can accommodate walkers, wheelchairs, crutches, or people with scooters or durable medical equipment that require electrical sources.

>>>Marcie Roth: Why are we buying two different kinds of cots? Why are we buying cots that aren't very comfortable and are more traditional that people with disabilities, seniors, people who had recent injuries have a very difficult time getting on and off of, why don't we just buy one universal cot that works for everyone?

>>>Narrator: Planners also need to make sure that all shelter residents have access to public education and information materials in appropriate formats such as providing hand-outs in Braille or large print for people who are blind or have low vision and a sign language interpreter during all information meetings, prior to, during, and after an event. Following a hazardous event, a window of opportunity may exist to stress to the community, including those with access and functional needs, the importance of being prepared and how officials and other responders can assist them in preparing for future events. For example, an individual's reliance on electricity to sustain medical equipment may constrain their travel distances and movement up or down stairs without physical assistance so they should be actively involved in planning to make sure the choice of temporary shelters can accommodate their needs.

The same communication channels you used to issue your emergency protective action order should be utilized during and after the emergency to keep all populations informed of the situation and how officials are working to restore order and public services. It is important to remember that flooding, debris and other hazards can make it impossible for persons with disabilities to leave or return to their residence. Companion or service animals are generally not trained to navigate downed power lines, standing water, or other potential hazards, forcing those dependent on animals to remain inside or away until conditions are safe - which can mean several days or months following a large-scale hazardous event. How you connect and communicate with these people when electrical and telephone lines are down should be explained in your emergency plans.

>>>Bruce McFarlane: "Disability is about a specific time in the life of each and every one of us. For some it may be temporary, for others it may last much longer. As a society, we have mistakenly adopted a mindset that divides us into two groups: able bodied and disabled. The fact is that we will all be part of the disability community for some time in our lives".

>>>Narrator: here is no such thing as one size fits all when it comes to effectively planning for populations with access and functional needs. To be effective, community emergency plans must provide for the inclusion of groups and advocates that work with individuals with disabilities and other vulnerable populations, and ensure all such individuals have programmatic and communications access to all meetings with appropriate signage or language interpreters. Planners need to make sure that people with disabilities have complete access to temporary general population shelters and appropriate public accommodations during emergencies. Further, that all emergency programs and agencies that serve people with disabilities, the vulnerable, and those with access and functional needs are fully prepared to do so in a hazardous event, even if people have not self-identified or stated their specific needs. Encouraging collaboration between governmental agencies and the private sector and the appropriate advocacy groups will help incorporate measures to insure those with access and functional

needs and those with disabilities are considered in emergency plans that serve the entire population you are charged to protect. It's a tall order but not impossible given the tools and resources now available to planners, emergency officials, and lawmakers.

>>>Martin Gould: People who are a part of vulnerable populations should not be considered an annex in any planning and policies that are created anew with the information that we provide today and in the weeks ahead should also not be considered as an annex to recreate some of the same problems. Clearly if we want to provide integrative emergency planning and evacuation and recovery, we need to make sure that our policies are as integrated as possible.

>>>Marcie Roth: What we're trying to do in our work, in preparedness, response and recovery, is to bake in rather than layer on how we meet the needs of children and adults with disabilities and others with access and functional needs. What we're trying to accomplish is that we really get all of this into the general plan, that we bake it in, rather than kind of putting it on afterwards as a layer on top of a cake.

>>>Narrator: It is critical to recruit representatives from all parts of the community into your planning process, to conduct table top exercises inclusive of the whole population in mind, to work with institutions to strengthen their protective action plans, and to train and exercise with those individuals as participants evaluators. We hope this training video helps you understand the legal issues associated with accommodating those with disabilities in emergency planning and to understand the issues of others who may be particularly vulnerable during a hazardous event.

There are more materials available to help with those challenges. The Americans with Disabilities Act is enforced by the US Department of Justice. The DOJ has issued a toolkit to assist state and local governments and developed a guidance entitled "An ADA Guide for Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities" which lists specific actions to take in emergency planning, notification, evacuation, sheltering, and considerations for returning home.

FEMA's 2007 "Reference Guide for Accommodating Individuals with Disabilities in the Provision of Disaster Mass Care, Housing, and Human Services" was the agency's first step in meeting the requirement of Section 689 of the "Post-Katrina Emergency Management Reform Act of 2006" to develop guidelines for those who serve individuals with disabilities in emergency preparedness and disaster relief. These and other resources are available to help in the planning process.

By developing and implementing emergency plans that include information and guidelines incorporated in FEMA's Comprehensive Preparedness Guide, CPG 101, "Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans," the functional needs and support services for people with disabilities or access and functional needs, will help lessen the impacts from hazardous events, ensuring that all citizens have the information and resources to cope in a crisis situation. Another useful publication is FEMA's "Functional Needs Support Services Guidance for General Population Shelters." These publication and others can be accessed at their websites or by calling the appropriate agency.

Remember that disability does not have to mean inability, especially if your community makes the necessary plans and provides the resources for populations with access and functional needs to respond to recommended protective actions when an emergency occurs. Planning for the whole community maximizes precious resources and benefits everyone.

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