- [Sameer] Now we're thrilled
to have Sadie Martinez here.

She's the Access and
Functional Needs Coordinator

for the Colorado State Division

of Homeland Security and
Emergency Management.

She also serves as the Access

and Whole Community Inclusion Caucus Chair

for the International Association
for Emergency Management.

She provides training across
Colorado and the nation

in her role using a
solution-focused how-to approach

in the whole community inclusion planning

and emergency preparedness
for those who are affected

as a result of disasters.

Please join me in
welcoming Sadie Martinez.

(audience applauding)

Thank you so much.

- [Sadie] Thank you, Director
Sameer, for having me.

I am so excited to be here.

I'm Sadie Martinez.

I'm the Access and
Functional Needs Coordinator

for the Colorado's Office
of Emergency Management.

Now, if you go into those
acronyms, it's DHSEM.

And I was like, "Oh, my
goodness, where do I work?"

when I first got there. (chuckles)

It stands for the Division
of Homeland Security

and Emergency Management
in the Colorado Department

of Public Safety in Colorado.

That's a little bit different

than where people who have access

and functional needs coordinators normally

are representatives of their Public Health

or Human Services.

So this was real new to Colorado.

But before I get started,

if you were to look for me in a room

and you never met me before,
I'm a shorter stature Latina.

I'm starting to age a little bit,

so I have a few wisdom highlights,

they're also known as gray,

and then I also have some
other splatter in there.

I put some tinsel so that people
could notice those before,

and they're purple and pink, (laughs)

so if you're noticing that.

I am wearing a teal
two-piece suit with a skirt.

And so the two-piece, the bottom
part, is a skirt. (laughs)

All right, well, I wanna
start with the journey

of where I come from and how I got here

at the state Office of
Emergency Management,

and why it was so important
to put in a access

and functional needs coordinator

in an Office of Emergency
Management traditionally.

We had some great champions
in our Colorado Department

of Public Health and Environment Office

of Emergency Preparedness and Response,

and had been doing great work,

like you all have been
doing, for many years.

But we weren't getting any
movement, and a bad day happened,

and then there was finger-pointing,

like, "Not my job.

Public Health job."

"Not my job.

Human Service job."

And Office of Emergency
Management was like,

"Well, wait a minute.

First of all, we need to
understand what is access

and functional needs,"

and started asking as soon as I came in.

I've been at the state now 5 1/2 years

and built it from scratch.

And when I say that, it really was not.

I really worked closely

and paid attention to what The Partnership

for Inclusive Disaster
Strategies was doing,

the work that June Isaacson Kailes

and Alexandra Enders were doin'.

'Cause I'm gonna actually
introduce you to that memory tool

and have you think about access

and functional needs in
a resource framework.

And so as we play today,
'cause it is interactive,

so I am gonna ask you all to do stuff

and get a little bit uncomfortable,

I'll use the word
"scratchy" when I say that,

but what that means is I'm gonna ask you

to get a little uncomfortable.

And "scratchy" is when
you have that wonderful,

beautiful sweater and it itches, right?

And so you know you love the
sweater, but it still itches.

And so when I use that word "scratchy,"

that's what I'm gonna talk about.

But as I got to the state,

very first time that I was up there,

they asked me to get a list of AFNs.

And I was like, "AFNs?

What's a list of AFN?

Oh, list of access and functional needs,

not Armed Force Network."

But those of you who were overseas

and had the only TV station
- way back when I went

and visited Germany, it was
Armed Force Network, (laughs)

and so it was not people with
access and functional needs.

And so I was like, "Yes, I could do that."

And then I started writing the list

and I started going, "Well, wait,

what about people who
are not on this list?

Who takes responsibility
for leaving them off?"

And I'll give you an example.

Remember COVID, we were trying to save

as much vulnerable population, right?

And we started doing
vulnerable population,

people with disabilities.

And then we put that list
of people with disabilities,

but it left out other
people with disabilities.

So it was getting confusing.

And I said, "Well, doggone it."

In COVID, I said, "I'm struggling

with who labels people
vulnerable populations."

And so my public health counterpart,

who has been championing a
lot of this work in Colorado,

said, "Sadie, think of it
at who are at higher risk

of dying from COVID?"

And I said, "Oh, I get it now.

Those who need access to
personal protective equipment

because they have more people coming in

and out of their homes."

So I was like, "Okay, I'm getting that.

It makes sense there."

And then, also, so in those lists,

and this was prior to COVID

that I was putting that list together,

and I said, "Ooh, you know what?

I think people need access to
resource in order to function.

That's really who are people with access

and functional needs."

So after I started understanding that,

we had, in our field managers,

we have field service managers

in our Office of Emergency Management,

they started going, "Hey,
we have an AFN Coordinator,

so I'm gonna report that we have..."

We had a big blizzard.

It was called bomb cyclone.

And they were given the report

that we have 900 people with AFN.

So I'm in the plan section

at our Office of Emergency Management.

I'm not in response.

I'm in Plans and Preparation.

And so operations, we stand
up when the bad day happens.

And so our Plans section chief says,

"Sadie, can you start finding resources?"

And I said, "Yes," 'cause
I'm a yes-and person.

I wanna try to always
get to the yes. (laughs)

So I said, "Yes."

And I said, "But first,
I need to identify,

what are the resources
this 900 AFNs need?"

And I said, "Well,

do you think it's communication resources?

Do you think it might
be maintaining health

or medical resources?

Maybe it's independence resources.

Is it support services,
or safety resources,

or transportation resources?"

And when I asked that back
to the field service manager,

he said, "Well, you know what?

It's really a group of community
members who are refugees

have never been through a blizzard."

And I said, "Oh, so what do they need?"

And he said, "Well, they just
need to get the information

in the language that they best understand

so that they know how to survive

without freezing to death
during this blizzard."

And I was like, aha moment.

We gotta be able to start helping them

better identify the resources needed.

And so what I'm here
today to talk to you about

is actually access and functional needs

moving beyond the buzzword
of whole community inclusion.

'Cause a lot of times
in emergency management,

it's like, "Do we have AFN there?"

And this happened to me for
at least a good two years

while I was in my new role there.

But, "Hey, do we have access
and functional needs?"

And I'm sitting there

and they said, "All right, check mark."

And I was like, "Ooh,

that's more than whole
community inclusion."

I did all my FEMA courses

where they say, "Whole
community inclusion,

and then make sure you have an annex

for access and functional needs."

And I was like, "Well,

then that's not whole community inclusion.

I'm getting confused here."

And so I've been on this journey

to move beyond the buzzword
of whole community inclusion

and actually do something about it.

And so with that, I'm
gonna go to my next slide.

Try to do this.

I think I got it.

I am just gonna go ahead
and keep proceeding

because, really, there's just
very few words on this slide.

But really, what that was,

the next slide was about question marks.

Access and functional needs, what is it

and why is it important?

Now I do have some
flyers that I'm not sure

if they were put into your packets.

If not, I do have some flyers available.

They may be on the back portion.

And I was gonna have those handed out.

So throughout the day,

I'll make sure you get a handout of it.

Oh, they are, okay.

And I'll make sure you get a handout

if you want it in hard copy.

And so before we start looking

at what access and functional needs is,

I want to play a little game.

All right, with this game,
what I need you to do

is, if you are able to,
please raise your hand

and also say, yes, if the answer
to these questions are yes.

And just to get, remember,
this a little bit scratchy,

but just to feel a little
bit scratchy in there

with the answer of, yes,

please raise your hand and also say, yes.

All right, and they're
only yes-and-no questions.

All righty, so let's get ready
to play our little game here.

All right, have you ever been unable

to hear a message due to too much noise?

Example, like at a airport,
a conference, a classroom,

or a microphone not being used?

- [Audience] Yes.

- [Sadie] All right.

And as we say, yes,

please also pay attention
to the room, too,

'cause that's gonna be...

I'll come back to that as well.

Have you ever not been
able to see the information

because the text was too small,

or the colors were too light or too dark,

or you were maybe missing
your contacts or glasses?

- [Audience] Yes.

- Awesome.

All right, have you
ever received directions

or instructions that left
you with more questions?

- [Audience] Yes.
(Audience and Sadie laugh)

- [Sadie] All right.

Have you ever traveled to a place

where you didn't understand the language?

- [Audience] Yes.

- All right, and have you ever
not had access to internet,

phone, or self-service in a
destination that you were at?

- [Audience] Yes.

- [Sadie] Wow.

Holy moly.

Did you all look around
on all those yeses?

All right, that's a first set

of questions that I'm gonna ask.

I'm gonna go to the second set.

Have you ever been unable
to eat a meal provided due

to maybe a food allergy,
gluten-free, maybe you're lactose,

or it may be against your religion?

- [Audience] Yes.

- [Sadie] Awesome, okay.

Have you ever misplaced
your medication, vitamins,

or other medical resources
while traveling or evacuating?

- [Audience] Yes.

- [Sadie] Awesome.

All right, I'ma move to
a next set of questions.

Have you ever had difficulty
paying for something

because maybe the power was out,

the ATM machine wasn't working,

or you didn't have enough money?

- [Audience] Yes.

- [Sadie] Awesome.

And have you ever not been able

to get to the destination due

to public transportation not operating?

- [Audience] Yes.

- [Sadie] Awesome.

All righty, next set of questions.

Have you ever had a
sibling, children, parents,

grandchildren, or another to care for,

maybe even somebody in memory care?

- [Audience] Yes.

- [Sadie] Awesome.

Have you ever not known the
non-emergency contact number,

such as the local fire
or local police number?

So you all know the local
non-emergency, not 911,

their other number.

Yes, okay.

Yeah, this just happened in Boston, right?

We just heard that their 911,

like when you dialed 911 went down,

but their non-emergency number did not.

And so that's why I asked that question.

All righty.

And then these are my
final set of questions

on the scratchiness.

Have you ever had equipment

or a vehicle break down away from home?

- [Audience] Yes.

- (Sadie laughs)

And have you ever
experienced a road closure

to the destination you
were trying to go to?

- [Audience] Yes.

- [Sadie] Awesome.

Well, I just wanna let you know,

do any of you identify as
a person with an access

and functional need?

Are you an AFN?

So just a couple of you.

But did anybody not say yes

to at least one of those questions?

Will you please stand up?

Nobody?

Nobody.

You did not say yes to at
least one of those questions?

All right, I would like to ask you

to please put yourself on a registry

because we know that you have
all the resources you need

when a bad day happens. (laughs)

All right, now I did use
that in a little bit of pun,

but I want you to recognize
that, a lot of times,

we ask people with disabilities

and people with access
and functional needs

to be put on a registry.

And then we're like, "What are we gonna do

with that registry?"

It actually starts giving
this trust problem where,

"Are you gonna come save
me if I'm on that registry?

Are you gonna come save me?"

And then it gives a false sense of hope,

and then, "Now, I don't trust.

You got my information.

Now what are you gonna do with it?"

And so a lot of times, what
I'm trying to identify there

is those first set of
questions that I asked

were really tied to
communication resources.

The second set were tied
to maintaining health

and medical resources.

The third set was tied to
independence resources.

The fourth was support
services and safety resources.

And then, finally, I asked you

about transportation resources.

But I identified what
the actual resource was.

And so that's what I really
want to introduce you to.

And I just talked about,
have you ever not been able

to see the text 'cause it was too small?

Underneath each of those
coins, that text is too small,

but I'm gonna read 'em out
so you know what those are.

And so on this slide,
what I'm asking you to do

with that slide, or what I'm
trying to introduce you to

is basically an elevator speech.

It's what I've learned
in the last 5 1/2 years.

And actually, it took me
about a year, not even,

I think about six months, to be able

to help emergency managers
better understand who are people

with access and functional needs.

And so we said, "Well, people with access

and functional needs, we're
gonna use a resource framework.

They are people who
need access to resources

in order to function
regardless of who we are

or how we identify, whatever
label, when a bad day happens,

during emergencies and disasters."

And so we said, "We're gonna
use this resource memory tool

that June Isaacson Kailes

and Alexandra Enders
identified were these resources

that people died from after Katrina."

They did a big research.

And so Katrina was 2006.

I always lifeline on that.

2005, okay.

I always do them wrong.

And so in 2005, part of that
research was that people

who died needed access to
communication resources,

maintaining health and medical resources.

"Five Days at Memorial" is
one of those great examples.

I'm not sure how many of
you have read that book

or watched that limited series.

Independence resources, support services

and safety resources, and
transportation resources.

Also known phonetically like
CMIST but spelled C-M-I-S-T.

And so what CMIST does is
it starts operationalizing

what emergency management needs to know

as far as resources are.

And I'll talk a little bit,

I'm gonna talk more about
that in just a second.

All right, so with that,

public health and human
services get a lot of training

because, on a daily basis,
you are really working

to help people who are
under-resourced, underserved,

maybe don't have enough resources,

and we wanna make sure
everybody's included.

You get lots of training on that.

Emergency managers don't.

They resource coordinate.

They wanna get enough
resources to save life

and property quickly.

So if we can't identify
what the actual resource is,

we can't get the resource there.

And that was the example
with the 900 people

with that AFN example when I was like,

"Sure, but what is the
resource they need?"

Communication resource to
make sure that stayed safe

and warm when that blizzard happened.

All right, and so as we keep going on

with emergency management

and trying to make sure
we have a shared language,

when public health and
human services are talking

to emergency management,

we're able to start moving
from label-centric language,

such as "special needs,"
or "that person with AFN,"

or "vulnerable populations,"
"under-resourced, underserved,"

a person with disability -

even though it's a
person with a disability,

I still need to know what
the resources needed.

Do I need backup power
for a power wheelchair?

What is the actual resource I need

in order to help somebody
function when the bad day happens?

We wanna move into a
resource-centric language,

such as people need access to resources

in order to function.

And so in Colorado, that's
what we've been doing

is moving more towards
the resource framework,

access and functional
needs resource framework,

versus just access and functional needs.

And so that's been helping.

And that's probably why I feel so humbled

and grateful to be here
today to talk to you all

because you're not the only
state that is looking at this

in a resource framework now.

We're now preparing for our
resource disruption regardless

of the disaster.

'Cause sometimes I need backup
power when it's cold outside,

or a blizzard, when there's high wind,

when there's whatever other
disasters, extreme heat,

any of those other disasters.

But if I prepare for my power disruption,

I still can meet the need of
any of those other disasters.

And so that's the reason,

that's what's making a big
difference when we're going

and talking with our community,
our emergency managers

'cause, again, that's an
actual resource needed.

We have to move beyond the
admiring-the-problem model.

So a lot of times, when
we're admiring the problem,

we're saying, "Hey, you didn't have this

and you didn't have that."

And when I talk about resources,

they're people, places,
things, and sometimes money.

And the reason why sometimes money

is, "I have all of my resources,

except for I get paid in three days

and the disaster's happening today.

And I don't have enough
money to get gas to evacuate.

So I just need money for gas,

or I just need gas, access to
gas, to be able to evacuate."

And so that's why we
talk about the resources

as people, place, things,
and money tied to CMIST,

C-M-I-S-T, (chuckles) yeah.

Yay.

And so, but we're all
doing a bunch of good work

and we're moving along,

people are starting to talk
about CMIST resource needs,

but there's also these chronic influencers

and issues that happen on a regular basis.

Really not our job to fix it,

but it is our job to be aware of it.

Now, some of you are,
if you're an advocate,

if you're doing change in community

and you're doing different areas

that you are making changes,

then it is your job to change it.

But emergency management,
we have to be neutral

and make sure every life counts.

Regardless if I am seeking
asylum and I'm not a citizen,

regardless if I'm here illegally or not,

your life still matters.

Regardless if you have
a disability or not,

your life and property still
matter to emergency management.

So we have to be aware when
there's stuff that happens

in your communities such as trust.

And when I talk about trust,
we think about Phoenix.

I went to Phoenix

and they were talking about
when the sidewalks boil.

And the issues that they were
trying to find is extreme heat

and being able to get
people who live in an area

that one time, through
policy, was redlined.

So all these homes were built
where there was not a lot

of trees or shade, but people
needed access to cooling

and water during those times.

And so they were talking about that

is an example of trust, right?

"Oh, my goodness.

We're not gonna get
access to shade, or water,

or cooling because we live in this area."

And so how does emergency
management then bring the resource

to that community or the
community members to an area

that does have those resources?

Economics.

Economics, I gave you an example of that.

"The bad day happened
right before I get paid,

but I do have all my other
resources to be able to function.

I just needed access
to a funding resource."

Isolation, geographically, culturally.

Geographically, culturally, and socially.

And geographically, the land, right?

How far you're away from others.

Culturally is because
you're having a shelter

and you're serving peanut butter and jelly

and I'm allergic to peanut butter,

and so I'm not able to have that.

And then also another
example of culturally as well

is you're giving me canned food

and I don't even know how to open the can

'cause we don't cook
that way in my culture,

and so now I'm excluded in there.

Now I did just got hit
back from emergency manager

that says, "Hey, this is all we got."

And I said, "Is it?

When you have community

that's already working with community,

can we work with that organization,

those churches that do
it on a regular basis

to help people feel welcome?"

If you do all that work
before the bad day happens,

you're gonna be able to have access

to the culturally inclusive
foods when the bad day happens

because you already had
a partnership there.

And Director Sameer, you
were talking about that

as you were opening that up.

Those are our partners

that can help us when the bad day happens.

Capacity.

Well, we saw that in COVID, right?

We saw that we only had limited
amount of, first, tests,

and then the vaccination.

And so those also become the barrier

to being able to access the resource,

the CMIST resource in order to function.

Housing, not just people
experiencing homelessness,

those who are traveling through.

Right now, I am a person
100% with the access

and functional needs.

I do not know where your
nearest hospital is.

I do not know where your
emergency services are.

And so I'm passing through,
and then a bad day happens,

I don't even know how...

Do you use Everbridge?

Do you do CodeRED?

How do I sign up for my alert?

Those kinda things is what
I talk about with housing

when somebody's visiting through.

People who live nomadic lifestyles,

and then those who are
just passing through,

we're just driving through
and the bad day happened,

the people are still important.

This has happened in
our very Northeast area.

We had extremely high winds
and blizzard happening

and a family who spoke
a different language,

I believe it was Vietnamese,

wasn't able to understand why
police were pulling them over

to make sure that they were
getting to a safer place.

And so because of the work we were doing,

they were able to access
the interpreting service

to be able to give that
information right away

where it built trust,

and it also helped the people
get to their safety resource,

which was a shelter at that point,

just a temporary shelter at that point.

And then racism.

Racism is also a big one.

So we use "TEICHR", not
spelled traditionally.

So don't tell a teacher
that you're using teacher

and then you don't spell it right.

It's spelled T-E-I-C-H-R.

It's 'cause the teacher will tell you,

"Sadie, did you not go
to school?" (laughs)

"That is not how you
spell teacher." (laughs)

And then by knowing
those chronic influencers

and working with community organizations

that are already working

and trusted by other community members,

it will help get access

and it'll start breaking
down the survivor's impact

to accessing their CMIST resources.

All right.

And as we keep moving forward,

a lot of times, what we
found when I first got

into the position is
that AFN was compliance.

You need to make sure that
you're following compliance.

It is the law.

You need to do it and you must do it.

And so AFN, are you at the table?

Yes, check mark.

All right.

Wait a minute, I'm not a
person with lived experience.

Even though I'm a Access and
Functional Needs Coordinator,

am I the right person to be
talking to when I'm not a person

with lived experience who
uses American Sign Language

'cause I'm Deaf?

Am I a person with lived experience

that speaks another language?

No.

We need to get firsthand experience

from the persons who know best

who are the subject-matter experts,

and those are people
with lived experience,

those who use a wheelchair

and that we're trying to put
a ramp that is too high up

that, when the person tries to go up it

will actually fall off of it.

And being able to know that
we have temporary resources

that we can make accessible.

So the portable hearing
loop is a portable,

it's a temporary accessible
communication resource.

And we brought it out for those of you

who will benefit from using it, right?

It's available.

I'm not sure if anybody's gonna use it,

but I didn't have to ask you, right?

If you wanna use it,
you're welcome to use it.

You don't have to identify,

"I'm a person with the
access and functional needs."

And so being able to just say,

"Hey, I need access to
hearing a little bit better.

I would like to use that resource," right?

And so that's how moving

into that resource framework
really works from it.

So as we're trying to
move from that compliance

to see the benefit

and really hit whole
community inclusion in there,

we have to start teaching the how-tos tied

to the must-dos of meeting compliance.

And CMIST starts helping with
meeting the legal obligations

that are tied to ADA, to
Section 504, the Rehab Act,

to Older Americans Act.

It starts meeting that
without having to identify

that, "I'm a older American.

I'm a person with a disability."

'Cause a lot of people
won't identify as a person

with a disability who have diabetes,

those who have asthma, those
who use a CPAP machine,

those who use lifesaving medication.

And I just know that
because that is what people

with lived experience have told me.

"I don't identify.

I have diabetes, but I
don't have a disability,

and I'm not gonna identify as
a person with a disability.

And I just need you to have
backup power for my medication

when I need to use it,
so it doesn't spoil.

I just need access to being
able to get my backup medication

when the bad day happened
because I had to get out too fast

and didn't grab it."

I will tell you, CMIST is a great way

to do a just-in-time go-bag.

"Do I have my charging
cables for my communication?

Do I have my backup
medication and did I grab it?"

If you have those few minutes
to be able to evacuate,

you could do it within
10 minutes right away.

And then it also goes for
your animal children, right?

Regardless of what kind
of animal you have,

it also goes for your animal children,

so regardless of what kind of animal.

And then, so in here,

as we became our access
and functional needs,

I was one person until
about three years ago,

and then I, about 2 1/2 years ago,

and then I asked for help.

'Cause I have 64 counties.

And remember, it's locally driven,

state supported, federally funded.

And I was like, "I'm one person.

64 counties?"

And then there's all the
municipalities in there.

We need to start helping
people learn the how-tos tied

to the must-dos.

That's gonna come with training.

So now I have a team of three.

I'm the Coordinator, and
I have two Whole Community

Inclusion Planning Specialists.

We changed their title. (laughs)

And at first, the director,

I actually asked him when
I was introducing him

to the CMIST resource framework,

'cause, remember, my first task
was about the list of AFNs,

so I asked him, "The list is anybody

who needs access to CMIST resources."

"Well, what do you mean, Sadie?"

And I was like, "How long can you be

in the emergency operation center

before you have to get home,

otherwise, you're gonna
have cascading effects?"

He's like, "Oh, my goodness, 24 hours.

I have a medicine I take
and it's vital to my health,

maintaining my health,

and I need to be there within 24 hours,

otherwise, I'm gonna have a life threat

that's gonna happen."

He goes, "I'm a person with an
access and functional needs."

And I was like, "You're getting it.

It's about the resource you need,

not about the label that you identify as."

And so he actually wanted

to name our planning specialists
CMIST Planning Specialists.

And I was like, "We have
to first introduce this

where it becomes universal
language, it's shared,

and everybody understands what CMIST is."

And we'll talk about that
in just a little bit.

Oh, actually, I already...

I guess I must know my
stuff a little bit. (laughs)

So in here, what we're talking about

with that shared language
and that universal language

is when everybody could say,

"Hey, this is my CMIST resource need."

Regardless of whatever ethnicity,

regardless of whatever disability,

vulnerable population,
under-resourced, underserved,

special needs, any of those labels,

being able to just identify

what my CMIST resource needs are,

then anybody is now
gonna be able to speak up

and be able to say, "Hey,
this is the resource we need.

We need backup power in this area

because we shut off the power to make sure

that we don't have cascading effects

of a fire hazard," right?

Or, "The snow took out the
fire, or took out the power,

and so now I just need
backup power to ensure

that I'm not gonna freeze to death

or whatever reason why I
need that backup power."

And then if you put a somebody,

like an Access and
Functional Needs Coordinator,

or it may be one of your partners,

like your Center for Independent Living,

who is your champion and is
already trusted in the community

to be able to help get that information,

it may be several
partners being able to go,

"Hey, I work with you on a regular basis

and I work with many of
you on a regular basis

because that's the community I serve.

Are any of you having
CMIST resource disruptions?

What is the actual CMIST
resource that is disrupted?"

All right.

And we start doing the
neighbor helping neighbor

'cause we're all speaking
CMIST, right, everybody.

And then anybody in that
neighborhood could help

with that backup.

If they can't, while you're doing planning

with your emergency managers

and they're gathering data
about what are the resources

that are needed in our community,

they'll be able to know that,

"Hey, there may be a possibility

that this community may need

at least three backup power generators,"

and be able to be part of that
conversation in the planning

and the resource gap analysis,

and then nobody will be left behind.

This also creates a plan-with
approach versus the plan-for.

So what started this
position for people to,

for Colorado to get this position,

Waldo Canyon Fire was our
first catastrophic fire ever

in 2012.

And emergency managers told the Center

for Independent Living, "We
have a plan FOR you people."

And we said, "Yeah, you do.

Okay."

Well, they shut down
public transportation.

Guess who uses public
transportation on a regular basis?

People with disabilities
who do not drive their car.

Lots of doctors and nurses
use public transportation

who need to get to
those vital appointments

to ensure people with
disabilities are not left behind.

And so they learn through
the transportation resource.

Maintaining health, people
who are using wheelchairs

were going to temporary sheltering

that was not identified
by emergency management,

so they didn't even know how

to make it temporarily accessible.

So people who were using wheelchairs

were sitting in their
chair for three days.

I just wanna ask you,

can you sit in that chair
for even three hours?

So it started making a
big impact on the plan-for

had to turn into a plan-with,
and how do we do that?

And we gotta stop the not
my job and pointing fingers.

And when we stop pointing the fingers,

we start coming together,
and we plan together,

we train and exercise together,

we respond together, we recover together,

and we mitigate together,

the emergency management life cycle.

And we keep learning from each other

and we keep filling those gaps together

because you, as partners
to emergency management,

have a lot of solutions that starts

with a plan-with approach.

All right.

All right, and then we started saying,

"Hey, we can't wait for FEMA to arrive."

Somehow that slide is not up.

Need to go back.

Hmm, it is missing.

Let me make sure.

Yeah, one of my slides
are missing on there.

Is it not showing up over there?

All righty, well, I'm
just gonna talk about it.

It's called shifting the paradigms.

And the way you overcome those challenges

is by shifting the paradigms
is that you have to start.

Show me your budget and I'll
show you your priorities.

Are you gonna have whole
community inclusion?

And if you are, you're gonna
have a budget tied to it.

This training, or this symposium, right?

- Seminar.

- Seminar, okay. (laughs)

I was trained on it, and
then I keep forgetting.

Conference, seminars, this is symposium.

There was a budget put in place

because it's a priority to
public health here in Illinois

to make sure that you
all are getting trained

and you are also working together.

And so you show me your budget,

I'll show you your priorities.

You start planning with.

I've given you examples on,

who are your champions in
your community already?

Are they at the planning table?

And when they start coming
to the planning table,

they become your force multiplier.

They start using that
CMIST resource language.

We start identifying what it is.

We get it to emergency management.

Emergency management now
has the resource analysis

and knows when they have to ask for help.

And that starts at that locally
driven, state supported -

state comes in when you can't
do it at the local level.

And then when the state
doesn't have enough,

we now ask for federally funded - funding.

But we have to keep doing that,
but you can't do it alone.

We gotta build depth.

'Cause when you leave, we
still need your replacement

to not stop people from
being able to get access

to their CMIST resources.

And then beyond.

You're not preparing alone,
but you are preparing together.

And so that's where we're gonna be able

to start shifting the paradigms

on what whole community
inclusion really is.

And we don't have to wait
for FEMA to arrive, right?

'Cause we already know
when FEMA will arrive.

And FEMA doesn't come on that first day,

even if you declared on that first day.

But how many lives will be
lost before they get here?

So that's why we're planning
like FEMA's not comin'.

And at least then, we at least know

when we know FEMA has to be there,

and we could pre-plan for that.

We also need to change
whenever there's turnover.

We wanna make sure that
there's different ways

of being able to understand what access

and functional needs.

So we created a roadmap.

And what we did is we
also created training

with this roadmap.

So this slide shows about
awareness, the initiating phases,

introducing you to the
CMIST resource framework.

The next basic understanding
is understanding

that there are resources or
there are chronic influencers,

like TEICHR, T-E-I-C-H-R,
that can get in the way.

And how do I work with
partners to make sure

that people still get access?

The implementing and expanding phase.

Well, you're now putting
memorandums of understanding

or memorandums of agreements,
MOUs or MOAs, in place

because everybody's now training

and exercising to see
where that bad day happens.

And then we're gonna
do something about it.

We're not just gonna say,
lessons learned, AAR, check mark.

We're gonna actually put
it into lessons applied,

which becomes your
continuous improvement plan.

You make a plan, you work the plan,

and now you continuously improve the plan,

which protects people and
it helps people get access

to those resources in order to function.

We also ask, whenever anybody
comes to our trainings,

don't just come here for a check mark.

Do it because it's the right thing to do.

You have to assess your impact
and how you're gonna do that.

And I'm gonna ask you all to
do that from this trainings

in the next two days
and from your speakers.

They're all gonna share some information.

Identify at least one
thing you're gonna start,

one thing you're gonna stop,

one thing you're gonna continue,

and one thing you're gonna change.

At least one, write it down.

And then I want you to
also identify three things

you learned in the next day and a half,

two ways you're gonna
apply what you learn,

and one way you're going
to share what you learned.

Force multiply.

This will help us keep making a difference

as we keep moving forward on
building that depth in there.

And so whole community
inclusion is used in data

to help us project our
CMIST resource needs.

And I love this quote
by Matthew McConaughey

from the "Greenlight" book.

It really talks about what
we're all here to doing, right?

"We're not here to
tolerate our differences.

We are here to accept them.

We are not here to celebrate our sameness.

We are here to salute our distinctions.

We are not born in equal circumstances

or with equal abilities,

but we should have equal opportunity."

That is what Director Sameer,

that's what I heard you say

when you even talked about the justice.

It's our duty as we're in these roles.

But I also wanna walk away with...

June always tells me
she receives this quote

as, "Practice is progress
and progress is practice."

But I call it this way.

And it's my life motto.

It is also our team's mission.

It says, "To not know and do
nothing about it is forgivable.

To know and do something
about it is admirable.

To not know and do anything -

and do nothing about it is unforgivable."

You now know, please go
do something about it.

Thank you all for listening to me

and giving me the opportunity here.

My contact information is on
this QR code on the screen.

I also, on the flyers,
there's my contact information

if you'd like to get ahold of me.

But I do wanna thank you all
for listening to me today

and letting me share my story.

(audience applauding)

(attendee faintly speaking)