



THE PARTNERSHIP
FOR INCLUSIVE DISASTER STRATEGIES

Community Resilience Initiative

Module 4

The Hard Truth Staff Need to Know to Prepare

www.disasterstrategies.org

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Welcome & About Us

Ground Rules

- Maintain confidentiality
- Ask questions
- Have fun!!!



Disclaimer

Material presented does not constitute legal advice and is for informational purposes only. If you are seeking legal advice, please contact a qualified attorney.



Overview of Community Resilience Initiative

Four 90-minute trainings:

- Emergency management basics
- Emergency management during a pandemic
- Continuing IL work during a pandemic
- **The hard truth staff need to know to prepare**



Module 3 Review

All Core Services can and must be provided during a pandemic and concurrent disasters.



Scenario

A consumer, who is regarded as a leader in the disability community, claims that COVID-19 is “no big deal” and proclaims that no one should wear a mask.

How can your CIL respond?



Scenario

A leader in the Disability Community has expressed to other advocates and the press that vaccines are dangerous for people with disabilities and that people should not get the COVID vaccine.

Does your CIL respond? If so, how?



Scenario

An active consumer in peer support activities has stopped coming to events.

What questions do you ask them?

How do you respond when they say that they feel very isolated and that they are probably just going to get COVID and die anyway?

What do you do when consumers stop showing up for remote activities?





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Questions?

Today's Goals

- What to expect and what not to expect from government, community, and stakeholders & how to advocate for inclusion
- What to expect and what not to not expect from the American Red Cross and other charitable organizations
- What to do when the disability community doesn't have a seat at the emergency management table
- What new staff need to know about COVID-19 and concurrent disasters



Realities for People with Disabilities in Disasters

People with disabilities are 2 to 4 times more likely to die or be injured in a disaster than people without disabilities in disasters.



COVID-19 Survivors

- Without previous disabilities may acquire disabilities
- With pre-existing disabilities may acquire new disabilities and pre-existing disabilities may become more significant
- It is unknown what disabilities are likely to occur months and years after COVID-19



Why do people with disabilities die and are injured at such disproportionate rates?

- Left behind
- Lack of equal access to disaster services



Reasons why people with disabilities die and are injured at such disproportionate rates?

Institutional bias:

- Being institutionalized already
- Becoming institutionalized
- Society facilitating institutionalization





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Questions?

Personal Preparedness has Limitations

- Personal preparedness is important but it must be accompanied by systemic planning by local, county, state, tribal, and federal government.
- Government planning should assume people with disabilities have not done personal planning.
- It's not individuals' obligation to prepare - it's the government's responsibility to plan with and for, to keep community members safe and respond to disasters.



Systemic Barriers to Personal Preparedness

- Economic / Financial
- Privilege
- Access to healthcare
- Access to health maintenance
- Transportation





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Question for you:

What are some personal preparedness tips you use?

Access to Disaster-Related Services and Civil Rights Protection Delegated to Charities

- Federal and state government still retain their legal obligations - they cannot contract legal obligations away.
- Reliance on charity organizations is NOT inclusive emergency management.



Access to Disaster-Related Services and Civil Rights Protection Delegated to Charities

- Charity organizations often follow the medical model approach to disability - influencing the institutional bias.
- Relying on volunteers has always been problematic, now even more problematic because high percentage of volunteers are older adults who are high-risk for COVID-19.



American Red Cross

Relationship with government

- Has authority given by the Federal Government, but the American Red Cross is not a government entity - they have a charter
- They share responsibility for mass care with FEMA



American Red Cross Services During Disasters

- Sheltering
- Bereavement visits
- Food
- Health maintenance services (not specific to disability, but things like monitor blood pressure)



American Red Cross Services During Disasters

- Bulk distribution of needed items
- Mental health services (speaker note, every chapter offers a bit of different things)
- Emergency cash

Source:

<https://www.redcross.org/content/dam/redcross/atg/PDFs/GuideToServices.pdf>





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Questions?

Question for you:

Do you know what your local Red Cross Chapter provides?

Planning is Not Inclusive

- Disaster planning has not been inclusive of people with disabilities nor our needs.
- Inclusivity throughout means that disability issues and needs of people with disabilities are considered at all stages of planning, response and recovery; and, leaders with disabilities are included throughout the processes.



Lack of Planning Leads to Lack of Equal Access During Disasters

Notifications

- Are often times not accessible for people that are Deaf and Hard of Hearing, and Deafblind
- Often do not have provide real-time caption and/or sign language on screen during notification and press conferences



Lack of Planning Leads to Lack of Equal Access During Disasters

Shelter accessibility

- Getting to a shelter that has steps to get inside
- Shelter that is not physically accessible
(Entrance, bathroom, showers, dining area)



Lack of Planning Leads to Lack of Equal Access During Disasters

Shelter accessibility

- Getting to a shelter that does not have a plan to provide equally effective communication to people who are Deaf or Hard of Hearing, or Deafblind
 - (i.e. sign language interpreters, and back-up plan)
- Or does not have written material in accessible format
- Do not have quiet areas or denies service animals



Lack of Planning Leads to Lack of Equal Access During Disasters

Distribution points

- Disabled people not having access to transportation

Disaster declarations

- Barriers for disabled people (as in most gov services) to applying and receiving services (i.e. question #24 in IA application)

Recovery

- Disabled people are often forgotten/left behind



Proposed Colorado Legislation that Could be Harmful

- Liability shields for nursing facilities
- HB21-1074 and SB 21-080
 - Sources:
 - Husch Blackwell: [50-State Update on COVID-19 Business Liability Protections](#)
 - Lathrop GPM: [States Increasingly Considering COVID-19 Liability Protections](#)



Proposed Federal Disability and Disaster Legislation

- Real Emergency Access for Aging and Disability Inclusion (REAADI) for Disasters Act
 - 116th Congress - HR.3208 and S.1755
- Disaster Relief Medicaid Act (DRMA)
 - 116th Congress - HR.3215 and S.1754
- Learn more: www.reaadi.com





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Questions?

FEMA Assistance During COVID-19

Public Assistance (PA):

Getting infrastructure assistance that state requested

Individual Assistance (IA):

Only Crisis Counseling



Assistance Available when a Major Disaster is Declared

- Not all programs activated in all disasters
- Assistance is based on what is requested by the Governor or Chief Tribal Executive and identified needs



The Hard Truth: What Not to Expect/Assume

Don't expect to be rescued!

- Although the federal government says they prioritize rescuing people with disabilities during disasters - it is often not what happens in the middle of a crisis
 - Video: [Rooted in Rights - Right To Be Rescued](#)



The Hard Truth: What Not to Expect/Assume

Don't expect equal access to disaster-related services.



The Hard Truth: What Not to Expect/Assume

Don't expect full reimbursement from the government.

- Although the federal government provides Individual Assistance in disasters, it's limited.



The Hard Truth: What Not to Expect/Assume

Don't expect a quick return to “normalcy.”



The Hard Truth: What Advocates *Should* Expect/Assume

- Expect states taking care of themselves.
- Assume that there has been little preparation for concurrent disasters.





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Question for you:

Have you had expectations or assumptions
that weren't met in a disaster?

Given The Realities, What Can We Do?

Continue to:

- Center BIPOC voices/experiences
- Advocate
- Organize
- Hold accountable
- Reject segregation

Nothing About Us Without Us!





Question for you:

What issues have you previously advocated your government (local, state, tribal, federal) and private sector?

What will you advocate for now?

Advocate To Local and County Government

- Disability representation
- PPE and instructions on where and how to obtain it
- Information about testing for people who don't drive or have cars
- Civil rights not delegated to charity



Advocate In Your State

- Disability representation at all levels of emergency management and public health.
- Advocate for CILs to be first point of contact for emergency management when disasters strike
- Advocate for CILs to be a first point of contact (as a disability stakeholder) when Emergency Operation Centers are set up and throughout disaster and emergency response.



Advocate In Your State

- Collaborate with Colorado Emergency Management Access and Functional Needs Coordinator (Sadie Martinez)
- Connect with FEMA Region 8 Disability Integration Specialist (Mike Houston)
- Civil rights protection on state level



Vaccine Advocacy

- Drive-through sites are not accessible to people with disabilities who don't own cars, don't drive, and/or don't have access to transportation
- Sites need to:
 - Be physically accessible
 - Provide equally effective communication
 - Not discriminate
 - Otherwise comply with ADA and 504/Rehab Act obligations



Advocate To Federal Government

- Disability representation
- Equal access to disaster-related services from FEMA, HHS, HUD, and other agencies
- Enforcement and monitoring of civil rights in disasters
- Adequate funding
- Stakeholder engagement with community members



Advocate To Private Sector

- Reasonable modifications of policies
 - Curbside service when people can't wear masks
- Compliance with all of the other ADA requirements - admitting services animals, etc.
- Funding



**The government systems don't plan,
but disability advocates should!**





Question for you:

How can your CIL begin to or continue planning for disasters?

Roles of CILs Given The Realities

Convene

- Bring emergency management, public health and the disability community together at the table now
- If you don't have a seat at the table, build a new table!
- Build and nurture relationships





Question for you:

How has/can your CIL be a convener?

Getting to the Table and Optimizing Outcomes

- Use your advocacy skills.
- Keep in mind - just because you may be at the table, doesn't mean you aren't on the menu.
- Demand your space and that your message be heard.
- Be persistent.



Assume a local leadership role!





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Question for you:

How has/can your CIL assume a leadership role?

Roles of CILs Given Realities

Navigate & Negotiate

- Government / decision making space at local, state, tribal, and federal level
- Emergency management space
- Community stakeholder space





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Question for you:

How can your CIL play a role in negotiations?

Roles of CILs Given Realities

Collaborate

- Cross-disability & singular focused disability organizations
- Disability-related providers & disability-led organizations, ie. Disability Law Colorado
- Disability-led organizations & policy/decision makers



Roles of CILs Given Realities

Collaborate

- Non-disability related organizations (possible allies)
- Multi-marginalized communities
- Individual advocates
- And beyond!





Question for you:

Has your CIL collaborated? How?

Roles of CILs Given Realities

Plan

- Add people with disabilities into all plans at all levels!





Question for you:

What role has your CIL taken in the planning process?

Roles of CILs Given Realities

Transition

- Get people out of congregate settings
- Divert them from going to congregate setting





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Question for you:

Have you been successful diverting people from and transitioning people out of congregate settings?

Roles of CILs Given Realities

Amplify

- Share good and bad stories/testimonies with press and community





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Question for you:

Have you had the opportunity to share stories?

Roles of CILs Given Realities

Educate consumers/participants/public:

- How COVID-19 impacts disabled people
- COVID-19 precautions
- Civil rights protections/obligations
- Inclusive emergency management





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Question for you:

What are you doing to educate consumers
and community members?

What has worked?

Roles of CILs Given Realities

Demand accountability

- Be at the table
- Make a “paper trail” documenting correspondence, notes, etc.
- Hold entities and individuals accountable to their agreements
- When agreements aren’t kept, consider working with Disability Law Colorado, Colorado Cross Disability Coalition





Question for you:

What have your experiences getting to the table been like?

What's happened at the table?

**It's Never Too Late to Get Involved
and Active!**



Scenario

Even though some staff from other CILs have good relationships with Emergency Management and the Department of Health, you just can't seem to connect.

What are some steps you could take to build a relationship?



Check-in

- List five things you or staff at you CIL can do to support consumers/participants during COVID-19.
- List actions your CIL can do to keep people out of congregate settings.
- Name actions your CIL can take to get people out of congregate settings.





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Thank you!

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