



**THE PARTNERSHIP**  
FOR INCLUSIVE DISASTER STRATEGIES

## Community Resilience Initiative Module 4

# The Hard Truths You Need to Know to Prepare

[www.disasterstrategies.org](http://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

## Six 90-minute trainings:

- Emergency management basics
- Emergency management during a pandemic
- Continuing IL work during a pandemic
- **The hard truth you need to know to prepare**
- Vaccine Access
- Mitigating Disability Bias



# Module 3 Review

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







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**Questions?**

# Today's Objectives

You will develop a better understanding of:

- What to expect and what not to expect from government, community, and stakeholders during a disaster
- What to expect and what not to expect from the American Red Cross and other charitable organizations
- How to advocate for inclusion at the emergency management table



# Realities for People with Disabilities in Disasters

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



# Realities for Disabled People in Disasters

Why are people with disabilities impacted at such disproportionately high rates?

- We are left behind.
- There is a lack of equal access to disaster services.
- Institutional bias drives disabled people into facilities.



# Realities for Disabled People in Disasters

## **Institutional bias:**

- Being institutionalized already
- Becoming institutionalized
- Society facilitating institutionalization



# Long-Term COVID-19 Effects

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, including “Long-Term COVID”





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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(s)
- Government planning should assume people with disabilities have not done personal planning

The assumption that personal preparedness is adequate to respond to disasters/emergencies creates false expectations.





# Personal Preparedness has Limitations

It is not the individual's obligation to prepare. The government has the larger obligation to:

- Inclusively plan for emergencies and disasters
- Keep all community members safe
- Respond to all disasters



# Systemic Barriers to Personal Preparedness

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





## Question for you:

What are some personal preparedness tips you use?



# Role of Charitable Organizations

# Delegation of Civil Rights

Disaster-related services and civil rights protections are often delegated to charities.

Federal, state, and municipal government still retain their legal obligations

- They cannot contract legal obligations away.



# Delegation of Civil Rights

Reliance on charity organizations is NOT inclusive emergency management.

- Charity organizations often follow the medical model approach to disability, perpetuating institutional bias.
- Relying on volunteers has always been problematic.



# American Red Cross

## Relationship with government

- Has authority given by the federal government, but the American Red Cross is not a government entity
  - It has a US Government charter
- It shares responsibility for mass care with FEMA



# Red Cross Services During Disasters

- Food and sheltering
- Bereavement visits
- Health maintenance services
- Bulk distribution of needed items
- Mental health services (every chapter offers different services)
- Emergency cash







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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:

- Lack of engagement from emergency management with disability-led organizations and disabled people with lived experience in disasters
- People with disabilities rights and needs are often an afterthought



# Inclusive Disaster Planning

Inclusivity throughout disasters means:

- Complying with the legal obligations to disabled people during all stages of planning, response and recovery
- Disabled leaders, especially those with multiple marginalized identities, are included throughout the processes.
- Emergency management and public health officials engage with disability-led organizations and disabled experts.





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# **Lack of Planning Leads to Lack of Equal Access During Disasters**

# Examples of Inequity During Disasters

## Notifications

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



# Lack of Equal Access During Disasters

## Shelter accessibility

Shelters that:

- Are not physically accessible
  - Entrance, bathroom, showers, dining area
- Do not provide equally effective communication to people who are Deaf, Hard of Hearing, or Deafblind
- Do not have written material in accessible format
- Deny service animals



# Lack of Equal Access During Disasters

## Distribution points

- Disabled people not having access to transportation

## Disaster services

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

## Recovery

- Disabled people are often forgotten/left behind



# Delaware Policy

At this time, Delaware does not have any legislation specific to COVID-19 liability. However, under Title 20, Section 3121 of the [Delaware Code](#), qualified medical personnel engaged in emergency or disaster relief operations and activities in connection with such emergency or disaster as declared by the Governor, shall not be liable for death or any injury to persons as a result of such relief operations.

- The statute excludes willful or wanton disregard of the rights of others.





# Delaware Policy

In June 2020, Delaware State Council for Persons with Disabilities wrote a letter to Governor John Carney - Re: Nursing Home Immunity from COVID-19 Lawsuits - urging the Governor to do the right thing and NOT grant immunity to nursing/Long Term Care facilities.

Source: [Delaware State Council for Persons with Disabilities](#)



# 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](http://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 and funeral assistance



# 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 their identified needs





# The Hard Truths

# 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 to be required to take care of themselves, and not be taken care of by the federal government
- Assume that there has been little preparation for concurrent disasters
- Medical needs shelters are inequitable



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

Registries of disabled people:

- Are ineffective
  - Expectation that disabled people to stay home 100% of the time
- Creates false expectations of safety for disabled people





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**Given The Realities,  
What Can We Do?**

# Given The Realities, What Can We Do?

## Continue to:

- Center disabled BIPOC voices/experiences:
  - When disabled BIPOC are supported, the entire community thrives.
- 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?

# What Can We Do?

Advocate to local and county government for:

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





# What Can We Do?

Advocate in your state for:

- 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.



# What Can We Do?

- Collaborate with the [Delaware Emergency Management Agency](#)
- Connect with FEMA Region 3 Disability Integration Specialist:

Philip Mattiacci

[philip.mattiacci@fema.dhs.gov](mailto:philip.mattiacci@fema.dhs.gov)

- Civil rights protections on state level



# Access and Functional Needs: Review

Access and functional needs (AFN) includes people with permanent and temporary disabilities

This includes:

- Children
- Pregnant people
- Older adults
- People with limited English proficiency
- People with limited access to transportation



# Access and Functional Needs Coordinators

Some states have a Access and Functional Needs Coordinator who:

- Collaborate with local organizations to identify the needs of individuals with disabilities
- Integrate whole community inclusion approach to overall emergency management
- Provides support and resources to emergency management and community organizations before, during, and after disasters



# Access and Functional Needs Coordinators

- Colorado Access and Functional Needs Coordinator:  
Sadie Martinez
- North Carolina Access and Functional Needs Coordinator:  
Cheri Dean
- California Access and Functional Needs Coordinator:  
Vance Taylor

**Delaware advocates can fight for an Access and Functional Needs Coordinator in your emergency management agency!**



# What Can We Do?

Advocate to the federal government for:

- 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



# What Can We Do?

Advocate to private sector for:

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



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







# Roles of Centers of Independent Living



## **Question for you:**

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

# Roles of CILs Given The Realities

## **Convene** with

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



# 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!**



# Roles of CILs Given Realities

## **Navigate** with

- Government / decision making space(s) at local, state, tribal, and federal levels
- Emergency management space(s)
- Community stakeholder space(s)



# Roles of CILs Given Realities

## **Collaborate** with

- Cross-disability and singular-focused disability organizations
- Disability-led organizations, disability-related providers, Disability Law Program
- Disability-led organizations and policy/decision makers



# Roles of CILs Given Realities

## **Collaborate** with

- Non-disability related organizations, which may be potential allies
- Multiply marginalized communities
- Individual advocates



# Roles of CILs Given Realities

## Plan

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





# Roles of CILs Given Realities

## **Transition and diversion**

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

## **Amplify**

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





## **Question for you:**

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

# 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



# 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 the Disability Law Program





**Questions?**



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# Thank you!

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