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Emergency Planning for Disabled and Elder Populations: Katrina's Lessons for the Future

In light of the recent disasters of hurricanes Katrina and Rita, we selected emergency preparedness as the topic for this Brief. CRP's play a pivotal role in the lives of people with disabilities and this role becomes even more critical when faced with disasters. We are pleased to have Hilary Styron, Director of the Emergency Preparedness Initiative at the National Organization on Disability as the author of this Brief. NOD has been a leader in this area for the past three years. Under the direction of Ms. Styron, EPI continues its mission to ensure that people with disabilities and their advocates take an active role in preparing themselves for emergencies.

BACKGROUND

Although local, state, regional, and federal government agencies play a major role in disaster planning and response, traditional government response agencies are often ill equipped to meet the needs of disability and aging populations during emergencies. The typical approach to delivery of emergency services is not designed to provide the essential help required by these segments of our country's population. To fill the gap, a network of disability and aging-specific organizations utilize government and private sector resources to serve their clientele. There is no single organization that is capable of serving everyone. This network of providers represents a vast array of national, state, regional, and local human and social service organizations; faith-based organizations; and neighborhood associations.

Compelled by the attacks of September 11, 2001, the National Organization on Disability (NOD) launched the Emergency Preparedness Initiative to ensure that emergency managers address disability concerns and that people with disabilities are included in all levels of emergency preparedness, response, and recovery. When Hurricane Katrina provided the opportunity to examine the progress on this front, the NOD deployed four assessment teams to investigate the status of response and recovery for the disability and aging populations.

The Special Needs Assessment 4 Katrina (SNAKE) project was conducted quickly to identify and review systemic points of weakness and opportunities for immediate actionable corrections to alleviate suffering during response operations. It was an extremely time-sensitive operation as the opportunity to capture data and accounts would dissipate as shelters began to close. This article provides a brief glimpse into the findings and experiences of the teams.

SNAKE Team Findings

SNAKE teams met with 26 individuals from 18 shelters (American Red Cross and others), 4 community-based organizations, and 8 emergency operations centers. The teams gathered data on gaps in short-term response efforts and on long-term recovery needs. They also collected information to support or disprove "stories" that emerged from the disability and aging communities.

Among other findings, the teams reported that:

- 54 percent of the shelters did not have working agreements with disability and aging-specific organizations prior to the event;
- 85.7 percent of the community-based groups did not know how to link with the emergency management system;
- Less than 30 percent of the shelters had access to American Sign Language interpreters;
- 80 percent of the shelters did not have TTYs (telecommunications devices for the deaf),

60 percent did not have televisions with open caption capability; and
Only 56 percent of shelters had areas where oral announcements were posted for reading.

IMPLICATIONS FOR CONSUMERS

Immediate and Long-Term Issues

Using an evaluation tool created by the SNAKE Analytical Team, the ground teams assessed shelter conditions as related to disability and aging populations. The survey was organized into four major areas: sheltering; management, policies, and training; resources; and community-based organizations. The following issues are based on the analysis and information available to the teams while conducting the assessments.

Disability, Activity Limitations, and Aging Issues Addressed through Medical Model: Assistance provided to disability and aging populations often over emphasizes medicine instead of independent living or advocacy models. This perspective caused some people to be separated from families and support networks and transferred unnecessarily to medical shelters or nursing homes. Other people with special needs were not identified because of the lack of trained eyes as well as the lack of or inadequate screening questions. As a result, some individuals' conditions deteriorated to the point where they did require transfer to a hospital, nursing home, or medical shelter. Early response service coordination offered through disability literate organizations could have prevented many of these transfers.

RELEVANCE FOR CRPS

No Use and Under-Use of Disability and Aging Organizations: The immediate Katrina response reflected poor use of disability and aging-specific organizations. There often is not a designated entity or individual responsible for coordinating disability and aging issues. Each community-based organization that was interviewed reported difficulty in gaining access to emergency management authorities to coordinate response and service delivery. This can lead to well intentioned but misguided actions that further complicate response and recovery activities.

Emergency Information Needed in an Accessible Format: Broadcasters and public emergency management agencies continue to fall short in their responsibilities to modify their information procedures. The Federal Communications Commission (FCC) requires that information, including the critical details, be accessible by members of the disability community in times of emergency.

Service Coordination: Many people need assistance with activities of daily living (i.e., dressing, feeding, toileting, decision making, planning) and, in some cases, primary medical care. Additionally, some require help with arranging services and coordinating among multiple providers. Hurricane Katrina's large-scale displacement interrupted the networks of support for individuals with disabilities. These individuals must now form new networks and find sources of knowledge in new environments with limited contacts and little awareness of local resources while also scrambling to meet other essential needs, such as housing and access to food.

Cross Training: Disability and aging-specific advocates and service providers need to strengthen their understanding of local and state emergency management systems. To improve effectiveness, they need a quick orientation to emergency management organizations and structure and the roles of traditional recovery organizations such as the Federal Emergency Management Agency (FEMA), the American Red Cross, and other voluntary agencies active in disaster. Likewise, emergency managers need to strengthen their understanding of disability and aging populations and how their needs are best met in an emergency. The misguided impression that aging and disability issues are not of concern to general shelter managers was mentioned by several shelter managers. There must be a realization that all shelters, emergency managers, and disaster relief centers serve disability and aging populations even if this responsibility is not specifically articulated in their task assignment or mission statement. There are a number of disability-specific needs that are not burdensome that shelter staff can be trained to perform. Many people with disabilities do not need medical shelters or segregated services.

However, many of them do need a variety of complex, and sometimes not well understood, community services to get their lives back on track.

Durable Medical Equipment: People with disabilities were sometimes forced to leave expensive durable medical equipment (e.g., augmentative communication devices, wheelchairs, walkers, respirators) at airports, bus loading areas, shelters, etc. Customized power chairs alone can cost up to \$40,000.

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

SUMMARY

To address the above issues, the SNAKE report recommends the following:

- Utilize the skill sets and expertise of disability and aging-specific organizations.
 - Assist people in quickly replacing critical durable medical equipment and essential medications to return them to their typical level of functioning as soon as possible so they can manage independently in a general population shelter and in temporary housing.
 - Continue to provide services, support benefits, and programs, including Medicaid, to maintain the integrity of the family unit and to allow individuals to live in the community as they rebuild their lives.
 - Add questions during all intake processes (e.g., shelter, American Red Cross, and FEMA applications) that help to identify needs and/or issues of disability and aging individuals. This will allow for more appropriate assistance, referrals, and long-term solutions.
 - Ensure that disaster relief services include federal financing to provide *medically necessary* long-term services in community settings.
 - Create a team that mirrors the management structure of the National Response Plan to be put in place to support disability and aging issues.¹
- Issue fines to those who do not follow FCC regulations for providing accessible emergency information.
 - Increase service coordination, cross training, accessible transportation, and housing options.
 - Create a stockpile of durable medical equipment.

Additional recommendations and other issues, such as the fiscal impact on disability and aging-specific organizations involved in response, disaster recovery centers, and accessible transportation, can be found in the full 16-page report, which is available at: <http://www.nod.org/emergency>.

All levels of government experienced systemic failures in their efforts to respond to the needs of the disability and aging populations following Hurricane Katrina. It is time now to move from lessons learned to lessons applied. Organizations with a history of specialized service delivery to the disability and aging populations have built their reputations on unique and credible connections trusted by the people they support. Their refined skill sets and expertise offer valuable, but often overlooked, sources of knowledge.

Emergency professionals and response organizations must seek out and utilize these organizations during emergency planning, preparedness, response, recovery, and mitigation activities to eliminate barriers to effective service delivery. Additionally, members of the disability and aging populations must become familiar with emergency protocols to work effectively with emergency responders before, during, and after emergencies.

¹ *There must be a designated person at the federal level, reporting to the principal federal officer, to handle these issues. This person must have operational emergency management experience and must be vested with the responsibility, authority, and resources for providing overall day-to-day leadership, guidance, and coordination of federal emergency preparedness, relief, and recovery operations on behalf of disability and aging populations.*

Meeting the continuing education needs of community rehabilitation providers

Websites & Resources

- <http://www.nod.org/emergency>
- <http://www.ncd.gov/newsroom/publications/2005/pdf/katrina.pdf>
- http://www.ncd.gov/newsroom/publications/2005/transcript_emergencymgt.htm
- http://www.redcross.org/services/disaster/0,1082,0_603_,00.html
- <http://www.governor.state.tx.us/divisions/disabilities/resources/ada/emergency/>
- <http://www.katrina-la.net/>
- <http://www.redcross.org/services/disaster/beprepared/disability.html>

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