

**CARING FOR SPECIAL NEEDS DURING DISASTERS:
WHAT'S BEING DONE FOR VULNERABLE POPU-
LATIONS?**

HEARING

BEFORE THE

SUBCOMMITTEE ON EMERGENCY
COMMUNICATIONS,
PREPAREDNESS, AND RESPONSE

OF THE

COMMITTEE ON HOMELAND SECURITY
HOUSE OF REPRESENTATIVES

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CARING FOR SPECIAL NEEDS DURING DISASTERS: WHAT'S BEING DONE FOR VULNERABLE POPULATIONS?

Tuesday, June 15, 2010

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON HOMELAND SECURITY,
SUBCOMMITTEE ON EMERGENCY COMMUNICATIONS,
PREPAREDNESS, AND RESPONSE,
Washington, DC.

The subcommittee met, pursuant to call, at 10:04 a.m., in Room 311, Cannon House Office Building, Hon. Laura Richardson [Chairwoman of the subcommittee] presiding.

Present: Representatives Richardson, Thompson, Cuellar, Cleaver, Rogers, and Cao.

Ms. RICHARDSON [presiding]. The Subcommittee on Emergency Communications, Preparedness, and Response will come to order.

The subcommittee is meeting today to receive testimony on caring for the special needs during disasters. What is being done for vulnerable populations is the key question before us.

I will now recognize myself for an opening statement.

Good morning. I would like to welcome all of our witnesses today to our hearing to address the needs of all populations during disasters.

As we approach the fifth anniversary of Hurricane Katrina and move into hurricane season, we must heed the lessons of past failures and look to engage in integrated preparedness planning that meets the needs of all of our citizens, including: The mentally ill, physically impaired, the poor, the elderly, children, individuals with limited English proficiency, and culturally diverse communities, to name a few.

When it comes to disaster planning, our most vulnerable populations should no longer be left as a secondary consideration or an annex to an Emergency Operations Plan. This hearing provides an opportunity to hear what steps have been taken by FEMA and others to ensure that we keep moving forward.

The Post-Hurricane Katrina Emergency Management Reform Act of 2006 included many reforms to provide FEMA with the necessary tools and leadership to ensure integration of needs-related issues. For example, the Act directed the FEMA administrator to appoint a disability coordinator to ensure that the needs of individuals with disabilities are being properly addressed in emergency preparedness and disaster relief.

I am pleased that Ms. Roth has taken on this role temporarily and was selected to lead the Office of the Disability Integration and Coordination. But with \$150,000 budget request for fiscal year 2011, it is difficult to believe that your office will have the funding necessary to fulfill your mission.

We cannot allow these reforms to be considered as simply window dressing, but rather they must be real and able to ensure that people with disabilities or that need assistance have an empowered advocate and the right tools to get the job done.

Additionally, the Act requires that FEMA coordinate many of its efforts with the National Council on Disability. In August 2009, NCD released a report which provided several recommendations for making improvements to further integrate our efforts. Dr. Young serves as the chairman of NCD, and we would like to hear what steps FEMA has taken to coordinate with the council and to implement the report's recommendations.

The Post-Katrina Act also requires that FEMA provide guidance to States and localities on how to implement disability integration into emergency planning. We would like to learn the status of the guidance of documents for States and localities and the NCD's role in developing them.

Our other two panelists will discuss the collaborative work of FEMA and the U.S. Army in preparing the communities surrounding the Army's chemical warfare and agent stockpiles.

Our second panel will continue to discuss the unique needs of children, culturally diverse communities, and citizens who are economically disadvantaged. I understand Dr. Robles, the superintendent of the Los Angeles County Office of Education, which is actually the largest county in the United States, could not be here today to discuss needs specific to schoolchildren, but I would like to extend a warm welcome to her deputy, Dr. Jon Gundry. He will discuss how L.A. school emergency plans are developed to meet the unique challenges of preparing children for disasters.

I have also introduced H.R. 4898, the Elementary and Secondary School Emergency Preparedness Planning Act, which would address some of the challenges associated with preparing our children and their parents, should a disaster occur.

I would like to thank all the Members who have supported that so far in this committee and urge others as we look at this discussion to join on, as well.

Finally, our second witness, Ms. Rothe-Smith of the National VOAD, will discuss the experiences of nonprofit and faith-based organizations in providing an all-community approach to disaster response and recovery. We have often heard that that has been one of the faults of bureaucracy, of failing to utilize our other partners.

Preparedness planning for all citizens has evolved with progress, but it is clear that much more work needs to be done to integrate fully our plans to include the needs of all persons.

I look forward to hearing how our Federal agencies are ensuring that this occurs and about the unique approaches and experiences that our local and nonprofit partners can bring to the table.

Thanks again to all of you, all of our witnesses for being here today.

The Chairwoman now recognizes the Ranking Member from the subcommittee, the gentleman from Alabama, Mr. Rogers, for an opening statement.

Mr. ROGERS. Thank you, Madam Chairwoman. Thank you for calling this hearing.

I want to thank all the witnesses for being with us today. I know you are busy and this is an inconvenience, but it does help us do our job, and I appreciate your time and effort in preparing for this hearing.

This hearing presents a timely opportunity to examine the level of progress that has been made in planning for and addressing the needs of individuals with disabilities, both before and after a disaster takes place.

Given that we are in the midst of a hurricane season right now, we are all mindful of the importance of preparedness and the critical mission FEMA has to promote preparedness for any type of major disaster within our local communities.

The Post-Katrina Emergency Management Reform Act of 2006 required FEMA to establish the position of disability coordinator in order to ensure that the needs of individuals with disabilities are addressed in emergency preparedness and disaster relief.

Among her responsibilities, the disability coordinator is charged with ensuring dissemination of the best practices and models for evacuation plans for individuals with disabilities and ensuring the development of training materials on special needs.

I want to stress the coordinator's role in disseminating best practices and hope this hearing will provide the opportunity to discuss how FEMA can build—can begin to build on the best practices, particularly in looking at the Chemical Stockpile Emergency Preparedness Program, or CSEPP, which has helped communities that surround U.S. chemical stockpile sites address special needs and establish a higher level of preparedness.

I would like to extend a special welcome to Mr. Spencer and Mr. Kish and thank them for being here to discuss the excellent work they have done together through CSEPP in Anniston, Alabama, my hometown.

Thanks to the determination of State and county officials in Alabama, CSEPP has established an exemplary special needs program in Anniston to maintain a high level of awareness and preparedness for the unlikely event of a chemical agent emergency.

I have heard that 1,000 times, the “unlikely event.” It is in my hometown. We hear it constantly. Thank goodness it is an unlikely event.

Among the many positive developments that arise out of CSEPP, local emergency management officials have provided equipment and training to individuals with special needs in Anniston and have sponsored training for professional caregivers and published a quarterly newsletter for the special needs population.

The strong coordination between the U.S. Army officials and FEMA under CSEPP, and with State and local and private-sector partners, has led to a successful special needs program which can benefit State and local emergency managers around the country through the tools that have been developed and all of the lessons learned.

I am pleased to know that CSEPP is working closely with the disability coordinator to introduce special aspects of the program into the special needs-related initiatives at FEMA. I look forward to discussing these developments with the witnesses in more detail today.

Once again, I want to thank you all for being here.

Madam Chairwoman, I yield back.

Ms. RICHARDSON. The Chairwoman now recognizes the Chairman of the Committee on Homeland Security, the gentleman from Mississippi, Mr. Thompson, for an opening statement. I would say that—talk about the right man for the right time for the right job, who has had plenty of disasters to deal with himself very personally in his district, and we are so glad to have our Chairman.

Mr. THOMPSON. Thank you very much, Chairwoman Richardson, for calling this important hearing and for our witnesses being here today.

We are here to discuss what is being done to ensure that needs of all persons are considered before, during, and after a disaster. To this end, the committee has been closely following the development and work of the disability coordinator at FEMA.

The Post-Katrina Emergency Management Reform Act of 2006 required FEMA to appoint a disability coordinator and tasked him/her with coordinating with the National Council on Disability.

I am pleased to see Ms. Roth from FEMA's Office of Disability Integration and Coordination and Dr. Young of NCD sitting together at this table with a commitment to collaborate. I look forward to working with you both to ensure that you are provided the tools and resources necessary to carry out your mission.

While a strong disability coordinator is needed at FEMA's headquarters, I also believe each region should have similar positions. As Administrator Fugate continues to shift greater responsibility to the regional offices, he should also look to facilitate better coordination on disability issues across the country. Whether conducted at FEMA's headquarters or in the regions, emergency management planning must be inclusive of the needs of all people.

Hurricane Katrina showed us that we must ensure that those persons most vulnerable during disasters receive additional attention and resources.

I might just, Madam Chairwoman, put a caveat here, that I understand we have developed a plan for pets during disasters. Now, I want us to put a pin in the plan for pets and make sure we produce this plan for persons with disabilities next. Pets are absolutely important, but obviously people are absolutely important, also.

As the Chairwoman rightly has pointed out, the children, the elderly, the poor, and the disabled, among others, must become part of the planning process. For many of them and their families, there are and must be a matter of life or death.

Consequently, I am disappointed that at this point FEMA has not yet released its updated Comprehensive Planning Guidance with the anticipated new language on all-needs disaster management. I look forward today to hearing when we can expect the release of that document.

More importantly, I would like to hear how we are moving beyond plans to actual implementation.

Again, thank you for being here today. I look forward to this very important hearing and the testimony.

I yield back.

Ms. RICHARDSON. As standard with this Homeland Security Committee, other Members of the subcommittee are reminded that under the committee rules opening statements may be submitted for the record.

I welcome our first panel of witnesses today. Our first witness, Ms. Marcie Roth, was appointed by President Obama in June 2009 as senior adviser on disability issues on FEMA. Once at FEMA, she developed the new Office of Disability Integration and Coordination, where she now serves as director and acting disability coordinator.

In this capacity, Ms. Roth leads the agency's commitment to meet the needs of children, adults with disabilities, and emergency and disaster preparedness response, recovery, and mitigation.

Our second witness, Dr. Jonathan Young, serves as the chairman of the National Council on Disability, an independent Federal agency. In this role, he is responsible for leading the NCD's effort to provide advice to the President, to Congress, and to the Executive branch on policies and procedures that guarantee equal opportunity for all individuals with disabilities.

Our third witness, Mr. Carmen Spencer, was designated deputy assistant secretary of the Army, Elimination of Chemical Weapons. Mr. Spencer provides Executive-level policy and oversight of the chemical demilitarization program projects, including the Chemical Stockpile Emergency Preparedness Program.

Our fourth and final witness of the first panel, Mr. Jim Kish, serves as FEMA's representative to the Chemical Stockpile Emergency Preparedness Program, which is a partnership between FEMA and the United States Army that provides emergency preparedness assistance and resources to communities surrounding the Army's chemical warfare agent stockpiles.

Without objection, the witnesses' full statements will be inserted into the record, and I now ask each witness to summarize your statement for 5 minutes, beginning with Ms. Roth.

STATEMENT OF MARCIE ROTH, SENIOR ADVISOR ON DISABILITY ISSUES, FEDERAL EMERGENCY MANAGEMENT AGENCY, DEPARTMENT OF HOMELAND SECURITY

Ms. ROTH. Good morning, Madam Chairwoman, Ranking Member Rogers, Chairman Thompson, and distinguished Members of the subcommittee. Thank you for convening this important hearing. I am honored to appear before you today.

I am Marcie Roth. In June 2009, President Obama appointed me as senior adviser for disability issues at the U.S. Department of Homeland Security Federal Emergency Management Agency.

In February 2010, after a careful review of FEMA's progress in serving children and adults with disabilities, FEMA Administrator Craig Fugate established the Office of Disability Integration and Coordination, or ODIC. Organizationally located directly under his office, it is a great honor to serve as its director.

My office plays a lead role in promoting a paradigm shift in the way we think about children and adults with access and functional needs in our National emergency management approach. This shift is away from an approach that views people with disabilities as separate from the general population and towards one that integrates all members of American society in our preparedness initiatives.

As we approach the 20th anniversary of the Americans with Disabilities Act, I am proud of FEMA's role in reinforcing the importance of the ADA's integration mandate into our Nation's emergency management policies and practices. The name of my Office of Disability Integration and Coordination reinforces this point and shapes the work that we do.

ODIC is not a siloed office. Rather, we exist to provide support across the agency and in support of our partners.

Let me give you a personal example of how the lack of an integrated approach led to an unnecessary death during Hurricane Katrina. Prior to my appointment at FEMA, I served for many years as the CEO of the National Spinal Cord Injury Association and co-chair of the Consortium for Citizens with Disabilities Emergency Management Task Force, representing over 100 National organizations, serving millions of people with disabilities.

On the morning of August 29, 2005, when Hurricane Katrina was making landfall in the gulf, I received a call from a colleague whose sister-in-law, Benilda Caixeta, was trapped in her home in New Orleans. Benilda was quadriplegic, paralyzed from the shoulders down, and she had been trying to evacuate from her Upper Ninth Ward New Orleans apartment to the Superdome for 3 days.

There had only been minimal pre-planning for a person who uses a wheelchair to be evacuated during an emergency. The local paratransit system designed to serve the accessible transportation needs of people with disabilities never arrived, despite Benilda's repeated calls. Even her pleas to 9-1-1 had been fruitless, so she was still in her home that morning.

As I learned of her situation, I thought I could use my connections to help get—to get help to her. I was wrong. It was too late to evacuate, so I did the next best thing. I stayed on the phone with Benilda for most of the day, assuring her that help would come as soon as possible.

I was on the phone with her that afternoon when she told me, with panic in her voice, "The water is rushing in," and then her phone went dead. We learned 5 days later that she had been found in her apartment dead, floating next to her wheelchair.

Knowing that this death and countless other unnecessary tragedies could have been averted is why I came to FEMA and why we are working so hard to implement comprehensive strategies for inclusive emergency planning.

When I began to address this process of integrating the needs of the whole community, the first obstacle I encountered was to explain what we mean by people with access and functional needs.

Historically, emergency management has planned primarily for easy, individuals with their own resources, rather than real, including people requiring assistance with physical, programmatic, or communications access needs.

Mindful of the hard lessons of the past and our National mandates regarding the integration of children and adults with disabilities, I am faced with continual references to people with “special needs.” The problem with this nomenclature is that it leads to segregation and unequal services for people with disabilities.

No one wants to be special during an emergency. They want to receive the same services as everyone else, and they should.

In addition, the term “access and functional needs” is much more useful as a description, because it describes everyone who may require accommodations throughout the life cycle of a disaster. This includes elders, people with language and communication access needs, pregnant women, people with mental health needs, and others who may be anticipate—who must be anticipated and accommodated in Federal, State, Tribal, and local emergency plans.

Over the past 11 months, we have already begun to make significant progress. Our accomplishments include our new document, “Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters.” This guidance will help municipalities comply with Federal laws designed to assist people with disabilities, to maintain their independence, health, and functioning. Training will be provided in each FEMA region, beginning on July 19.

Other accomplishments include integrating the access and functional needs of children and adults with disabilities and to preparedness initiatives, including CPG 101, and our role as co-sponsor for the 20th anniversary celebration of the Americans with Disabilities Act with the National Council on Disability. Administrator Fugate and other senior leaders will participate.

Another upcoming initiative is an intensive capacity-building conference between FEMA’s regional offices, State emergency managers, and members of the disability community to focus on disability integration in planning policies and operations.

Ultimately, FEMA and all of our partners must be driven by a commitment to inclusive practices that bring disability community leaders to the table, along with the rest of the team, as we bake the needs of children and adults with disabilities into all we do.

We are determined to learn from the mistakes of the past and to deliver a better future to all who may be affected by disasters. We must not stand by and allow what happened to Benilda Caixeta to happen again.

In the face of a disaster, we are all vulnerable, we are all at risk. The needs of our communities will be best served by planning and practices that are inclusive. We will all be stronger as we succeed.

Thank you, Madam Chairwoman and distinguished Members of the subcommittee, for the opportunity to share FEMA’s progress with disability integration and coordination with you. I stand ready to answer your questions.

[The statement of Ms. Roth follows:]

PREPARED STATEMENT OF MARCIE ROTH

JUNE 15, 2010

Good morning Madame Chairwoman, Ranking Member Rogers and distinguished Members of the subcommittee. I am honored to appear before you today. I am Marcie Roth. I have served since June 2009 as the Senior Advisor for Disability

Issues at the U.S. Department of Homeland Security (DHS), Federal Emergency Management Agency (FEMA). I am here today to speak about the strong emphasis this administration has placed on providing people with disabilities and those with access and functional needs the necessary support in times of disaster. I also want to share with you FEMA's work as a result of this emphasis.

Prior to my appointment, I served for many years as the Executive Director and CEO of the National Spinal Cord Injury Association (NSCIA), where one of our duties was working on disaster relief efforts on behalf of all people with disabilities. I also co-chaired the Consortium for Citizens with Disabilities Emergency Management Task Force, which represents over 100 National disability organizations.

On the morning of August 29, 2005, I received a call that I will never forget and once I tell you about it, I hope you will never forget it either. My friend and colleague called to enlist my help because her sister-in-law, Benilda Caixeta, a New Orleans resident who was quadriplegic, paralyzed from the shoulders down, had been trying to evacuate from her Upper 9th Ward New Orleans apartment to the Superdome for 3 days.

Despite repeated requests to be evacuated, in her power wheelchair, which is a vital tool for mobility and independence, the paratransit system that serves the transportation needs of people with disabilities never showed up. Even calls to 911 had been fruitless. She was still in her home, she had not been able to evacuate, despite her very best efforts. I thought a few phone calls to the "right" people would help, and I was sure I knew who to call. I was wrong. After many calls to the "right" people, it was clear that Benny was not being evacuated.

I stayed on the phone with Benny for most of the day, assuring her that I was doing all I could to make sure help would be coming as soon as possible. She kept telling me she had been calling for a ride to the Superdome for 3 days, but, despite promises, no one came. I was on the phone with her that afternoon when she told me, with panic in her voice, "the water is rushing in" and then her phone went dead. We learned 5 days later that she had been found in her apartment, dead, floating next to her wheelchair. Sometimes things like this can't be prevented. Despite the magnitude of the catastrophe, this was not one of those times. Benilda did not have to drown.

In 2005, as many as 54.4 million people, or 18.7 percent of the population at that time, were people with disabilities. As it happens, the areas most severely impacted by the 2005 hurricanes were also those with especially high percentages of people with disabilities living in the community. Because a disproportionate number of people with disabilities live below the poverty line, frequently have less mobility than the general population, and are often more dependent on external assistance, this population felt the impact of Hurricane Katrina quite severely.

In October 2006, the Post-Katrina Emergency Management Reform Act of 2006 (PKEMRA) provided a much-needed mandate to integrate the needs of people with disabilities and those with access and functional needs, into general emergency management planning, response, and recovery. However, despite the numerous new requirements on planning for and meeting the disaster-related needs of children and adults with disabilities, many of the same problems were seen again during Hurricanes Gustav and Ike just a few years later. Many people were still turned away from shelters, information was inaccessible to individuals who were deaf or blind, services required under disability rights laws were not being provided, and catastrophic but preventable health impacts were felt by previously stable and independent evacuees with disabilities.

However, with some responsible planning and smart investments, people with disabilities can begin to trust that their needs will be better met in future disasters. In addition, taxpayers, generous donors, and the general public can rest assured that we are maximizing our limited resources and minimizing any unnecessary waste in moving forward with this effort.

INTEGRATED PLANS

All successful actions start with planning. As FEMA's administrator Craig Fugate said, at the Inclusive Hurricane Conference in Biloxi, Mississippi, "My experience tells me if we wait and plan for people with disabilities after we write the basic plan, we fail." The administrator is challenging the emergency management community to not just plan for easy scenarios, but to plan for all who may be impacted by a disaster or emergency.

The DHS Nationwide Plan Review (NPR).—The DHS Nationwide Plan Review (NPR) revealed major inconsistencies in the definition of the term special needs, including the current National Response Framework (NRF) terminology.

The consistent yet vague references to special needs lack the guidance to put direct community-wide planning tasks into actions that will fully support people with disabilities. When people with disabilities are thought of as “special,” they are often thought of as marginal individuals who have needs, not rights. People with that label appear to need things done for them as recipients, not participants. If people with disabilities are more thoroughly integrated in local planning, their participation will help ensure that misleading stereotypes do not dilute the effectiveness of emergency plans.

National Response Framework (NRF).—The NRF definition of special needs is, “populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, medical care. Individuals in need of additional response assistance may include; those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency or are non-English speaking; or who are transportation disadvantaged.”

Researchers have pointed out that this definition actually describes almost 50 percent of the population,¹ and yet, until now, “special needs” planning has been handled as a separate activity, rather than as a central element of the planning required in every community to prepare for vital emergency management needs.

A better way to plan for the needs of people with disabilities and activity limitations is to use an orientation that considers major functional needs as vital to protecting life and safety, maximizing limited resources and promoting maintenance of independence and health. Functional Needs Support Services (FNSS) are defined as “services that are provided to individuals during an emergency in general population shelters or other integrated community facilities to enable them to maintain their independence in such settings”. FNSS includes reasonable modifications to shelter practices and procedures such as the planning for the inclusion of service animals, and also may include the acquisition or use of durable medical equipment (DME), consumable medical supplies (CMS), personal assistance services (PAS), and other goods and services as needed.

Children and adults requiring FNSS may have physical, sensory, mental health, cognitive, and/or intellectual disabilities affecting their ability to function independently without assistance. Others that may benefit from FNSS include women in late stages of pregnancy, elders, and people needing bariatric equipment or communications assistance. Acute medical needs, not regularly addressed in the individual’s daily life, however, are not a part of FNSS and are addressed under activities conducted through medical facilities (hospitals, hospices, etc.).

Since Katrina, there have been significant changes in the NRF’s Mass Care Emergency Support Function–6 (ESF–6). FEMA is now the lead agency, with other Federal agencies and the American Red Cross in a supporting role. FEMA’s Mass Care ESF–6 planning includes all activities needed to meet the access and functional needs of people impacted by a disaster. FEMA’s ESF–6 staff is working with FEMA’s Office of Disability Integration and Coordination (ODIC) to ensure that all planning meets compliance with the Americans with Disabilities Act, the Rehabilitation Act, the Fair Housing Act, and other disability rights laws, not only in sheltering, but also in evacuation, housing, and recovery efforts.

Comprehensive Preparedness Guideline (CPG 101).—FEMA is updating its CPG 101 to integrate the Comprehensive Preparedness Guideline 301 for Special Needs Planning, which will result in a single all-inclusive planning document. This is meant to provide clear and efficient guidance for State, territorial, Tribal, and local emergency managers with one integrated plan—rather than a base general plan and secondary, auxiliary guidance on people with disabilities. The revised document is expected to be finalized soon.

FEMA’s National Disaster Recovery Framework and National Disaster Housing Strategy.—These are being drafted to incorporate the needs of people with disabilities and access and functional needs, so they can more easily transition back into the community following a disaster.

OFFICE OF DISABILITY INTEGRATION AND COORDINATION

PKEMRA also required FEMA to appoint a Disability Coordinator. I have been serving as the acting Disability Coordinator since 2009. In February 2010, after a careful review of FEMA’s progress in serving children and adults with disabilities

¹ Kailes, J. (2005). Disaster Services and “Special Needs:” Term of Art or Meaningless Term? Kailes-Publications, 6201 Ocean Front Walk, Suite 2, Playa del Rey, California 90293-7556, <http://www.jik.com/resource.html>, jik@pacbell.net.

and responding to the National imperative for an inclusive approach to emergency management, FEMA administrator Craig Fugate established the ODIC, with me as director.

Mindful of the hard lessons of the past, as well as our National mandates regarding the integration of children and adults with disabilities, ODIC has played a lead role in promoting a shift in our National emergency management approach. This represents a shift away from a paradigm that views people with disabilities and other access and functional needs as separate or apart from the general population, and towards a notion that all segments of American society will be integrated and served through a single and inclusive emergency management approach.

Partnerships, Technical Assistance and Information Dissemination

In order to maximize FEMA's capacity to serve individuals with disabilities and other access and functional needs in disaster situations, ODIC has worked actively to engage the many stakeholders involved in inclusive emergency management.

This work includes coordination with both internal FEMA program offices and relevant external parties. The vast spectrum of coordination projects include: Forming new partnerships and relationships, providing technical assistance and information dissemination, incorporating disability considerations into emergency communications, evacuation, transportation, sheltering, medical supply plans, Disaster Recovery Centers, and registration needs. Some recent ODIC projects include:

- Established regular meetings with the National Council on Disability, the National Council on Independent Living, the DHS Office for Civil Rights and Civil Liberties, and others.
- Provided technical assistance and expert guidance on disability integration in multiple venues, including: FEMA Regional Offices, FEMA National Advisory Council, the National Disaster Housing Taskforce, the Pandemic Planning Guidance Workgroup, the Long Term Disaster Recovery Initiative, and the National Exercise Program's National Level Exercise 2011, which will include the National Council on Disability and State representatives.
- Engaged in an on-going series of trainings, presentations, and meetings with Government and private entities in order to get the word out about disability integration in emergency management, building capacity, and developing networks. Selected venues include: The Federal Communications Commission Broadband Opportunities for Individuals with Disabilities Initiative; the U.S. Department of Labor Perspectives on the Employment of Persons with Disabilities Conference; the Wireless Emergency Communications 2009 Conference; the International Association of Emergency Management Special Needs Subcommittee; The Iowa Special Needs Symposium; the National Council on Community Preparedness; the National Organization on Disability; the Access to Readiness Coalition; and the Citizens with Disabilities Emergency Management Taskforce.
- Utilized and reviewed disability related emergency preparedness guidance, such as the Framework of Guidelines: Preparing the Workplace for Everyone, developed by the Interagency Coordinating Council on Emergency Preparedness for Individuals with Disabilities, Workplace Subcommittee, which is coordinated by the Office of Disability Employment Policy at the Department of Labor.
- Provided 600 disability and emergency management stakeholder organizations and entities with updates on a variety of FEMA efforts such as: The disability response during the American Samoa Tsunami, H1N1 preparedness and response, earthquakes in Haiti and Chile (supporting USAID), and more.
- Began efforts to develop a cadre of disability subject matter experts who can assist in disaster response activities across the country.
- Participated in FEMA conferences related to logistics, mass care, and external affairs, providing counsel and expertise on disability integration into these FEMA programs.
- Established a Citizen Corps partnership with the National Council on Disability, and held a Citizen Corps Disability Law webinar on April 10, 2010.
- Participated in the creation of a FEMA Children's Working Group, and established a focus within that group on children with disabilities. ODIC is participating in a summer 2010 Children's Summit.
- Facilitated the development of a partnership between FEMA and the Department of Education so we can focus on inclusive preparedness curriculums for children in schools.

In addition, FEMA has collaborated with the National Commission on Children and Disasters to further identify and address the needs of children during a disaster, including children with disabilities. Thus far, FEMA has updated its fiscal year 2010 Homeland Security Grant Program guidance to include how grant dollars

may be used to support preparedness and planning activities for children. The guidance provides resources for grantees to incorporate children into their planning and purchase of equipment and supplies, and provides training to a broad range of child-specific providers, and exercise capabilities relating to children. In addition, FEMA's Children's Working Group collaborated with the American Red Cross, the Commission, and other pediatric experts to develop a shelter supply list which identifies the basic items necessary to sustain infants and toddlers in mass care shelters and emergency congregate care environments. That list has been integrated into numerous planning and guidance documents. FEMA signed an agreement with Health and Human Services to provide for the rapid deployment of case managers when requested by the State during a Presidentially declared disaster. FEMA's Public Assistance Division has clarified certain child care services and facilities are eligible for reimbursement under the Stafford Act and a Fact Sheet has been disseminated to the Regions.

Emergency Communications

ODIC and FEMA's Integrated Public Alert and Warning System (IPAWS) Program Office are collaborating to identify key resources and stakeholders that can facilitate improved emergency communications such as alerts and warnings. Examples of key ODIC and IPAWS Program Office stakeholder collaborations include:

- Developing a burgeoning relationship with WGBH-TV's National Center for Accessible Media (NCAM) in our efforts to identify key industry contacts, and available resources currently being used to alert people with disabilities.
- Leveraging Gallaudet University's research on new technology for Emergency Alerting Systems. IPAWS and Gallaudet University have jointly participated in collaborative technology demonstrations featuring the ALERTUS Alert Beacon System, currently in use at Gallaudet University.
- Coordinating with the National Council on Disability to gather Commercial Mobile Alerting System requirements pertaining to the disability community as well as identifying educational and training strategies on disabilities for emergency managers.

Evacuation and Transportation

Federal mass evacuation planning requires a coordinated concept of operations and a command and control system that provides Federal support to State, local, or Tribal authorities. FEMA's Planning Division in the Response Directorate has recently begun to discuss with ODIC how to create regional and State response plans that better integrate the needs of all populations, including transportation during emergencies.² NORTHCOM and NORAD are assisting FEMA with planning and resources for the potential evacuation of people with disabilities and access and functional needs. FEMA has assisted State and local evacuation-specific planning for people with disabilities, access, or functional needs.

Federal support may be required when people with medical needs must move to a facility with an appropriate care level. Various modes of transportation may be implemented to safely and effectively transport individuals with acute medical needs and people with mobility disabilities including emergency medical services (EMS), paratransit services, surface marine vessels, and rotary-wing and fixed-wing aircraft. FEMA's ambulance contract remains fully mission-capable, including providing services to people with disabilities.

PKEMRA, by amending sections 501, 503, and 512 of the Homeland Security Act of 2002, assigned FEMA the responsibility of supporting State mass evacuation operations. To meet this requirement, FEMA created the National Mass Evacuation Tracking Systems (NMETS) expected to roll out this summer. NMETS is composed of both manual and computer-based systems that are designed to assist States in tracking the movement of transportation-assisted evacuees, their household pets, luggage, and medical equipment during evacuations. The system can operate independently or be used to support multi-State, State-managed or local level evacuation operations. The systems are compliant with the Mass Evacuation Incident Annex to the National Response Framework (NRF).

²Mass Evacuation Plans are implanted within the framework and operating principles of the National Response Framework (NRF) and are pursuant to authorities including: Robert T. Stafford Disaster Relief and Emergency Assistance Act; Post-Katrina Emergency Management Reform Act of 2006; Americans with Disabilities Act (ADA) of 1990; Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency; Executive Order 13347, Individuals with Disabilities in Emergency Preparedness; The Aviation and Transportation Security Act (ATSA), 2007; The Safe, Accountable, Flexible, Efficient, Transportation Equity Act, 2007.

Medical Supplies

FEMA is developing consumable medical supplies (CMS) capabilities to support people with functional support needs in general population shelters across all FEMA regions. ODIC supported Mass Care's "just-in-time" capacity so FEMA could provide durable medical equipment and consumable medical supplies upon request by a State. With input from disability subject matter experts, FEMA developed and implemented mechanisms to obtain durable medical equipment (DME) to support people with disabilities in shelters and other integrated congregate care environments.

Administrator Fugate directed the agency to identify a universal cot that could accommodate people with functional needs. As part of the process, FEMA held an "Industry Day" on June 14, 2010 for U.S. manufacturers of cots to provide specifications for a universal cot that can be used by people with functional support needs as well as the other residents of a shelter. Instead of purchasing separate items, we hope to move forward with one item that fits the needs of most individuals impacted by a disaster.

Sheltering

FEMA, together with a host of partners, is developing Guidance for Integration of Functional Needs Support Service in General Population Shelters. The guidance was created with the Department of Justice, the DHS Office for Civil Rights and Civil Liberties, the National Council on Disability, the Department of Health and Human Services, the American Red Cross, the National Council on Independent Living, State emergency management officials, and FEMA's Office of Disability Integration and Coordination, among others. The group continues to examine and re-evaluate ways that FEMA's disaster assistance programs can meet the needs of individuals with disabilities and others with access and functional needs, at all levels of service delivery.

FEMA is developing the FNSS guidance to States as well as Guidance for Personal Assistance Services (PAS) in General Population Shelters. The guidance also has a training curriculum that is being scheduled for all ten FEMA Regions in the coming months. The guidance will provide States and territories with more information on how to comply with Federal laws regarding people with disabilities and the integration of people with disabilities into general population shelters. ODIC also partnered with FEMA's Mass Care Section to develop a multi-agency shelter assessment tool that incorporates disability considerations.

Over the past 4 years, FEMA has collaborated with the U.S. Access Board, the Department of Housing and Urban Development, and DHS' Office of Health Affairs to revise FEMA specifications to meet Uniform Federal Accessibility Standards (UFAS) for Accessible Temporary Housing. FEMA has provided UFAS-compliant temporary housing directives for all Direct Housing Missions since 2007.

FEMA's current target baseline temporary housing inventory is established at 4,000 units, of which 10 percent are targeted as UFAS-compliant. This target baseline inventory is being re-evaluated in consideration of production contracts that allow FEMA to produce additional UFAS-compliant units as needed.

FEMA's indefinite delivery, indefinite quantity (IDIQ) contracts allow for rapid ramp-up of temporary housing unit (THU) production. Each of the five contractors has the capability to produce 150 units per week within 3 weeks of a request by FEMA. Units produced under the contracts may be all UFAS-compliant if disaster housing needs require a large number of such units. FEMA's IDIQ contracts for THU installation and the template statements of work for local contractors to install THUs have specific language requiring the installation of accessible ramps and platform stairs. All FEMA contracts for the design and construction of group sites have UFAS requirements ensuring accessibility and integration and not segregation of applicants with disabilities.

Further, FEMA Interim Policy 9452.1 directs that housing group sites constructed, altered by, or altered on behalf of FEMA will include accessible routes and elements for common use areas. Moreover, this policy mandates that at least 15 percent of individual lots within any such site constructed or managed by or on behalf of FEMA must be designed to accommodate accessible units for eligible disaster survivors with a disability and or access and functional needs.

Disaster Recovery Centers (DRCs)

As part of the Disaster Recovery Center Services and Providers Policy (DAP 9430.1), FEMA established a DRC Access Agreement for the Agency's National Disaster Assistance Partners—non-governmental entities that offer services FEMA does not provide. These "Partners" have seamless access to all of FEMA's DRCs. Currently, FEMA is working on DRC Access Agreements with two additional disability

groups, the National Council on Independent Living and National Disability Rights Network.

Communications Equipment

FEMA purchased equipment for its Regions to use in communicating emergency and disaster assistance information to persons with hearing limitations. This assistive technology equipment is for use by the Regions in Disaster Recovery Centers, congregate shelters, and other areas where disaster victims may gather. The equipment is sent in a waterproof storage case for durable use after a disaster. Additional items to assist with access for applicants with disabilities have been selected by each Region.

Registration

FEMA uses Teletypewriter (TTY) to take Registration Intake and Helpline calls from disaster survivors with hearing disabilities. The TTY is answered by a live agent during the hours of operation. When the 1-800 number is not manned by a live operator, the caller can leave a message and a Customer Service Representative will quickly return the call.

Disaster survivors who are unable to register with FEMA over the phone can register for disaster assistance on-line at www.disasterassistance.gov. FEMA's applicant guide, Help After a Disaster (FEMA Publication 545), is available in Braille and large print. Additionally, the applicant guide is available for download at www.fema.gov, and in the text version, which can be used in Acrobat ADOBE reader.

The disaster applicant guide has been translated into 20 languages and translated documents will be posted, in an accessible format, at www.fema.gov for public access. The registration intake interview includes question regarding the applicant's access and functional needs that may require FEMA's attention as a result of the disaster.

Staffing

Meeting the regional staffing needs for successfully achieving disability integration is complex, and involves budget decisions made some time ago. The regional administrators were presented with staffing options that included a variety of job titles including disability coordinator. It appears that most of the regions chose to incorporate the tasks of a disability coordinator into positions that already exist and work with individuals on disaster assistance.

There are advantages and disadvantages to this approach. If we aspire to integrate disability into the entire emergency management process, then it would be ideal to have staff members working on general population needs while incorporating important disability issues. On the other hand, if these individuals do not have disability subject matter expertise, this may not be effective.

Alternatively, if we identify one position as a permanent disability coordinator, they may be "stove-piped" into disability topics and individual case management and away from integrating the needs of every individual into the whole. At this point, those staffing decisions are in the hands of the regional administrators and we will work with their designated staff.

One way we intend to assist those regional staff working with disability integration issues is by providing training, capacity building, and the opportunity to share ideas. ODIC is planning a National conference to be held in Washington, DC in the early fall of this year that will bring these regional staff members together with their State counterparts and relevant subject matter experts to provide a strong beginning to this collaborative National effort.

NEXT STEPS: THE WORK AHEAD

While we are very proud of FEMA's and our partners' achievements in a short period of time, more needs to be done to incorporate disability and other access and functional needs considerations into all FEMA operations.

One of our upcoming initiatives will be a National Capacity Building Training Conference at the end of the summer, co-sponsored by the National Preparedness Directorate, Citizen Corps, and the DHS Office for Civil Rights and Civil Liberties. During this training, members of the disability and emergency management communities will participate jointly in an intensive cross-training and bridge-building conference. Participants will have post-training responsibilities to educate others in their communities about emergency preparedness that is inclusive of children and adults with disabilities and others with access and functional needs.

Additionally, ODIC plans to co-sponsor 20th Anniversary Celebrations with the National Council on Disability in order to get the word out about FEMA's emphasis

on disability integration. ODIC welcomes the opportunity to work with the National Council on Disability in this and many venues as we move forward together.

Ultimately, FEMA and all of our partners must be driven by the determination to learn from the mistakes of the past and to deliver a better future to all those affected by disasters. We must not stand by and allow what happened to Benilda Caixeta to happen again to those who need and trust us for support in the face of disaster.

Madam Chairwoman, Ranking Member Rogers and distinguished Members of the subcommittee, I thank you again for the opportunity to share with you FEMA's work on disability integration and coordination, and stand ready to answer any questions you may have.

Ms. RICHARDSON. Thank you for your testimony.

I now recognize Dr. Young to summarize his statement for 5 minutes.

STATEMENT OF JONATHAN M. YOUNG, CHAIRMAN, NATIONAL COUNCIL ON DISABILITY

Mr. YOUNG. Thank you, Madam Chairwoman, Ranking Member Rogers, Chairman Thompson. Thank you for the opportunity to be here today. I commend the work of your subcommittee and this committee.

I am always pleased when a dialogue begins with all the participants, largely on the same page, as certainly appears to be the case with your opening remarks.

Fortunately, I have never been part of a National disaster, but I have been a part of my own personal disaster of sorts. As I described in my written testimony, I broke my neck in a wrestling match in 1986 as a senior in high school.

Fortunately, my father, who is here with me today, who was then-chairman of—commissioner of the Food and Drug Administration, an MD/PhD, was there at my side, was able to make sure that I got all the proper care, made sure that no one touched me to make sure that more damage wasn't caused, ensure that I was transferred to the MedStar trauma center.

Unfortunately, in the midst of National disasters, people don't get that kind of attention. As Ms. Roth described just a moment ago, there are too many stories of people like Benilda Caixeta, who instead of having personalized attention to make sure that they are brought to safety and brought to the best care that they deserve, end up being casualties in the midst of disasters.

Ranking Member Rogers, I appreciate your sentiments about calling us all here today, but it is no inconvenience for me to be here. I embrace my obligations and responsibilities as the chairman of the National Council on Disability, and our job is to ensure that we do everything that we can so that Americans around the country are not inconvenienced any more than they need to be in the midst of National disasters.

I don't have time today to review my vision for the National Council on Disability, but what I am going to emphasize here in just a couple moments about my three points here is very part and parcel of where I would like to take the National Council on Disability.

Chairman Thompson, you talked about moving beyond plans and toward implementation. I am delighted to acknowledge that the first correspondence that I received as chairman was a letter from you, addressed to Administrator Fugate, copying me, bidding us to

meet. We met for an hour in April. It was a phenomenal meeting, along with Ms. Roth and my executive director, Joan Durocher.

I was anticipating sort of a confrontation, perhaps, of sorts, but was struck with how incredibly Administrator Fugate understood all of the issues in a way that I couldn't even quite express at the time. We have committed to meeting on a monthly basis until we can show signs of progress.

My vice chair, Fernando Torres-Gil, has a long experience in emergency planning. He is going to be joining us in those meetings, as—as he can.

I have here with me our most recent report on the subject, effective emergency management in 2009. That is what NCD has most been known for in recent years. While this is an appropriate and useful compendium of knowledge as it described, in NCD at this point, I really want to move toward the focus on implementation, developing reports where necessary, but looking at where we can be engaged in a collaborative process to implement these recommendations in a very real-time way.

For instance, Ms. Roth and I met on Friday with the exercise division, preparing for NLE 11 for the New Madrid Seismic Zone, and we are exploring the possibility of having advisory committee and action-oriented advisory committee to be engaged in the planning process over the next 11 months leading up to that exercise.

Ms. Richardson, you talked about in your opening remarks, you know, all populations having integrated planning, not having mere window dressing, and I think that is very much what I would like to emphasize here. Ms. Roth talked about this, also.

I think if we set up a framework of general planning and then special needs planning, we are setting ourselves up for failure at the outset. Of course, there is an appropriate role to have attention to particular issues, but when we talk about vulnerable populations, there are no clear divisions. Whether somebody is pregnant or has recently had surgery, they might not think of themselves as a person with a disability, but in the moment when a disaster strikes, they might need a level of attention that they had not maybe 6 months previously.

So if we approach planning and preparedness in a holistic way, trying to anticipate all the kinds of needs that are sort of chronic and on-going, as well as immediately circumstantial, I think we will be in a better place to move forward.

A number of comments have been made about the idea for regional coordinators. Certainly, if we are focusing everything here in Washington, we are not going to get the job done. We need to be in a real-time way in communities around the country.

The final point that I want to make—and I have said this in more detail in my prepared testimony—but we need to work across silos. Particularly, I would like to talk about the need for accessible infrastructure.

We are going to be maximally prepared for disasters if our communities are already accessible. If our communities' infrastructures for transportation and housing or the communications systems are inaccessible anyway, it is going to be that much more difficult when a disaster strikes.

I know there are definite problems and challenges with committees' jurisdictions, but if we can try to coordinate your efforts with other committees, with other agencies around our infrastructures, I think we will be better served and better capable to address your particular needs around emergency planning.

Again, thank you. I am excited about the collateral that Ms. Roth and I have already struck up. We have known each other for a dozen years. I pledge my personal commitment to you. We are just beginning. I welcome any of your questions.

[The statement of Mr. Young follows:]

PREPARED STATEMENT OF JONATHAN M. YOUNG

JUNE 15, 2010

INTRODUCTION

Ms. Chairwoman, and Members of the House Homeland Security Subcommittee on Emergency Communications, Preparedness, and Response: Thank you for the opportunity to submit for the record this written testimony about the critical importance of ensuring that our emergency management infrastructures meaningfully afford all Americans, including Americans with disabilities, an opportunity to be prepared for and survive emergencies, and to resume and rebuild productive lives after them.

This is my first occasion to provide Congressional testimony as chairman of the National Council on Disability. Accordingly, by way of introduction, I would like to provide some personal background. I broke my neck in during a wrestling match as a senior at Walt Whitman High School in Bethesda in 1986. Initially paralyzed from the neck down, I was fortunate that my spinal cord was compressed and bruised but not severed, enabling a partial recovery from paralysis. Like many people who acquire disabilities later in life, my initial impulse was to disassociate from disability. I viewed disability as debilitating, and my injury as an enemy. I was only vaguely aware of the Americans with Disabilities Act in 1990, and it did not occur to me then that it had anything to do with me. I had broken my neck in a wrestling match and had a pronounced limp. But I did not view myself as a "person with a disability" nor as part of a "disability community."

I would not be here today absent the extraordinary impact of the National Council on Disability on my life. I refer not to my current role as chairman but rather the opportunity afforded me in 1996 to write a history of the Americans with Disabilities Act on a contract through what was then the National Rehabilitation Hospital Research Center. At the time I was a Ph.D. student in American history at the University of North Carolina at Chapel Hill writing a dissertation about the slavery debates, and I had recently endured a difficult bout of depression related to my injury. In fact, I had reached a point where I did not think I would ever be able to hold a meaningful job. Depression can cast long shadows.

Writing about the history of the ADA transformed my personal and professional identity. As I interviewed dozens of leaders in the disability community I was riveted by the power of their story and the gravity of the change wrought through the ADA. I began to view disability as a source of power and pride rather than debilitating stigma. With NCD's 1997 publication of *Equality of Opportunity: The Making of the Americans with Disabilities Act*, I became a person with a disability, and part of the disability community.

I also became employable. My opportunity to write about the ADA's history for NCD restored the confidence in myself that I had lost in the darkness of depression. As a direct result of my NCD ADA history project, I was nominated for and later became Associate Director for Disability Outreach in the White House Office of Public Liaison in 1998 and served through the end of the Clinton Administration. Thereafter I completed my Ph.D. with a dissertation on the disability rights movement in 2002 and went on to obtain my J.D. from Yale Law School in 2005. I also got married and am the proud father of three beautiful daughters, ages 3, 5, and 7.

Serving as NCD Chairman thus completes a circle for me. NCD was my gateway to the disability community. It is thus a profound and humbling honor to serve as chairman of this important agency.

My remarks today reflect several years of important work led by the National Council on Disability and documented in a series of reports beginning in April 2005

with the pre-Katrina report, *Saving Lives: Including People with Disabilities in Emergency Planning*, and two reports in the aftermath of Hurricane Katrina. NCD's leadership in highlighting the importance of people with disabilities in emergency response and preparedness had a direct impact on the provisions of the 2006 Homeland Security Appropriations bill's Post-Katrina Emergency Management Reform Act (PKEMRA). Among other things, PKEMRA required FEMA to create and hire a National Disability Coordinator and to interact, consult, and coordinate with NCD on a list of activities. Congress's fiscal year 2007 appropriations enabled NCD to undertake and complete its most recent report on the subject, the 2009 *Effective Emergency Management: Making Improvements for Communities and People with Disabilities* report.

These reports, which have helped to create awareness of the breadth of concerns facing people with disabilities during all phases of a disaster, have played an important role. Of course, reports alone are not enough. What is critical is taking these reports' findings and drilling down into the day-to-day decision-making and relationship building required to effect the change that these reports have indicated is so direly needed. We should never find ourselves exchanging business cards for the first time at the moment of a disaster. When that happens, people become statistics instead of stories of successfully saved lives. Consider the tragic story of Benilda Caixeta. She was on the phone with Marcie Roth during Hurricane Katrina and pleading for transportation from her home. Benilda reported that water was gushing in shortly before the phone died. Five days later her body was recovered floating next to her wheelchair.¹ Each of the cold casualty statistics represents the loss of a lifetime of potential to contribute to our country's well-being. We can, and must, do better.

Today, there are three main points I would like to make:

(1) First, it is time to focus on implementation. It is time to move beyond identification and deliberation of issues and recommendations, and beyond dense reports that state and restate problems. We must shift our focus to active implementation of evidence-based successful practices in areas of known need. NCD is committed to joining our Federal partners, including Congress and FEMA, in shifting focus toward implementation and determining how to allocate scarce resources to meet a plethora of acute challenges.

(2) Second, we must insist on integrated emergency planning. We cannot divide emergency planning into two distinct frameworks—one for “general” preparedness and one for “special needs” preparedness. This division is particularly problematic when, as now, it results in devoting a miniscule portion of overall resources to “special needs” that are too often disproportionately more costly and resource intensive. Being well-prepared for emergencies means addressing ALL peoples' diverse needs, including the needs of people with disabilities, in a single, integrated, and unified approach to emergency preparedness. Vastly more important than a “Special Needs Plan” is the meaningful inclusion of people with diverse disabilities in every phase of disaster management planning, in all communities. Emergency preparedness planning must be informed at every juncture by the experiences and inputs of people with disabilities.

(3) Third, we need to collaborate across silos to build accessible infrastructures. So long as we continue to work in agency silos, State, and Federal silos, individuals and nonprofits and Government silos, and Congressional committee silos, our progress will be halting and scattered. We need to think creatively about how to replicate exemplary and successful collaborations and continue to insist upon working across silos to effect positive change for people with disabilities.

In addition to the amplification of these points that follows, attached to this testimony is a summary document of key recommendations and findings from our *Effective Emergency Management* report germane to this hearing, which is meant to supplement my testimony. (See attachment).

IT IS TIME TO FOCUS ON IMPLEMENTATION

I am proud of the extraordinary role NCD has played prior to my tenure as chairman in drawing attention to the needs of people with disabilities in emergency planning. As an independent agency charged with making recommendations to the President and to Congress, our work on emergency management is a prime example of NCD's critical role in helping to ensure that we hold true to our Nation's dis-

¹National Council on Disability, *Emergency Management and People with Disabilities: Hill Briefing*, (November 10, 2005), http://www.ncd.gov/newsroom/publications/2005/transcript_emergencymgt.htm (last visited June 10, 2010).

ability policy goals of equality of opportunity, full participation, independent living, and economic self-sufficiency.

To date, NCD is probably best known for its substantive and lengthy reports, including its reports on emergency management. While NCD will continue to develop reports when warranted or requested by Congress and the President, I am persuaded that NCD has reached a critical juncture that requires us to focus less on generating high-level recommendations encased in lengthy prose and focus more on rapid and responsive advice and guidance about effective implementation. This conclusion is informed substantially by comments I have received from Congressional staff and other key Federal stakeholders. Accordingly, NCD is currently undertaking a strategic planning process in coordination with the U.S. Office of Personnel Management to determine how best to equip NCD to fulfill a new and more actively-engaged role in helping to implement critical recommendations about disability policies and programs.

This shift in NCD's emphasis forms a backdrop for my testimony today. At this point, there is little mystery about the scope of actions needed to ensure that people with disabilities are not the first to be sacrificed when disaster strikes. We have enumerated, justified, and detailed our recommendations in several reports. Of course, we all agree that we need to implement solutions rather than crystallize with increasing clarity the scope of the problem. It is now time for us to support active implementation of these recommended actions in areas of known need.

With regard to emergency preparedness, NCD is prepared, and has in fact begun, to make this transition toward implementation of recommended actions. One example is a need identified by the Government Accountability Office (GAO) to improve the coordination and collaboration between NCD and FEMA. I am pleased to report to this subcommittee that FEMA Administrator Fugate and I had an excellent first meeting on April 23, 2010. I am also pleased to report that Marcie Roth, Director of FEMA's new Office of Disability Integration and Coordination, and I enjoy a strong working relationship rooted in our collaborations in various contexts over the past 12 years. Administrator Fugate has suggested that he and I meet regularly until we can point to tangible signs of progress. Toward that end, I have charged NCD Vice Chair Fernando Torres-Gil with a lead responsibility for the Council and plan to have him join me in meeting with Administrator Fugate whenever possible. Dr. Torres-Gil brings a wealth of emergency preparedness experience and will be an extraordinary asset as NCD and FEMA deepen our collaboration.

As Assistant Secretary for Aging during the Clinton administration, Dr. Torres-Gil worked closely in assisting elderly and disabled persons to recover from the Midwest floods of 1993 and the Northridge earthquake of 1994. He directed the aging network of area and State units on aging to give particular attention to the needs of older adults with disabilities. As a current board member of The California Endowment and the Los Angeles Airport Commission, he continues to advocate for people with disabilities and older adults and is helping to bridge the communication gaps between disability and aging communities whose needs clearly overlap, even if both groups have a tendency to disassociate from one another for fear of the stigma of being viewed as "old" or "disabled."

Historically, our work on emergency management has come in the form of Council oversight of outside contractors producing reports for NCD. This type of reporting has played an important role in the past, and we have targeted our lump-sum emergency management appropriation for financing contract research. However, if one agrees that most of the issue identification has been accomplished and one concurs with the general scope of NCD's prior recommendations, I would contend that NCD's greatest value in the years ahead will come from a more resource-intensive process of being far more directly engaged with decision-makers in actualizing the recommendations.

Dr. Torres-Gil and I pledge our commitment and that of the Council to aggressive implementation of our emergency management recommendations and look forward to providing this subcommittee with an update on our progress in the future. One of the obvious challenges is how best to allocate our agency's limited financial and human resources. NCD has a \$3.2 million annual lump sum appropriation (along with a one-time, \$300,000 appropriation for emergency preparedness) to support a mission of advising the President and Congress on the entire sweep of disability programs and policies, including every type of disability and every conceivable disability issue. At present, nine full-time staff supports the work of a 15-member, Presidentially-appointed, and Senate-confirmed part-time Council. Most Council members, including myself, balance their service on NCD with full-time careers. We embrace the breadth of our mission even as we acknowledge that difficult choices must be made about priorities.

As I mentioned previously, NCD is undergoing a strategic planning process to optimize our allocation of resources, and as the chairman of the Council, I am committed to including emergency management activities as a discreet item in our strategic planning process. We welcome an opportunity to strategize with our Congressional partners about how best to marshal the resources necessary to fulfill Congress' charge to NCD. I will turn now to discussing two of the highest priority areas in need of aggressive implementation.

WE MUST INSIST ON INTEGRATED PREPAREDNESS PLANNING

Winston Churchill once said, "However beautiful the strategy, you should occasionally look at the results." I respectfully urge this subcommittee to apply the sentiment behind that quote to its work involving "caring for special needs." Reference to the unique considerations of people with disabilities in disasters is often termed "special needs." While some people would certainly prefer the label of "people with special needs" over "people with disabilities," NCD embraces the view of the disability advocacy community that "special needs" connotes separateness and tends to reinforce debilitating stigma. People with disabilities are people first, and if we truly believe that disability is a natural part of the human experience, labeling the work done to address its implications for emergency planning should not be referred to as "special."

As people with disabilities, we may have various physical, sensory, and/or psychiatric limitations, but our needs and wants are fundamentally the same as all other Americans—to live, to learn, and to earn. Furthermore, while recognizing that many people with disabilities are uniquely vulnerable in times of emergency and disaster, we need to focus greater energy on empowering people with disabilities to act responsibly and appropriately at such times, rather than default with the suggestion that they should wait to receive care. Although identifying and focusing on "caring for special needs" is no doubt well-intentioned, such a focus can have the unintentional, deleterious impact of segregating, isolating, and thereby failing to address adequately the actual needs of people with disabilities. People with disabilities have long been marginalized by the emergency management community. Instructions relating to the unique needs of people with disabilities have typically been limited to a few lines in an emergency plan, if they are mentioned at all. "Disabilities" have generally been placed into one large category, often labeled "special needs," without genuine consideration for the unique circumstances of different disabilities. Emergency planners have often decided what people with disabilities need without consulting them. This practice further alienates people with disabilities and increases their vulnerability during disasters.

I often say that there is no such thing as "disability policy." Rather, when we say "disability policy," we are actually simply thinking about all policies through a lens of consideration of its impact on people with disabilities. This perspective is no less relevant in emergency planning. We cannot divide emergency planning into distinct frameworks for "general" preparedness and "special needs" preparedness. What we need to do is ensure that all aspects of emergency preparedness planning always integrate and fully incorporate the unique life experiences of people with disabilities. This goes for responses to disasters, as well.

Given the diversity of disability experiences and the highly variable progress toward accessibility in communities across the country, the most effective way to ensure that the needs of people with disabilities are taken into account during emergencies and disasters is to have people with disabilities be an integral part of the planning process from start to finish—equal partners. President Eisenhower once said, "Planning is essential; plans are worthless." I am grateful to FEMA Administrator Fugate for calling my attention to this idea. It has helped give shape to my vision for the future of NCD and is certainly a central principle in understanding how NCD views effective emergency preparedness for people with disabilities.

Many of NCD's prior recommendations get to the heart of this need for participation in the planning process. NCD has, for instance, recommended that there be a network of regional coordinators across the country. My good friend Marcie Roth is doing an extraordinary job as Director of FEMA's Office of Disability Integration and Coordination. However, despite my highest confidence in her abilities and dedication to these issues, I am deeply concerned about her ability as one individual to shoulder the enormous task laid before her. I am heartened to be confident, based on my on-going dialogue with Administrator Fugate, that he understands these weighty concerns, like few people outside the disability community. I believe Administrator Fugate, Ms. Roth, and I all agree that an important indicator of success will be when all people engaged in emergency management work have disability toward

the center of their radar screens rather than expecting that the concerns of people with disabilities are the job of only a few individuals—whatever their rank may be.

Regional Coordinators Could Create Crucial Linkages

PKEMRA established the National Disability Coordinator position at FEMA, which marked a critical step in institutionalizing staff positions representing disability interests. Despite encouraging work seen to date from the National coordinator (a position that is, regrettably, currently unfilled), the frequency and geographic dispersion of disasters annually underscores that regional replication of the National coordinator position is vital. Regional coordinators similar to the National coordinator's position, set up in each regional FEMA office, could enhance the effectiveness of the National coordinator by drilling down on local disability issues to more aggressively and timely respond to the needs of people with disabilities. Regional coordinators could liaise between voluntary agency liaisons and voluntary organizations that function in the National Response Framework, as well as oversee disability task forces. Such actions would go a long way in shoring up communication linkages between local disability communities and emergency managers.

Meaningful involvement of people with disabilities in emergency management planning must happen across the country, not just here in Washington between NCD and FEMA. Success will be marked by the education of and enhanced awareness among all stakeholders in the business of emergency management—which is to say, albeit in varying ways, each and every American. And we have a long way to go.

People with Disabilities are Routinely Excluded from Preparedness Activities

People with disabilities are routinely excluded from preparedness exercises, drills, and other planning processes. As noted in one study of 30 disaster sites, only 27 percent of emergency managers had completed available training on disabilities, and fully 66 percent of the counties had “no intention of modifying their guidelines to accommodate the needs of persons with mobility impairments” because of problems stemming from costs, the availability of staff, awareness, etc.² This lack of involvement in disaster planning also compromises emergency planners' credibility to people with disabilities when hazard and preparedness information is disseminated. The likeliest solution a partnership approach to planning that brings disability organizations, with which people with disabilities may already be familiar, to the table with emergency planners.

One-Size-Fits-All Approaches Do Not Work

People with disabilities are often grouped together as a homogenous unit when considering preparedness provisions, which does not adequately account for the range of differences that exist between disabilities or the accompanying range of issues for which emergency managers must prepare to successfully respond to this diverse population. Generic, one-size-fits-all approaches to disaster planning do not work. Each type of disability presents its own unique set of barriers during disasters. For example, people with hearing disabilities may not receive weather warnings that broadcast only over audible technologies, whereas the most urgent concern of people with mobility disabilities may be negotiating the stairs of a fire escape during evacuation. Addressing barriers created by the unique needs of people with disabilities can serve to better protect all people during times of disaster. Children, seniors, and people with disabilities all benefit from an expanded set of options to support those at risk during an event.

People with Disabilities as Active Participants in Preparedness Planning

People with disabilities must be involved in emergency planning for several reasons:

- First, their knowledge of potential barriers is invaluable. People with disabilities make excellent consultants or advisors during emergency plan development;³
- Second, their personal experience in overcoming these barriers adds tremendous validity to plan solutions; and
- Third, the empowerment experienced through participation may prompt people with disabilities to take preemptive actions and encourage others to follow suit.⁴

²Fox, M.H., White, G.W., Rooney, C., & Rowland, J.L. (2007). Disaster preparedness and response for persons with mobility impairments. *Journal of Disability Policy Studies*, 17(4), 196.

³Loy, B., & Batiste, L.C. (2004). Evacuation preparedness: Managing the safety of employees with disabilities. *Occupational Health and Safety*, 73(9), 112–117.

⁴Wisner, B. (2002). Disability and disaster: Victimhood and agency in earthquake risk reduction. In C. Rodrigue & E. Rovai (eds.), *Earthquakes*. London: Routledge.

Invited participants must be representative of all types of disabilities. Equal representation is imperative, as each disability can present unique challenges to consider during emergency plan development. For example, people with only mobility disabilities can receive warnings via ordinary technology, but they may not be able to self-evacuate; whereas people with hearing disabilities may be able to self-evacuate, if they are properly notified. Advocacy groups that work for and with people with disabilities should also receive an invitation to the planning table. The collective knowledge gained by including these individuals and organizations is invaluable to plan development. In addition, the individuals or groups responsible for implementing the plan, such as first responders, should also be involved in the process.⁵ The insight gained through working side by side with people with disabilities during the plan development process will enhance everyone's understanding of the plan's purpose.

WE NEED TO COLLABORATE ACROSS SILOS TO BUILD ACCESSIBLE INFRASTRUCTURES

We need to think creatively about how to work across silos, including Congressional committee jurisdiction. If our communities' housing, communications, transportation and related infrastructures are not accessible now, our response to emergencies will be impaired from the start. Therefore, even though housing, communications, and transportation may not fall within a single committee's jurisdiction, all the committees who do have distinct jurisdiction over those topics will only achieve shared overarching objectives if they coordinate efforts. While we mourn the tragic loss of life and destruction of buildings in the wake of major disasters, built in the tragedy is the opportunity to improve lives by rebuilding our society more inclusively. We can only do this if we collaborate and coordinate across all varieties of silos.

Problems Posed by the Built Environment

As I mentioned briefly before, historically, society has viewed disability through a medical model, which explains disability as one's personal, biologically-understood limitation, rather than through a socio-political model, which views disability as a consequence of faulty assumptions within the broader social, economic, and political environments.⁶ (The landmark civil rights law, the Americans with Disabilities Act (ADA), was written and is premised on the latter model.) Relying on the medical model to understand disability has had the consequence of deemphasizing examination of the built environment and social responsibility to create a safe setting for everyone. One research team remarked, "Traditional perspectives, based on assumptions of individual limitation, have shaped the construction of disabled people's vulnerability to natural hazards as tragic yet unavoidable."⁷ This is simply untrue. However, by ignoring the built environment, people with disabilities are further alienated and the safety of everyone who responds to an emergency or disaster is jeopardized. Contributing to concerns is the fact that "the most accessible entrances tend to be the best route out of the building for everyone; nondisabled people head there first in an emergency, thus clogging those exits intended for the disabled, who have no alternative exits."⁸ Researchers in this area emphasize the need to construct the built environment to be accessible to everyone, rather than relying upon people with disabilities to understand and act on detailed instructions in an environment that is not supportive of their functional needs.

When evacuation is necessary, additional attention must be directed toward the availability of adequate transportation for individuals with disabilities and the technology or mobility devices on which they rely. According to the Survey of Hurricane Katrina Evacuees, the most common reason provided by respondents for not evacuating was "I did not have a car or a way to leave."⁹ In studying the aftermath of Hurricane Katrina among New Orleans residents, GAO found that State and local governments did not "integrate transportation-disadvantaged populations" into their

⁵ May, P.J. (1985). *Recovering from catastrophes: Federal disaster relief policy and politics*. Westport, CT: Greenwood Press, 95.

⁶ Tierney, K., Petak, W., & Harlan, H. (1988). *Disabled persons and earthquake hazards*. Los Angeles: University of Southern California.

⁷ Hemingway, L., & Priestly, M. (2006). Natural hazards, human vulnerability and disabling societies: A disaster for disabled people? *Journal of Disability Policy Studies*, 2(3), 57.

⁸ Wagner, C.G. (2006). Disaster planning for the disabled. *The Futurist* (March 1).

⁹ Kaiser Family Foundation. (2005). *Survey of Hurricane Katrina evacuees*. *Washington Post*, Kaiser Family Foundation, Harvard University, p. 6. Retrieved from www.kff.org/newsmedia/upload/7401.pdf.

evacuation plans.¹⁰ GAO also found that most State officials did not believe that many of their residents needed transportation assistance, despite U.S. Census data to the contrary. Further emphasizing the importance of this consideration, the recent Citizen Corps 2009 survey showed that over half of the respondents reported needing help with transportation out of their area in the case of an emergency (55 percent).¹¹

When considering individuals with disabilities who lack transportation, emergency planners must plan for the evacuation of assistive devices and service animals, as well. Assistive devices are often custom-fit for the individual and should be evacuated with him or her to ensure maximum independence, lower reliance on emergency assets, and speed post-event recovery. Service animals are also vitally important to their owners' ability to maintain independence and should be evacuated with the person.

Housing Concerns

Perhaps surprisingly, housing is one of the least examined areas of recovery research, despite its importance. Lower income housing tends to take a disproportionate hit during a disaster because it is likely to be older and less likely to be up to code; located in a floodplain or other hazardous area; and less structurally able to withstand an event (such as manufactured housing). Thus, seniors and people with disabilities at lower incomes presumably bear a higher risk of displacement from their homes.

Public housing can be problematic when it has been affected, particularly locations that are approved through the Section 8 Housing Choice Voucher Program. Although HUD maintains lists of available units across the Nation, those units may not be located nearby. In past disasters, HUD and local housing authorities have identified and verified appropriate locations for replacement rentals. After the California wildfires in 2007, HUD established a new National Housing Locator System. The system invited prospective landlords and property owners to list units. Approximately 26,000 units were identified within a 300-mile radius of San Diego County. The list included the ability to search for accessible units, although additional concerns remained, including proximity to work, family, health care, banking, pharmacies, and other routinely accessed sources of support.

In New Orleans, public housing units remain unavailable while they are being rebuilt by HUD and area housing authorities. Concern has been expressed by local residents that the new units, which will be in mixed-income ranges, will displace or deter lower income residents. Finding housing near vital support systems needed by people with disabilities, the elderly, and people with medical conditions is also of concern. For example, relocation 100 miles away from a familiar senior center or dialysis center will be problematic.

After Hurricane Katrina, FEMA failed to provide temporary trailers that were accessible. In *Brou v. FEMA* (the Department of Homeland Security was also named in the suit), successful plaintiffs argued in a class action discrimination suit that the Federal agency had not provided accessible trailers (e.g., with wheelchair ramps, maneuvering room, or grab bars), resulting in a longer wait for temporary housing. As another example, housing advocates have noted in conference presentations that mitigation elevations along the Gulf Coast displace people with mobility disabilities and senior citizens. Some organizations report that some of these people have been forced to choose congregate care over independent living.¹² *Brou v. FEMA* was one of several efforts by the disability community that have resulted in changes at FEMA when it comes to disaster response and recovery. In another example, FEMA is incorporating disability-specific ideas and language into its National Disaster Housing Strategy and Plan.

CONCLUSION

Marking meaningful progress in addressing the needs of people with disabilities in times of disaster requires implementation—follow-through—on identified solu-

¹⁰ Government Accountability Office (GAO). (2006a). *Preliminary observations on the evacuation of vulnerable populations due to hurricanes and other disasters*. Retrieved March 3, 2008, from www.gao.gov/new.items/d06790t.pdf.

¹¹ Federal Emergency Management Agency (2009). *Personal Preparedness in America: Findings from the 2009 Citizen Corps National Survey*. Retrieved October 15, 2009, from http://citizencorps.gov/pdf/2009_Citizen_Corps_National_Survey_Findings.pdf.

¹² Cahill, A. (2006). *Planning tools you can use to meet the needs of people with disabilities in an emergency: What to do, what not to do, and what difference does it make?* Paper presented at the Working Conference on Emergency Management and Individuals with Disabilities and the Elderly, Washington, DC.

tions. It requires deliberate and thorough preparations that must include input in all disaster phase planning from people with disabilities. As self-advocating experts, people with disabilities offer invaluable knowledge of existing and potential barriers as well as creative and personal experience in overcoming them. Further, inclusion of people with disabilities throughout emergency phase planning promotes personal preemptive actions and enhances the credibility of emergency management personnel in times of actual emergency. Finally, marking meaningful progress requires working across silos and thinking holistically about peoples' lives—zooming out from action steps to ensure the solution integrates across systems in a sensible way.

Disability is a normal part of the human experience. Anyone at any time can acquire a disability—as I did during a high school wrestling match. And acquiring a disability can just as well open the door to new opportunities as present new challenges—as I eventually discovered. Furthermore, there is considerable overlap in the challenges faced by persons with disabilities, seniors, and residents of low-income households in disaster-threat situations. People with disabilities should thus not be viewed as one more special interest group that drains resources from the common pool. Rather, planning for and accommodating people with disabilities often means being better equipped to serve all people.

On behalf of the members of NCD, thank you again for the opportunity to contribute this testimony to the written record. As we are just over a month away from the 20th anniversary of the ADA, we very much look forward to working in collaboration with this subcommittee on closing the emergency planning gaps that remain.

ATTACHMENT

The following information is based upon NCD's 2009 report entitled *Effective Emergency Management: Making Improvements for Communities and People with Disabilities* and is meant to supplement the written and oral testimony of Jonathan Young. This document begins by laying out several key recommendations before moving into several supplemental findings regarding the challenges faced by people with disabilities during the preparedness and response phases of a disaster, germane to the subcommittee's hearing.

KEY RECOMMENDATIONS

1. *Policies focusing on disaster preparedness should strive to protect and maintain the independence of people with disabilities.*—This includes addressing appropriate warning systems, transportation services, and sheltering options.

2. *People with disabilities must be involved in emergency planning.*—Their knowledge of potential barriers is invaluable. Their personal experience in overcoming these barriers adds tremendous validity to plan solutions. In addition, the empowerment experienced through participation may prompt people with disabilities to take preemptive actions and encourage others to follow suit.¹

3. *Partnerships with disability organizations are critical.*—Federal agencies should be required to include disability organizations as partners in all preparedness and outreach efforts, funds, grants, and programs.

4. *Regional disability coordinators could provide critical communication linkages.*—Positions similar to the National Disability Coordinator should be included in the structure of the regional FEMA offices. Regional disability coordinators could enhance the effectiveness of the National Disability Coordinator by addressing more localized disability issues. State, local, and Tribal emergency management offices should be encouraged to establish similar positions in their respective jurisdictions.

5. *Improvements to the built environment are vital.*—By ensuring that the built environment better meets the needs of the most vulnerable populations, policy-makers can create an environment that improves response and evacuation outcomes for all populations.

- All interim or permanent housing that is built or rebuilt/reconstructed should meet at least minimal accessibility requirements.
- As a community's infrastructure is initially built or rebuilt/redesigned, it should offer more accessible features, such as wider pathways, auditory signaling systems, and tactile signage.
- As schools are built, renovated, or substantially redesigned, the envelope should be hardened according to the probable hazard (e.g. hurricane, tornado, ice storm, or earthquake) and other measures should be taken to equip the facility for use as an accessible shelter.

¹Wisner, B. (2002). Disability and disaster: Victimhood and agency in earthquake risk reduction. In C. Rodrigue & E. Rovai (eds.), *Earthquakes*. London: Routledge.

- As shelter operations often rely upon existing building structures, funding must be made available to allow for retrofits and modifications that remove barriers and make existing buildings accessible when used as shelters.

6. *Warning systems must be accessible to all people.*—Policymakers should address public funds earmarked for civil defense sirens and use some monies for alternative warning systems. Additionally, Congress should request that GAO investigate non-compliance with FCC policies (regarding accessibility of emergency broadcasts).

7. *Federal exercise evaluations should include disability considerations.*—All Federal exercises and disaster response after-action reports should include performance evaluations and assessments on disability concerns as standard operating procedure.

KEY FINDINGS

PREPAREDNESS

Practical Barriers to Preparedness for People with Disabilities

Although ultimately everyone, including people with disabilities, is personally responsible for his or her own safety and must actively prepare for a disaster, this proves difficult for many individuals with disabilities whose incomes are often well below National norms. When an individual must rely upon discretionary income to pay for emergency kits, transportation costs for evacuation, temporary shelter expenses, and on-going recovery needs, and discretionary income is little to none, execution of these steps is often impractical. In addition, disaster preparedness remains low in most peoples' list of priorities,² and for people with disabilities who often have long lists of other unmet needs, this situation is no different.

Education and Training

Since most people have limited experience with disasters, educational programs are essential components of effective preparedness plans.³ Increasing awareness of people with disabilities through disaster-related education is likely to lead to increased confidence and self-reliance.⁴ Education programs should instruct individuals and families both how to prepare for disasters. The materials and formats used in these disaster education programs must be developed in such a manner that they are accessible to people with all kinds of disabilities in both format and content. Multiple modes of distribution of this information should be used, including organizations; public meetings; brochures, door hangers, and other printed materials (also available in Braille and other languages); issue presentations and panel discussions; radio talk shows, chat rooms, social networking sites, disability blogs, and email blasts; web-based references; and degree programs at colleges and universities, which should integrate awareness of the needs of people with disabilities into their curriculums.⁵

Training—which includes practice sessions, live drills, and tabletop exercises—offers a way to evaluate recommended measures and procedures contained in an emergency preparedness plan while enhancing the proficiency of participants. Practicing and adapting a personal evacuation plan is vital to ensuring that protective actions work and become familiar. The development of responsive habits is the first line of defense against any type of disaster, especially rapid onset events. Emergency responders also need training in understanding the needs of people with disabilities.⁶ People with disabilities must be actively involved in preparing, conducting, and overseeing training exercises. Their expertise in proper lifting techniques, ways of communicating, and handling other barriers will greatly benefit emergency responders by enhancing the effectiveness of training simulations and identifying areas for improvement.

Evacuation Planning

Pre-event planning is crucial, as the time and resources necessary for the successful evacuation of people with disabilities often exceeds that required for individuals

²Tierney, K.J., Lindell, M.K., & Perry, R.W. (2001). *Facing the unexpected: Disaster preparedness and response in the United States*. Washington, DC: Joseph Henry Press, p. 44.

³Parr, A. (1987). Disasters and disabled persons: An examination of the safety needs of a neglected minority. *Disasters*, 11(2), 153.

⁴Newport, J.K., & Jawahar, G.G.P. (2003). Community participation and public awareness in disaster mitigation. *Disaster Prevention and Management*, 12(1), 33–36.

⁵Natural Hazards Center (NHRAIC). (2005). *Holistic disaster recovery: Post-Katrina edition*. Boulder, CO: NHRAIC and Public Entity Risk Institute.

⁶Parr, at 153.

without disabilities.⁷ The U.S. Government Accountability Office (GAO) documented a number of challenges in addition to timing during recent evacuation events, including identifying people who need evacuation assistance, securing adequate transportation, and coordinating the evacuation efforts.⁸ Evacuation protocols are still emerging and lack empirical validation. Rapid-onset evacuations often prove more difficult, even under the best of circumstances. In 2004, the California State Independent Living Council (SILC) issued a brief entitled “The Impact of 2003 Wildfires on People with Disabilities” and found that people who were deaf were not notified adequately of the wildfires.⁹ Emergency personnel raced ahead of the fast-moving fires and announced evacuation orders using car loudspeakers, and few reports on television were close-captioned. Similarly, people who were blind often went without notification as well. Many remote areas did not have television or radio access and none had reverse 9–1–1 capabilities.

Sheltering in Place

An alternative to evacuation when faced with a rapid onset disaster is to seek refuge inside a structure, with the object of limiting if not eliminating one’s exposure to the outside air. Sheltering in place may be problematic for people with disabilities for several reasons. First, people in the “lowest income quartile [are] less likely to want to attend classes on creating a home shelter environment and to have a family plan or preparedness kit” in place to do so, and people with disabilities often fall into this lower income quartile.¹⁰ Second, people with disabilities may experience difficulties with the physical labor necessary to create a home shelter. The limitations could increase the amount of time necessary to set up a shelter, leaving them vulnerable to airborne contaminants for an extended period. A separate but similar issue may occur among individuals with cognitive disabilities, who may have difficulty understanding instructions for sheltering in place. A third problem with sheltering in place is the lack of accessible options; for example, most underground safe rooms in tornado alley are not accessible.

RESPONSE

Communication Gap Between Emergency Management and Disability Community

Many of the problems incurred by emergency personnel during the response phase of a disaster could be addressed if planning included people with disabilities. It is imperative that people with disabilities have a voice and be at the table for all stages of disaster planning, including the development of policies that impact the built and social environments and, therefore, influence a person’s ability to respond appropriately to disaster. Yet, the report from the Special Needs Assessment for Katrina Evacuees (SNAKE) project found that many emergency shelter planners had little interaction with the disability community prior to Hurricane Katrina.¹¹ The following findings were presented in the SNAKE report:

- 50 percent of those interviewed had policies, plans, and guidelines for disability accommodations in place prior to Hurricane Katrina. Only 36 percent had someone with expertise on-site to provide guidance regarding appropriate accommodations.
- 54 percent of the respondents did not have any working agreements with disability and aging organizations prior to the event. 50 percent made contacts with those organizations as a result of their Hurricane Katrina experience.
- The gap between emergency management and disability-specific and aging-specific organizations widened when the organizations serving these populations tried to connect with the emergency management community. 85.7 percent of these community-based groups answered that they did not know how to link with the emergency management system.

⁷Rubadiri, L., Ndumu, D.T., & Roberts, J.P. (1997). Predicting the evacuation capacity of mobility-impaired occupants. *Fire Technology*, 33(1), 32–53.

⁸Government Accountability Office. (2006). *Preliminary observations on the evacuation of vulnerable populations due to hurricanes and other disasters*. Retrieved March 3, 2008, from www.gao.gov/new.items/d06790t.pdf.

⁹California State Independent Living Council. (2004). *The impact of southern California wildfires on people with disabilities*. Retrieved March 3, 2008, from www.calsilc.org/impactCAWildfires.pdf.

¹⁰Phillips, B.D., Metz, W.C., & Nieves, L.A. (2005). Disaster threat: Preparedness and potential response of the lowest income quartile. *Environmental Hazards*, 6(3), 131.

¹¹National Organization on Disability. (2005). *Special Needs Assessment for Katrina Evacuees project*. Retrieved December 18, 2008, from www.nod.org/emergency.

Warning Systems

The current status of emergency warnings for people with disabilities is woefully inadequate. People who may have unique communication needs for disaster warning messages include people who are deaf, deaf-blind, blind, or visually-impaired; the frail elderly; and those with cognitive disabilities. The existing and decentralized warning system in the United States, though offering extensive means for warning dissemination, largely relies on audible (possibly supplemented by visual) messages that are often transmitted through an intermediary. For many deaf and hard-of-hearing individuals, audible-only inclement weather warnings or Civil Defense sirens go unheard. Most disaster warnings are only broadcast via conventional media methods, so to the extent that conventional media remain inaccessible to people with hearing and vision disabilities, emergency information broadcast over them does as well.

Many blind or visually-impaired individuals are relying increasingly on television to meet communication needs, which has important implications in times of disaster. The FCC Media Security and Reliability Council is working with the American Foundation for the Blind (AFB) to develop standards to address the needs of individuals with vision loss during times of disasters. In the current absence of standards, on-air meteorologists often assume that consumers have good vision and can see the radar images, failing to accompany an emergency weather broadcast with proper audio cues as to location or trajectory. Technologies that project a storm's path, location, and timing may be useful, but only if they are offered through audible means as well as through visual graphics.

For individuals who are deaf-blind, receipt of an emergency message often involves diverse communication needs. Large-print and tactile cues are preferred when available. Communication with individuals who are deaf-blind can range from sign language near the person's face to sign language in the palm to words written on the palm with a finger. The universal symbol for an emergency is a tactile symbol "X," "drawn" on the back of the deaf-blind individual by an individual who is alerting him or her. This symbol is understood to mean that an emergency has occurred and that it is imperative for the individual receiving the message to follow directions and not ask questions. However, few preparedness materials or trainings include this information.

In addition to the numerous barriers to the initial receipt of the warning message, barriers also hamper a recipient's belief in the credibility of the message. Experts contend that the best way to extend warnings is through the use of people who are as similar to the target population as possible, using well-established officials familiar to the community to enhance credibility.¹² Emergency management professionals can build their credibility among the disability community by involving people with disabilities in all stages of disaster response. In addition, being able to see, hear, or understand that other people are taking shelter increases the likelihood that a person will take action. For people with sensory, cognitive, or psychiatric disabilities, taking shelter may be further delayed if confirmatory cues are not present. Solutions include accessible PSAs that show people with disabilities taking protective action, outreach efforts by people with disabilities or advocacy organizations, and direct appeals to people with disabilities, their families and friends, and service organizations.

Transportation Considerations

When evacuation is necessary, additional attention must be directed toward the availability of adequate transportation for individuals with disabilities and the technology or mobility devices on which they rely. According to the Survey of Hurricane Katrina Evacuees, the most common reason provided by respondents for not evacuating was "I did not have a car or a way to leave."¹³ In studying the aftermath of Hurricane Katrina among New Orleans residents, GAO found that State and local governments did not "integrate transportation-disadvantaged populations" into their evacuation plans.¹⁴ GAO also found that most State officials did not believe that many of their residents needed transportation assistance, despite U.S. Census data to the contrary. Further emphasizing the importance of this consideration, the re-

¹²Fothergill, A., Maestas, E., & Darlington, J. (1999). Race, ethnicity, and disasters in the United States. *Disasters*, 23(2), 156–173.

¹³Kaiser Family Foundation. (2005). *Survey of Hurricane Katrina evacuees*. Washington Post, Kaiser Family Foundation, Harvard University, p. 6. Retrieved from www.kff.org/newsmedia/upload/7401.pdf.

¹⁴Government Accountability Office (GAO). (2006a). *Preliminary observations on the evacuation of vulnerable populations due to hurricanes and other disasters*. Retrieved March 3, 2008, from www.gao.gov/new.items/d06790t.pdf.

cent Citizen Corps 2009 survey showed that over half of the respondents reported needing help with transportation out of their area in the case of an emergency (55 percent).¹⁵

When considering individuals with disabilities who lack transportation, emergency planners must plan for the evacuation of assistive devices and service animals, as well. Assistive devices are often custom-fit for the individual and should be evacuated with him or her to ensure maximum independence, lower reliance on emergency assets, and speed post-event recovery. Service animals are also vitally important to their owners' ability to maintain independence and should be evacuated with the person.

Nursing Home Evacuations

Deaths amongst nursing home residents in New Orleans following Hurricane Katrina highlighted the need to better plan and respond to the special needs in this population of people.¹⁶ Transportation and long-term living arrangements are the major factors in the evacuation of nursing home residents, many of whom have mobility and/or cognitive impairments. Evacuations are multi-tiered, as residents, their personal items, staff, and long-term medical needs must all be addressed. When the National Disaster Medical System (NDMS) assists in the evacuation of hospital patients during natural disasters, it is not designed to aid in nursing home evacuations.¹⁷ Further, nursing homes and emergency management teams seldom work together. In its 2006 report, for these reasons, GAO requested that DHS "clearly delineate how to address the needs of nursing home residents during evacuations."¹⁸

Search and Rescue

Unlike other components of the response phase, rescuing disaster victims always occurs in an unpredictable and hazardous environment. Because of the unpredictability of disasters, first responders do not preplan rescue operations but rather focus on practicing rescue techniques. It is during the practice of these fundamentals that guidance in lifting, moving, and communicating with people who have disabilities should be incorporated.

Because of our decentralized society, responsibility for the initial response to any disaster rests on the shoulders of the local government.¹⁹ Thus, the incorporation of special training in rescuing people with disabilities must be initiated at the local level. Most first responders approach all search and rescue assignments with the same mindset—get the victims out as quickly as possible. While speed may be of the utmost importance in these situations, first responders must also be careful not to exacerbate the situation. This is especially true in rescuing people with disabilities. For example, first responders are cautioned not to use the over-the-shoulder carry when rescuing a person who uses a wheelchair.²⁰ This carry can cause additional life-threatening injuries because of the health issues associated with the person's disability. Therefore, rescuers must practice multiple carrying techniques during training to be proficient in applying them during a rescue operation. In addition, first responders should attempt to rescue the victim's assistive technology, if at all possible. These assistive devices are often essential to the person's survival and will speed his or her recovery. Although rescuing these assistive devices should not take precedence over a human life, they should receive consideration when time and resources allow. The old adage "You will play the way you practice" holds true for rescue situations that do not allow the rescuer sufficient time to plan each step of the process.

Shelter Operations

The Americans with Disabilities Act mandates that accommodations, which include shelters, must be accessible. Shelters must also accommodate service animals and should provide multiple means for communication. Ideally, shelter staff should

¹⁵Federal Emergency Management Agency (2009). *Personal Preparedness in America: Findings from the 2009 Citizen Corps National Survey*. Retrieved October 15, 2009, from http://citizencorps.gov/pdf/2009_Citizen_Corps_National_Survey_Findings.pdf.

¹⁶Hyer, K., Brown, L.M., Berman, A., & Polivka-West, L. (2006). GrantWatch: Report: Establishing and refining hurricane response systems for long-term care facilities. *Health Affairs-Web Exclusive* 25(5).

¹⁷Bascetta, C.A. (2006). *Disaster preparedness: Limitations in federal evacuation assistance for health facilities should be addressed*. DIANE Publishing.

¹⁸GAO (2006a).

¹⁹Drabek, T.E. (1985). Managing the emergency response. *Public Administration Review*, 45 (special issue), 85–92.

²⁰Federal Emergency Management Agency (FEMA). (2002). *Orientation manual for first responders on the evacuation of people with disabilities*, 13. Retrieved April 19, 2008, from www.eadassociates.com/fa-235-508.pdf.

be trained to accommodate a wide variety of disabilities and medical needs. However, it appears that such training is not conducted routinely and that people with disabilities and those with medical conditions, as well as service animals, may be turned away from a general population shelter or sent to a special needs or medical shelter.

The National Organization on Disability (NOD) conducted a rapid survey of 18 shelters after Hurricane Katrina, supplemented with information from officials involved in response and sheltering efforts. Although two-thirds of the shelters included questions regarding disability on their intake or registration paperwork, only minimal recognition of the disability occurred. Translating potential needs into available services lagged behind the intake identification. For example, only 30 percent of the shelters provided American Sign Language. Eighty percent did not provide TTY and 60 percent did not offer closed-captioned television. Although 56 percent posted written versions of oral announcements, people who were deaf or blind reported missing communications. Some shelters set up specific areas for communication, although such locations have been criticized as unnecessarily segregating people with disabilities.

Because of the rapid and chaotic evacuation of New Orleans, people with disabilities reported being separated from family members, who ended up in separate shelters. Disability organizations and schools worked to reunite families. One State school, for example, used its email and website capabilities to reunite families and opened the school as a shelter site for students and parents. State officials reported that rescue efforts failed to include many pieces of durable medical equipment. Louisiana officials worked for 6 months, for example, to locate and reconnect expensive pieces of durable medical equipment with evacuees. Meanwhile, evacuees sent to shelters lost their independence because of the loss of their equipment; shelters scrambled to find temporary equipment that may not have fit the specific need; and shelters had to add staff to support individuals who had lost their equipment.

Ms. RICHARDSON. Thank you, Dr. Young.

Mr. Young, Sr., are you here? Where are you? There you go. I think you did a pretty good job. Thank you. Thank you very much, sir.

Thank you for your testimony. I now would like to recognize Mr. Spencer to summarize his statement for 5 minutes.

STATEMENT OF CARMEN J. SPENCER, DEPUTY ASSISTANT SECRETARY OF THE ARMY—ELIMINATION OF CHEMICAL WEAPONS, UNITED STATES ARMY

Mr. SPENCER. Madam Chairwoman, Representative Rogers, distinguished Members of the committee, I am grateful to have this opportunity to address the subcommittee to discuss the important work the United States Army and FEMA, working together, have accomplished and continue to accomplish as it relates to the Chemical Stockpile Emergency Preparedness Program.

I respectfully request my written statement be entered into the record in its entirety.

I am Carmen Spencer, deputy assistant secretary of the Army for the elimination of chemical weapons. In this capacity, I provide management oversight of the United States Army's Chemical Demilitarization Program.

By way of background, as a former Army officer for over 28 years, I had the privilege of commanding two Army installations directly involved in destroying the U.S. stockpile of chemical munitions. This experience gave me first-hand knowledge of working with municipalities and local citizens concerned with emergency preparedness in the very unlikely event of a chemical accident or incident.

The Chemical Demilitarization Program was established in 1986 by Public Law 99-145 and exists today to remove the threat posed

by continued storage of obsolete chemical weapons to meet international security requirements and international treaty requirements and to inspire a worldwide commitment to the elimination of an entire class of weapons of mass destruction.

Since 1986, the Army has safely and effectively destroyed over 2 million chemical munitions at seven sites Nation-wide. As of today, the Army has successfully completed the destruction missions at three sites, Johnston Atoll in the South Pacific, Newport, Indiana, and Aberdeen, Maryland, and is currently operating four incineration sites in Umatilla, Oregon, Tooele, Utah, Pine Bluff, Arkansas, and Anniston, Alabama.

The Army's effectiveness in destroying these agents and munitions, while maintaining the highest standards of safety to the workers, the public, and the environment has led to over \$2 billion in life-cycle cost savings and has placed the program 62 months ahead of schedule. As of today, the Army has destroyed 74.3 percent of the entire U.S. stockpile.

The United States Army Chemical Demilitarization Program is made up of three areas: The chemical stockpile elimination project; the non-stockpile project; and most importantly, the Chemical Stockpile Emergency Preparedness Program, or CSEPP.

CSEPP provides technical and financial support to communities located near the stockpiles to enhance effective responses to potential releases of chemical agent. The program is managed cooperatively by the Army and the Department of Homeland Security's Federal Emergency Management Agency.

We have successfully managed and executed this mission since August of 1988. As part of Public Law 99-145, the Congress directed the Department of Defense to dispose of its lethal agents and munitions while providing maximum protection to the environment, the general public, and all personnel involved.

In 1987, the Army released a draft emergency response concept plan which presented a basis for the development of local emergency response programs and examined various methods of emergency planning. Then in 1999, the National Defense Authorization Act provided further statutory delineation between the roles that Army and FEMA each play with CSEPP. The law assigned the Army the responsibility for all on-post activities and FEMA the responsibilities for all off-post activities.

Then in 2008, the Congress modified the termination requirements for CSEPP funding, and this statutory change requires that CSEPP communities receive assistance until either the date of completion of all grants and cooperative agreements, which are managed by FEMA, or the date that 180 days after completion of destruction of chemical agent and munitions at each individual installation or facility.

The primary mission of CSEPP is to protect the health and safety of the public by enhancing and augmenting existing emergency preparedness capabilities of the Army installations and, most importantly, of the nearby civilian communities.

The Army and FEMA have jointly developed a programs policy and guidance using integrated process teams to ensure representation and acceptance by all of the Government stakeholders involved. The strong Army, FEMA, State, and, yes, even Tribal and

local government partnerships have ensured that continued full program benchmark compliance at all sites.

I am very proud and have been continually impressed by the work that CSEPP has done and continues to do. Through their involvement in this program, CSEPP communities are now better prepared to respond not only to chemical hazards, but all natural and manmade hazards.

In closing, thank you again for this opportunity to come before you. I look forward to answering any questions you may have.

[The statement of Ms. Spencer follows:]

PREPARED STATEMENT OF CARMEN J. SPENCER

JUNE 15, 2010

Chairman Richardson, Representative Rogers, distinguished Members of the committee, I am grateful to have the opportunity to address this subcommittee to discuss the important work the United States Army and FEMA has completed and continues to do on the Chemical Stockpile Emergency Preparedness Program in support of the Chemical Demilitarization Program. I respectfully request that my written statement be entered into the record in its entirety.

I am Carmen J. Spencer, Deputy Assistant Secretary of the Army, for the Elimination of Chemical Weapons. In this capacity, I provide management oversight of the United States Army's Chemical Demilitarization Program. By way of background, as a former Army officer, I had the privilege of commanding two Army installations directly involved in destroying the U.S. stockpile of chemical munitions. This experience has given me first-hand knowledge of working with municipalities and local citizens concerned with emergency preparedness in the unlikely event of a chemical accident or incident.

The Chemical Demilitarization Program was established in 1986 by Public Law 99-145, and exists today, to remove the threat posed by continued storage of obsolete chemical weapons, to meet international treaty requirements, and to inspire a world-wide commitment to the elimination of an entire class of weapons of mass destruction. The United States Army Chemical Demilitarization Program has been a Congressionally funded and mandated program for more than 20 years. Since 1986 the Army has safely and effectively destroyed chemical agents and munitions at seven stockpile sites Nation-wide. As of today, the Army has successfully completed the destruction missions at three sites (Johnston Atoll, Newport, IN, and Aberdeen, MD) and is currently operating four incineration sites (Umatilla, OR, Tooele, UT, Pine Bluff, AR and Anniston, AL). The Army's effectiveness in destroying these agents and munitions, while maintaining the highest standards of safety to the workers, the public, and the environment has led to over \$2 billion in life-cycle cost savings and has placed the program 62 months ahead of schedule. As of 9 June, 2010, the Army has currently destroyed 74 percent of the U.S. stockpile.

The United States Army Chemical Demilitarization Program is made up of three program areas, the Chemical Stockpile Elimination Project, the Non-Stockpile Chemical Materiel Project and the Chemical Stockpile Emergency Preparedness Program or CSEPP. CSEPP provides technical and financial support to communities located near the stockpiles to enhance effective responses to potential releases of chemical agent. The program is managed cooperatively by the Army and the Department of Homeland Security (DHS) Federal Emergency Management Agency (FEMA).

The Army and FEMA have been successfully managing and executing this important mission since August 1988. As a part of Public Law 99-145, the Congress directed the Department of Defense to dispose of its lethal unitary chemical agents and munitions while providing "maximum protection for the environment, the general public and the personnel involved." In 1987, the United States Army released a Draft Emergency Response Concept Plan, which presented a basis for the development of local emergency response programs and examined various methods of emergency planning. Then in 1999, the National Defense Authorization Act provided further statutory delineation between the roles that the Army and FEMA each play with CSEPP. The law assigned the Army responsibility for all on-post CSEPP activities and FEMA the responsibility for all off-post CSEPP activities. Then in 2008, the Congress modified the termination requirements for CSEPP funding in Public Law 110-181. This statutory change requires that CSEPP communities only receive assistance until either the date of the completion of all grants and cooperative

agreements which are managed by FEMA, or the date that is 180 days after the completion of the destruction of chemical agent and munitions at each individual installation or facility.

The primary mission of CSEPP is to protect the health and safety of the public by enhancing and augmenting existing emergency preparedness capabilities of the Army installations and nearby civilian communities. The Army and FEMA have jointly developed the program's policy and guidance using the Integrated Process Team concept to ensure representation and acceptance by all of the Government stakeholders involved. This strong Army, FEMA, State, Tribal, and local government partnership has ensured that continued full program benchmark compliance at all sites and has successfully allowed for the continued safe destruction of the Nation's stockpile of chemical weapons. The United States Army has a continuing commitment to fund off-post requirements that are validated by FEMA to meet the maximum protection criteria mandated by Public Law.

I am very proud and have been continually impressed by the work that CSEPP has done, and continues to do. Through their involvement in this program, CSEPP communities are now better prepared to respond to all natural and man-made hazards.

In closing, thank you again for this opportunity to come before you. I look forward to answering any questions you may have.

Ms. RICHARDSON. Thank you for your testimony.

I now recognize Mr. Kish to summarize his statement for 5 minutes.

STATEMENT OF JAMES KISH, DIRECTOR—TECHNOLOGICAL HAZARDS DIVISION, FEDERAL EMERGENCY MANAGEMENT AGENCY, DEPARTMENT OF HOMELAND SECURITY

Mr. KISH. Good morning, Madam Chairwoman, Ranking Member Rogers, and Chairman Thompson, and distinguished Members.

Thank you very much for the opportunity to testify on this critically important topic. My remarks will describe how a successful approach to preparing vulnerable populations has been accomplished through the aforementioned CSEPP program.

My name is James Kish, and I serve as the director for technological hazards for the Federal Emergency Management Agency, Department of Homeland Security.

FEMA works with the U.S. Army and our State, local, and Tribal partners to ensure that the communities can provide a maximum protection for citizens that are living and working within areas that could possibly be affected by an accidental chemical release. To meet this high standard, the CSEPP program focuses both on overall community preparedness, as well as efforts to foster increased personal resiliency of those who participate in this program.

I would like to summarize for the committee the process we use to work with our program partners. The Army and FEMA use integrated process teams, a highly collaborative process, to bring together all of the program's stakeholders in an effort to identify the needs that are individual to the particular communities to solve problems that those needs have been identified and to develop products to meet the needs of those problem solutions.

At each site, a community IPT has been established and has representatives from State and local governments, the Army installation, as well as other Federal partners, local volunteer organizations, and a number of other partners.

These integrated process teams have been very successful in developing local solutions that are very specific to the complex emergency preparedness challenges. Since 1997, FEMA, the Army, State

of Alabama, and the participating local governments and agencies have pursued specific emergency planning efforts to address the concerns of residents that have disabilities, access or functional needs, or those who may live in a facility such as assisted living facility or a skilled nursing home.

The focus of these activities is to improve individual resilience for those with disabilities, access, or functional needs, while providing necessary information for the delivery of emergency services during a response.

As I detail the efforts in Anniston, I would like to note that FEMA is committed to communicating these positive lessons across the entire emergency management community. For example, a software planning tool is developed for use in the Anniston area, and that has been posted to an open source Web site and has been downloaded numerous times over that decade-plus period.

The planning project in Alabama community began 13 years ago using common terminology at the time and was called the CSEPP special needs population program. I should acknowledge that the CSEPP program is working with FEMA's Office of Disability Integration and Coordination to ensure that our approaches are modified to become and maintain consistency with the newest guidelines.

In Alabama, the planning community developed a registry system that people could voluntarily enroll into. The purpose of this system was to understand the scope of those community needs and to facilitate planning and to develop activities to meet those needs. Key elements of the program included efforts to invite people to self-register, the development of a geographic information system, or GIS, emergency planning software tool, and that tool was designed specifically for the program to be able to assist and facilitate in geolocating people in the event of emergencies.

Repeated efforts have been made to remain in contact with those people who desire information that have self-registered. As well, there has been a significant delivery of extensive preparedness training to those people who have self-identified their caregivers and people without vehicles for evacuation, parents of unattended children who might need assistance during chemical emergency.

Involvement of people with disabilities was established early in the process. Workshops were held with the individuals, as well as those community-based organizations, to learn of their activities and their needs and to build bridges into the emergency management community. Tests of the protective equipment that was determined to be viable was—included people with disabilities, and their inputs resulted in shaping those equipment sets, as well as the training.

Today, the workshops continue, but the focus is now on training individuals and their staffs on techniques and to improve individual preparedness.

Together, these elements enabled focus to be brought on meeting individual medical and functional needs in advance of any danger. The emergency planning in Anniston, Alabama, fostered relationships between Government, the private sector, volunteer, and faith-based organizations.

The Alabama CSEPP program demonstrates that a robust public outreach effort with consistent messaging, preparedness can be enhanced to include all populations in that planning activity. Such programs help all residents become more self-sufficient, thus producing a more resilient community.

Early on, leaders and planners determined that this could not be a rescue program, that—rather, to be successful, they had to be a blend of self-reliance and targeted responder preparations.

The core element of their success has been on-going empathetic contact between emergency management personnel and people with disabilities access and functional needs. The Alabama project is just another example of how CSEPP's collaborative approach is used to benefit emergency managers throughout the country.

Thank you very much for the opportunity to speak today, and I look forward to your questions.

[The statement of Mr. Kish follows:]

PREPARED STATEMENT OF JAMES KISH

JUNE 15, 2010

Good Morning Madame Chairwoman, Ranking Member Rogers and distinguished Members of the subcommittee. Thank you for the opportunity to testify on how a successful approach to preparing vulnerable populations has been accomplished through the Chemical Stockpile Emergency Preparedness program (CSEPP). My name is James Kish, and I serve as the Director of the Technological Hazards Division for the Federal Emergency Management Agency (FEMA). There are two primary elements within my division, CSEPP and the Radiological Emergency Preparedness Program (REPP). Our Division is part of FEMA's National Preparedness Directorate.

CSEPP was created to assist communities to prepare for the unlikely event of an accident involving the U.S. Army's chemical weapons stockpile. Since 1989, FEMA has worked collaboratively with the U.S. Army and our State, local, and Tribal partners to ensure the communities with a U.S. Army chemical weapons stockpile facility meet a standard of "maximum protection"¹ for people living and working within areas that could possibly be affected by an accidental chemical agent release.

CSEPP involves all levels of Government and community members to develop, resource, test, and evaluate the integrated planning essential to the "maximum protection" mission. FEMA provides both resources and technical assistance. Target resources are delivered to communities and States through cooperative agreements with FEMA. These resources include: Technical assistance; training for first responders and hospital personnel; assistance in emergency planning; organizing and conducting drills and exercises to measure preparedness; and sponsoring the development of various preparedness products. In addition, CSEPP funds on-the-ground personnel in these communities to carry out emergency preparedness functions. FEMA works with the U.S. Army to develop budget inputs, and the Army in turn provides the funding necessary to ensure the integrated plans are adequately resourced. This includes resources for cooperative agreements with the States and communities through FEMA's grants management system.

There are currently six U.S. Army installations in the United States that store our Nation's stockpile of chemical weapons. These stockpiles affect Umatilla, OR; Tooele, UT; Pueblo, CO; Pine Bluff, AR; Anniston, AL; and Blue Grass, KY. CSEPP communities in Newport, Indiana and Aberdeen, Maryland were removed from the program after their stockpiles were safely destroyed.

Today, I would like to specifically discuss FEMA's efforts in Anniston, AL. The Anniston Chemical Activity (ANCA) is located in northeast Alabama, approximately 10 miles west of the city of Anniston. For emergency planning purposes, the communities near the depots are classified as part of an Immediate Response Zone (IRZ) area or Protective Action Zone (PAZ) area.² As of the 2000 census, there were ap-

¹ 50 U.S.C. § 1521(c)(1)(A).

² In general IRZ size is normally out to approx 6.2 miles (10K) and PAZ out to about 20 miles. In Alabama the IRZ is roughly a circular radius of 6.2 to 12.4 miles and PAZ 18 to 30 miles.

proximately 30,000 households in the IRZ and 138,000 in the PAZ. Portions of Calhoun and Talladega counties closest to the depot comprise the Immediate Response Zone. Communities in Cleburne, Clay, Etowah, and St. Clair counties also participate in CSEPP as Protective Action Zone areas.

The U.S. Army and FEMA use Integrated Process Teams (IPTs) to bring together all our program stakeholders to identify needs, solve problems, and develop products. The IPTs are typically comprised of State, local, and Tribal planners, community leaders, and staff from Army and FEMA CSEP Program offices. At each site, a community IPT is established and has representatives from State and local governments, the Army installation, and other Federal partners. These IPTs have been very successful in developing local solutions to complex emergency preparedness challenges.

FEMA participates in the community IPTs to identify preparedness needs for all residents, including those who may have difficulties in performing a protective action such as sheltering-in-place or evacuation. FEMA works with each community to define "maximum protection" in a way that is appropriate for that community. In Alabama, the community IPT established a quantitative public protection criterion upon which the plans were based.

The Anniston CSEPP community presented significant challenges because residential neighborhoods are located very close to the chemical stockpile. Because of their proximity to the stockpile, unique preparedness measures had to be developed to meet the community's established protection criteria.

Since 1997, FEMA, the U.S. Army, the State of Alabama, and the participating local governments and agencies have pursued specific emergency planning efforts in the Anniston, AL community to address the concerns of residents with disabilities, access, or functional needs, or those who may live in a facility such as an assisted living community or skilled nursing home. FEMA also entered into an Interagency Agreement with the U.S. Army Corps of Engineers to provide enhancements to buildings and homes, reducing the infiltration of outside air that may be harmful during a chemical release. Many of these facilities were identified in the special needs planning project.

Although I am focusing on our efforts in Anniston, I would like to note that FEMA is committed to communicating the positive lessons learned from CSEPP to the greater emergency management community. The software planning tool developed for the Alabama program has been posted as open-source software available for download on the internet.³ In addition to the materials on emergency preparedness for people with disabilities and those with access and functional needs, CSEPP develops and shares its training materials and preparedness products using a variety of media.⁴ It is routine for CSEPP communities to consult and share information in order to ensure best practices are effectively pushed across the entire CSEPP. As communities in Umatilla, Oregon; Tooele, Utah; Pine Bluff, Arkansas and Anniston, Alabama prepare to close out of the program in the next 2 years, FEMA is making a concerted effort to capture the positive lessons learned and share them with others. This initiative will not only benefit the remaining CSEPP sites in Kentucky and Colorado, but also emergency management personnel outside the program.

I should note that the planning project in the Alabama community began 13 years ago using the common terminology at the time and was called the CSEPP Special Needs Population Program. Understanding that efforts are under way to better integrate emergency preparedness for people with disabilities, including updating the terminology used in emergency preparedness, CSEPP is already working with FEMA's Office of Disability Integration and Coordination. As an example of this effort to change our terminology as we modernize our emergency procedures, we are currently in production of a training video called "Emergency Planning for Populations with Access and Functional Needs" that will better enable community officials to develop comprehensive emergency plans that include people with disabilities. Ms. Roth, our Senior Disability Advisor and Director of the Office of Disability Integration and Coordination, has been an integral member of the production team, and we are working closely with her office to ensure that we continue to comply with FEMA's efforts in this area.

The program has had an extensive National impact. The Special Population Planner software application has been downloaded more than 2,300 times. Presentations about this work have been given to the National Organization on Disability, the International Association of Emergency Managers, the Big City Emergency Man-

In all cases the designation of IRZ and PAZ are made based on a range of factors including population density, topography, weather patterns, etc.

³<http://sourceforge.net/projects/spc-pop-planner/>.

⁴<https://www.cseppport.net/default.aspx>.

agers' Forum, the International Chemical Weapons Demilitarization Conference, The National Medical System and many others. Articles on the program's best practices, such as its Geographic Information System features, have been published in leading emergency management journals.⁵

The Federal statute requires CSEPP to provide "maximum protection" to the public signified the seriousness of the challenge. Programmatic guidance emphasized that people with disabilities, people without vehicles for evacuation, and unattended children who might need assistance during an incident were entitled to equal, that is to say, "maximum protection".⁶ The chemical weapons agent hazard posed unique risks to nearby communities, and created the need for this program. Before chemical agent demilitarization began reducing the threat in Alabama in August 2003, some area residents would have had less than an hour to take protective actions.

In response, officials of the six Alabama CSEPP counties began meeting in 1997 with their colleagues from the Alabama Emergency Management Agency, FEMA, and the U.S. Army to ensure that this standard would be met. The group recognized that the extreme nature of the hazard would effectively prevent emergency responders from entering the threatened area. The participants collectively decided instead to invest their resources in maximizing personal preparedness to increase self-sufficiency.

The program that emerged over the next several years developed new methods to integrate with the preparedness initiatives being developed simultaneously for the entire community. Using a protective action strategy that includes both sheltering-in-place and evacuation, all area residents were offered specialized protective equipment and one-on-one training in its use during emergencies. For example, tone alert radios were distributed door-to-door throughout the six-county area to maximize immediate public alerting of any emergency, along with training in how to shelter-in-place in case an airborne agent plume prevents evacuation.

The same approach was adopted to enhance preparedness for people with disabilities, people without vehicles for evacuation, and unattended children who might need assistance during an incident. The Alabama CSEPP community understood that achieving universal preparedness required a more intensive effort to accommodate this portion of the community. Recognizing the difficulties inherent in developing and maintaining emergency registries, the decision was made to build such a database as part of a comprehensive system to improving preparedness. Over the course of the program, some 35,000 people have voluntarily enrolled.

The system was developed by a team that included Argonne National Laboratory, Metro Services, L.L.C., the University of Alabama at Birmingham, and Jacksonville State University. Working closely with the Alabama CSEPP community, they:

- conducted initial and follow-up efforts to invite people to self identify;
- geo-coded the area's road network for the first time so that planning could include spatial elements;
- developed a geographic information system (GIS) emergency planning software application designed specifically for the purpose of geo-locating data about people and such facilities as schools, licensed day care centers, and nursing homes;
- identified methods to adapt and enhance CSEPP protective equipment for supporting preparedness among people with disabilities;
- established and continue to maintain a system for remaining in contact with those who desire it by mail, telephone, and Teletypewriter-Telecommunications device for the deaf; and
- continue to deliver extensive preparedness training to people with disabilities, their caregivers, people without vehicles for evacuation, and parents of unattended children who might need assistance during a chemical emergency.

Involvement of people with disabilities was established early in the process. Workshops were held with community-based organizations to learn of their activities and build bridges. Tests of protective equipment included people with disabilities, and their input resulted in added options. For example, the array of materials distributed in shelter-in-place kits for sealing safe rooms was expanded to include materials that senior citizens—who had participated in local tests—preferred over the usual duct tape and plastic sheeting.

Together, these elements enabled focus to be brought on meeting individual medical and functional needs in advance of danger. For example, in addition to tone alert radios and shelter-in-place kits, portable room air cleaners were offered to all residents of communities immediately adjacent to the stockpile. The purpose of the air cleaners is to capture chemical agent vapor that could infiltrate homes and become a threat if residents were instructed to shelter in place following an incident.

⁵ See, e.g., *Journal of Emergency Management*, Vol. 3, No. 4, July/August 2005.

⁶ CSEPP Planning Guidance, Federal Emergency Management Agency, revised June 2008.

These 39-pound devices were to be picked up from a central facility so that training could be provided in a cost-effective manner. However, those who registered could have their air cleaners delivered to their homes and receive training there if needed due to mobility disabilities, and bedside remote on/off switches were added for those individuals. Lights to indicate whether the device is running were added to accommodate the hard-of-hearing. Home visits were planned for times when caregivers could be present so that they could learn how to use these devices at the same time as their family members or patients.

This system has fostered continuity and relationship-building within the community. Organizations involved included volunteer emergency rescue squads, the American Red Cross, chambers of commerce, and faith-based organizations. A regular cycle was developed for conducting an annual pre-enrollment public information campaign, inviting people to enroll, clarifying the information they or their caregivers provided, and offering assistance and training. This consistent presence is reinforced by on-going community and caregiver training offerings, video orientation materials, and an informational website. Personal contact by telephone or TTY-TDD between program staff and those who enroll has helped to build strong relationships with those who request assistance.

The Alabama CSEPP demonstrates that with robust public outreach efforts and consistent messages, preparedness can be enhanced by including all populations in the planning effort. Such programs help all residents become more self-sufficient, thus producing a more resilient community.

During the 20-year history of CSEPP, many innovations have been developed, planned, and implemented. Furthermore, these innovations have led to improvements across the field: For example, the CSEPP exercise methodology was used as the basis for the Homeland Security Exercise and Evaluation Program. These best practices and lessons learned are being shared with all the CSEPP sites, as well as with other emergency management agencies that may benefit from CSEPP's experience. The increased capability of local officials in Anniston and the other CSEPP sites to protect the public will remain a CSEPP legacy long after the stockpile is successfully destroyed and CSEPP's mission ends. Self-sufficiency is sustained through regular and open contact between emergency management personnel and people with disabilities. The Alabama project is yet another example of CSEPP's collaborative efforts that can be used to benefit emergency managers throughout the country.

Thank you for the opportunity to testify before the subcommittee today. I would be pleased to answer any questions that you may have.

Ms. RICHARDSON. Thank you for your testimony.

I thank all the witnesses for testifying thus far, and I will remind each Member that you will have 5 minutes to question the panel. I will now recognize myself for 5 minutes.

Ms. Roth, as you noticed early in my testimony, I highlighted the fact that you have only been allocated \$150,000. That doesn't give you a whole lot. How do you foresee doing your immense job that you have with that amount of money?

Ms. ROTH. Thank you for the opportunity to answer this question. In fact, over the 11 months that I have been with FEMA, I have been learning a whole host of ways of bringing resources to the work of the Office of Disability Integration and Coordination.

I have several detailees, interns, a fellow, and liaisons from a variety of the offices. In addition, I have the full support of the Office of External Affairs. I have been able to meet and, in some cases, exceed my goals in bringing together those resources in accomplishing the work of the office.

Ms. RICHARDSON. How many paid positions do you have in your office? What are those?

Ms. ROTH. The single paid position would be mine, and then I have detailees, interns, fellows, and liaisons.

Ms. RICHARDSON. How many fellows and interns do you have?

Ms. ROTH. I have two interns and a fellow.

Ms. RICHARDSON. Do they have any experience in this area?

Ms. ROTH. Actually, our intern—I am sorry, our fellow is from the Department of Education office—the National Institutes on Disability, Rehabilitation—Disability Rehabilitation Research. She is an executive potential fellow.

Ms. RICHARDSON. Do they work full-time?

Ms. ROTH. Yes.

Ms. RICHARDSON. How long are they committed to your office?

Ms. ROTH. She has been with me for 2 months.

Ms. RICHARDSON. How long will they be committed to your office?

Ms. ROTH. Her fellowship ends this week.

Ms. RICHARDSON. Okay. Do you honestly believe that, for the United States of America, that it is sufficient for just you and two fellows—two interns and a fellow to handle the situation?

Ms. ROTH. I have been pulling resources from across the agency, and we are making tremendous progress on every front.

Ms. RICHARDSON. Is there any other office to your knowledge in the administration that only has one person, for example, within FEMA?

Ms. ROTH. I don't know.

Ms. RICHARDSON. Okay.

Ms. ROTH. I would be happy to find that out for you.

Ms. RICHARDSON. Okay. All right.

With respect to the 11 responsibilities laid out for the disability coordinator—and I think we should start calling you Superwoman—in the post-Katrina Act, where is your office in meeting any of these items? Can you say that you have met all 11? Or where are you with all—

Ms. ROTH. I can tell you that we have made tremendous progress on each of the 11.

Ms. RICHARDSON. But have you met any of them?

Ms. ROTH. I would say that there is no end to each of those 11. We have certainly accomplished—I could certainly tell you that we have met—in most of these cases, we have met baseline requirements, but we are continuing to work to make sure that we really are integrating these needs into the work of the agency so that we maximize those outcomes.

Ms. RICHARDSON. If there is no objection, I would like to ask that Ms. Roth be able to submit to the committee for all of the 11 items whether you meet, exceed, or do not for all of them.

Ms. ROTH. I would be happy to.

Ms. RICHARDSON. Okay. Ms. Roth, let me tell you a little bit about my district.

Mr. Spencer, Mr. Kish, I am going to defer to the Ranking Member, since he is from Alabama and is very well versed in the success of your areas. I want to allow him to take the lead on those points first.

Ms. Roth, my district—I just recently had a primary election. So what that means is, I was knocking door to door. And I have got to tell you, there are many, many homes that I knock on that either a person is hearing impaired, may not be able to physically get to the door, maybe children in the house, and there is no parent there.

I cannot begin to tell you, out of the homes where I see cars where I know someone is there, where I see a light, I see the TV

on, and I can see the person in the room, and they are not always not getting up because they don't want to get up, they are oftentimes not getting up for the reasons that I just mentioned.

What plan do you have with the municipalities? Does there exist a list in every single county and every single city of every person who might need assistance? Notice I didn't say disabilities. Mr. Kish mentioned about self-registry.

Ms. ROTH. We have been looking at the success of the existing registries, and data—most particularly, some data from California—would indicate that registries have not been the most effective strategy for individual preparedness and for making sure that people who are going to have access and functional needs in times of emergencies and disasters get the assistance that they need.

What we are finding with those registries, first of all, as we are making success in housing, as we are making success—making progress in employment and in the opportunities for people with disabilities and others to be involved in the community, people are not where they say they live.

So that becomes a challenge, coupled with the fact that the resources to keep these registries updated are typically not in place. We have heard even in those communities that have a robust registry, they are very concerned about their ability to keep it updated.

The data that I am looking at are indicating pretty clearly that individual preparedness, the opportunity for people to have the kind of information they need and access to the kinds of tools that they need in order to personally prepare, in order to work with their support system, in order for the folks in their community to be able to work together, is appearing to be a much more effective use of resources than registering folks, entering them into a computer, and then maybe they are there in the time of evacuation.

Ms. RICHARDSON. Okay, Ms. Roth, my time has expired, but I am going to be coming back to ask you many more questions about that area.

I now recognize the Ranking Member of the Subcommittee on Emergency Communications and Preparedness and Response, the gentleman from Alabama, Mr. Rogers, for questions.

Mr. ROGERS. Thank you, Madam Chairwoman. I am pleased to hear you do door to door. There is no way you can truly know your constituency if you don't do that. It is very insightful when you knock on neighborhood doors and get to meet folks in their home. It is just good to know you do that. Many of our colleagues don't, and I think that is unfortunate.

If the Chair doesn't mind, I would like to submit for the record a statement from Congressman Bilirakis from this committee who could not be here with us today.

Ms. RICHARDSON. Without objection.

[The statement of Mr. Bilirakis follows:]

STATEMENT OF HON. GUS M. BILIRAKIS

JUNE 15, 2010

As we begin another hurricane season, I am pleased the Subcommittee on Emergency Communications, Preparedness, and Response is meeting to conduct oversight of the Department of Homeland Security and Federal Emergency Management

Agency's efforts to ensure that the needs of individuals with disabilities and other access and functional needs are integrated into disaster planning and response.

As a Member from the Gulf Coast of Florida, I am all too familiar with natural disasters. I continually encourage my constituents to prepare themselves for possible disasters by making a family disaster plan and getting an emergency kit. But these individual efforts are not enough. Local, Tribal, and State governments, along with the Federal Government, must ensure that disaster planning and response scenarios consider the needs of all individuals—including individuals with disabilities, children, and the elderly.

We have learned difficult lessons about our disaster response capabilities following Hurricane Katrina. I urge the Department of Homeland Security and the Federal Emergency Management Agency to continue its work to integrate the needs of all populations when implementing disaster plans and response efforts. I hope the Committee on Homeland Security will continue its oversight of this issue in the months ahead.

Mr. ROGERS. Thank you, ma'am.

I wanted to talk a little bit about the special needs experience in my hometown around the chemical stockpile. Many people are like me, in that they are technologically challenged and aren't as proficient in internet and other gadgets as some of you are.

I know that a lot of the people that I represent who are poor and rural really don't have access to a lot of the internet information that you talk about.

I know, Mr. Kish, you talked about postings that you all had, that you update. My question is, how do you—what is the most practical ways for you to communicate what you offer to special needs communities and for them to be able to communicate back to you as to whether or not it is—they understand it, they want to participate in it?

Mr. KISH. Well, thank you for the question, Ranking Member. I would tell you that this is a bit of an unusual program, in that it is a fairly narrowly defined geographic program that affects only those communities that are surrounding the sites where the chemical weapons are stored.

With your experience in the Anniston community, you will recognize that very unique in that there are large community areas that buttress up against the edge of the stockpile facility, which is not the case in other facilities or other locations. A lot of those communities, a lot of those small neighborhoods, as the Ranking—excuse me, as the Chairwoman identified, there are a significant number of people that have some challenges associated with that.

To your point that there is not a lot of technological connection there, it is kind of a grassroots process.

Now, the registry piece that was spoken about earlier, that is something that is owned by the State, and they work closely with the affected county jurisdictions in order to ensure that the information is safeguarded.

Mr. ROGERS. But walk me through—you said grassroots effort. How do you communicate with that elderly woman who may be bound to a wheelchair in a rural community, say a mill village around a stockpile? How do—she doesn't have a computer.

Mr. KISH. Again, this being a community-based program—it started from the top. This wasn't something that FEMA or the Army walked in and said, "We want you to do it this way." We were participatory in that integrated process team. There literally were grassroots, walk-around, knocking-on-doors kinds of activities,

and that, I think, was where you were trying to get me to go with that, and I appreciate that question.

Mr. ROGERS. Right. Right.

Mr. KISH. But I think it is important to note the relative value of this particular registry, the way it has functioned over the dozen or so years that it has been in existence. It is a very—it is not a level line of participation. It is very up and down.

People opt in for a period of time. They are—they are entered into. They are dealt with on a one-on-one basis. Whatever specific needs they have are dealt with. They opt out in a lot of cases. So you have a very dynamic exchange on there.

Now, I don't know that that would be functional across the entire United States. I know that there was a comment about the resources of that. It is an expensive proposition, but it is one that we have the luxury—I would say it that way—because of the way the maximum protection mission is chartered and the way the Army funds these programs, we have the ability to establish and maintain that.

So I don't know that it is entirely representative of what could be replicated across the country in that regard, but it works in this situation.

Mr. SPENCER. Congressman, if I may add a comment?

Mr. ROGERS. Sure.

Mr. SPENCER. You know, we can have all the plans written—and the Army is famous for that—and put these written plans on a shelf, but you never know if they work until you exercise it. Thanks to the Congress and the law and the way the program is designed, each community has a full-scale exercise each year that it goes down to the grassroots level, where literally we evacuate schools, we evacuate hospitals, nursing homes.

We come to them. Prior to the exercises, we train them. We tell them how it is going to work, what is required of them, and it is working. That very, very close relationships with the community is what has made this a success.

Also in each community, we have full-staffed, full-time outreach offices in each community, where any citizen can walk in and get the current status, understand exactly where they live and what hazard zone and what is expected of them, as well.

So we go to them or they can come to us. But, again, it is the exercises and successful completion of those exercises that involve State, municipal, Federal authorities that make this program a success.

Mr. ROGERS. Great. Thank you. My time is expired, but I did want to emphasize—going back to the Chairwoman's questioning of Ms. Roth—you heard Mr. Kish talk about the grassroots effort, people knocking on doors to identify these people and communicate with them. Mr. Spencer just talked about how comprehensive and well-staffed it was at the local level. That takes a lot of money.

CSEPP has been a very successful program, but it has also spent tens of millions of dollars; \$150,000 is never going to be able to help you do what they have done. So I know you can't come in here and tell us that you are not being given enough money because it gets you in trouble back home, but we know you need more money to do your job.

Thank you.

Ms. RICHARDSON. Thank you, Mr. Rogers.

The Chairwoman will now recognize other Members for questions they may wish to ask the witnesses. In accordance with our committee rules and practices, I will recognize Members who were here present at the start of the hearing based on seniority on the subcommittee, alternating between the Majority and the Minority. Those Members coming in later will be recognized in the order of their arrival.

The Chairwoman now recognizes for 5 minutes the Chairman of this committee, Mr. Thompson.

Mr. THOMPSON. Thank you, Madam Chairwoman.

I would like to start off with Mr. Rogers' comment and say, Ms. Roth, you did a good two-step on that question. In 1 year, you have learned how to dance on talking about resources. I understand, but you do know that, as Members of the committee, we have to ask those kind of questions.

I do understand and, like the other Members, the constraints that you have to come back to us on, but \$150,000 is clearly not nearly enough to address this problem. We will get down to why we think \$150,000 is not enough at part of this hearing.

You know, there are some directives, 301 and 302: 301, as you know, is special needs; 302 talks about household pets; and then 101 talks about how integrate all that together.

I would assume part of your responsibility is to integrate it. So hopefully, now that we have a pet plan, so I am not knocking pets. But I think there are some other things, as I said in my opening comments, that we have to address.

Can you give this committee some timeline on 101, since March has come and gone?

Ms. ROTH. Thank you. I have spent quite a bit of time working on the important information that was included in interim CPG 301 and making sure that that is integrated in the new CPG 101.1.

I know that a tremendous amount of work has gone into making sure that this updated 101 is fully comprehensive of all of the information that was previously housed in the separate document. I am very pleased with what I have seen. I have seen what I believe is final draft. I have every indication that we are going to see CPG 101.1 anytime now.

In the meanwhile, the interim CPG 301 exists and has been on the internet for quite a while; 101 is in use; and the work of my office continues as 101.1 gets ready to come on-line.

Mr. THOMPSON. Let me give you a situation I was confronted with several weeks ago. I had some individuals, to be unnamed, come by my office. We talked about vulnerable populations.

They asked the question do we know where everybody is, we know if something happens, we know how to go and get them? I said, quite honestly, I don't believe that. Was I correct?

Ms. ROTH. It is hard to imagine that we would know where everyone is.

Mr. THOMPSON. Okay, good point.

Ms. ROTH. It is probably much more accurate to say that each community can count on the fact that about 50 percent of their population is going to need some additional assistance.

Mr. THOMPSON. Absolutely. So with the Anniston example and some of the discussions here, we need to move beyond planning, so even if we have to do some—what you call some action, whatever you call it, we need to get to that point.

I am concerned that, if some major event occurs and some of those 50 percent of the population will be left to their own to fend for themselves, and that is not what our Government should be about. So I am calling on you to help that 50 percent who, through no fault of their own, might not be able to do it.

So we can plan. We can do it. But at the end of the day, they are still relying on us for help. So now that—that Dr. Young and the Department are communicating—and that is good—the once-a-month meetings are good—but we need to move the ball down the line.

It can't be done at headquarters. We have to push it out into the regions and ultimately into the State and localities. So we have a lot to do.

So I am impressing and encouraging the Department to look at the DOD model of how they do things, as well as some others, and we might not have to reinvent the wheel. We might can adopt systems that have worked in other environments and go forward.

But Katrina has been 5 years. I would not want a Katrina-type moment to occur again. So with your \$150,000, and all you say you got, we want you to just go forward and help us.

But if at some point you run short of money and you can't get it done with that \$150,000, come back to us and say, "I need a little help," and I think you will find a lot of friends on this side, both Republican and Democrat, because this is an important issue for us.

I do know the constraints on answering the money question, but \$150,000 should be addressed.

I yield back, Madam Chairwoman.

Ms. ROTH. May I respond?

Mr. THOMPSON. Sure.

Ms. ROTH. I want to talk about two things that we are doing that I think you are going to get pretty excited about. This document, this guidance to States for functional needs support services in general population shelters, which we are going to start training in the regions on July 19, this document, this information, this guidance to State and local governments is going to help them to be able to accommodate the 50 percent that we were just talking about in general population environments, in the general population shelter.

Typically what we have done in the past is we have identified a certain segment of the population as being too difficult to shelter in the general population environment, and we have sent them someplace else.

Unfortunately, on more than one occasion, that someplace else has actually turned out to be no place at all. There were busloads of people during the Gustav evacuation that—I am sorry, during the Ike evacuation, that ended up staying in their buses, traveling from shelter to shelter, and being turned away, because the resources were not put in place.

So this guidance is being provided to States to assist them to be able to meet the needs of the whole population in the general popu-

lation environment. In addition to that, we are bringing folks together at the end of the summer to help them to build their capacity to—first of all, to work together, to bring emergency management, to bring community leaders with and without disabilities, the voluntary agencies, to bring those folks together to help them to begin to build relationships that they can then move forward together to make sure that the right folks are at their tables, to think about who is in their community and what are they going to need in order to be able to accommodate them?

So these are strategies that I think are going to have a very significant impact on individual community ability to meet the needs of the people who live there, the people who may be vacationing there that we didn't plan for, people who may be working there. I think that is going to be a strategy that is going to be very effective.

Ms. RICHARDSON. The Chairwoman now recognizes Mr. Cleaver from Missouri for 5 minutes.

Mr. CLEAVER. Thank you, Madam Chairwoman.

Before I even ask questions, I want to thank you and the Chairman for this hearing. I think it is intelligent of us to address this problem before there is a problem of a magnitude that could bode poorly for this committee.

Ms. Roth, I am obsessed with animals, and so I study them, I read everything I can about animals. I actually consider myself somewhat of an expert on big cats. My family thinks that I need help.

[Laughter.]

But I think—you know, I watch every Animal Planet episode. Lions are my favorites. They just—if you were interested. One of the things that a pride of lions can do—and it is remarkable—is, if they are going to attack a herd of, let's say, wildebeest, they pick out—this is amazing—they pick out the oldest or the injured or the youngest.

I mean, they don't—if you look at those movies, it looks like—it looks as if they are just running aimlessly, but they have a target, and it is usually—actually, the oldest is first. I think disasters do the same thing. They pick out the oldest, the wounded, the youngest, and that is where they attack.

I think what is true in wildlife is true of disasters. It is also true of departments.

Let me just say that I think what you are planning is very ambitious, and it shows that you are not—that birds are not going to build any nest in your head, because you will be moving.

You know, looking at this budget and knowing how this country functions, in the unlikelihood of a disaster, and we would want this never to happen, but let's say there are a lot of disabled people in one location who are quite vulnerable and been coming victims, knowing how things operate, you know, I know, and everybody in here knows that the media will focus on shortcomings and problems.

With a staff of one, which is essentially what you have, I just think that we are setting ourselves up for a problem. It is not your fault, but I see that coming.

My son, a student at Dillard University when Katrina hit, when he went back, he managed to get out and, sleeping on a Wal-Mart parking lot, and then made it into Houston to stay with his aunt, but when he went back to try to get whatever remained in his apartment, he took his video camera, and he talked to people.

One of the things he discovered is that there were very few people sitting out the storm as was reported. There were people who were left out in the storm and that were older people. In the place where he lived, he videoed them and captured, you know, what I think was something very important.

There is probably very little you can answer with this, so maybe I am speaking to the Congress and to the administration. There are churches who spend more than \$150,000 a year dealing with the wounded, churches. Our church spends more than \$150,000 a year, and we don't have 300 million citizens, which is what the Nation has.

So I have no questions. I just wanted to take this opportunity to say what I said and encourage all of you to look at Animal Planet.

Ms. RICHARDSON. Mr. Cleaver brings up a good point. As he was sharing his thoughts, Ranking Member Rogers leaned over to me and said, "We should do a joint letter together to the President," urging in light of what has been talked about today, that we feel that your budget is grossly insufficient and unable to perform the duties that are needed. So we will, in fact, do that, not on your urging, but on ours.

If there is no objection, if we could have a brief second round of questions, if there is—is there anyone opposed? Okay.

With that, it is my turn again.

Ms. ROTH, for the record, I just want to be clear. Next month you will only have yourself, then, one intern, and one fellow?

Ms. ROTH. Actually, no. Next month, I will have the continued support of detailees from across the agency—that is four detailees—two interns, and the continued assignment of folks from several areas across the agency, including mass care, the office of chief counsel, public affairs.

Ms. RICHARDSON. Why don't we just do this? If you could supply to the committee who is actually full time under your jurisdiction and your jurisdiction only, okay? If you could get that to the committee of now and what you expect in the next couple months.

My next question is, for the record, the NCD has said that one of the things that should be done is disability coordinators or positions that could also include people who are knowledgeable about people with special needs should be hired in the regional offices. Has that been done?

Ms. ROTH. We have spent quite a bit of time looking at the best way to move forward on that. What I don't—

Ms. RICHARDSON. I am sorry, Ms. Roth. I have got 3½ minutes. Has it been done, yes or no?

Ms. ROTH. Yes and no. Yes, we have been working towards providing the capacity-building—

Ms. RICHARDSON. No. Have the regional offices hired a position where a person there is able to meet the needs, supply the information, and do all of that, that deals with people with needs, as well, yes or no?

Ms. ROTH. They have assigned point people. They have not hired anyone. They have assigned point people.

Ms. RICHARDSON. Okay. So if you could supply to this committee which regions actually have individuals that can do that and which regions don't.

Also, for the record, I just want to note what Chairman Thompson was mentioning, and that is, with this particular area, there are many deadlines that have not been met. Specifically, FEMA missed the deadline for the committee's report directed to FEMA to update the National plan review. That was due April 16, 2010. The deadline has not been met.

Also, the guidance of 301 has not been met. That was already delayed. You were given an extension to March 10 to incorporate the two, and now that has not been met.

I didn't hear you give a specific date of when you thought it would be done. Do you have one?

Ms. ROTH. My part is already done, so I don't—I can't tell you what—

Ms. RICHARDSON. What are we waiting on?

Ms. ROTH. The internal process that I am just now still learning.

Ms. RICHARDSON. So do you have any idea of when we could expect it to be done?

Ms. ROTH. I believe it is very close. I have seen a final product.

Ms. RICHARDSON. If you could let Mr. Fugate know that this committee has asked and advised that it is now late again. Okay.

Finally, I am going to use my last 2 minutes to say this. Ms. Roth, if we can get you some help, what I would like to do is, once you have some help, is to invite you, at least to my district.

I find it particularly alarming that you would say—and it is not your fault, you are new in this position, and we understand that—however, as Mr. Kish mentioned, they utilized self-registry. As Dr. Young has mentioned, you know, people are—sometimes a person may have needs this month, but another person may be added to that. When I asked you the question, you said that you were not necessarily convinced that self-registry was the way, that, really, individual preparedness.

Let me paint my district for you. I have got 1 minute and 30 seconds. In my district, one-third of the seniors are raising their grandchildren. Let me repeat that. One-third of the seniors in my district are raising their grandchildren.

So when you talk about individual preparedness, do you think that—well, that is a rhetorical question. The grandparents are doing what they can just to be able to take care of their grandchildren, let alone do they have 3 days' supply of food, do they have enough shoes, do they have water, does someone know that they are taking care of all of these grandchildren.

The issues that I mentioned to you, I could take you to doors along a block where seniors are not necessarily answering the door. If it were not for—I took one lady to the polls last Tuesday. If it were not for us physically calling and saying, "Do you need a ride to the polls?", the lady—she had broken her arm 2 weeks before, so she wasn't going to be able to go to the polls. She did not have transportation.

Really, for me to take her out, down the stairs, get her in the car, I mean, it is just not feasible. So what I think we equally have a responsibility to do is to provide more direction, to say there has got to be some way that you have a record, as Mr. Thompson said, of who is all out there and who is going to need assistance.

Because if and when we have a disaster—and I don't think it is if, it is rather when—the biggest problem we are going to look at is what we have already seen.

I went to Samoa, where they had the earthquake and then the subsequent tsunami, and the people that we lost most, as Mr. Cleaver said, were the people who couldn't run fast enough, and that was the elderly and the children. I believe it is really incumbent upon us and incumbent upon your particular department to be able to have some list of at least who we know.

For starters, I would tell you one of the issues is age, and there are many others, and we have to figure out how we can get that properly recorded. We urge you to tell us how we can help you.

With that, I would like to refer to the Ranking Member, if you have any follow-up questions.

Mr. ROGERS. Just one, to Ms. Roth. Is your office considered just a policymaking office? Or are you expected to administer some of these proposals that you are drafting?

Ms. ROTH. My office is a coordinating office. We provide support across the agency.

Mr. ROGERS. Okay, that is my point. If it was just policymaking, I can understand \$150,000. But if you have got administrative responsibilities, it is impossible on that budget to carry out your mission.

Thank you, Madam Chairwoman.

Ms. RICHARDSON. Thank you, Mr. Rogers.

With that, Mr. Chairman.

Mr. THOMPSON. For the record, Ms. Roth, tell the committee exactly what your title is.

Ms. ROTH. I am the director of the Office of Disability Integration and Coordination.

Mr. THOMPSON. So who is—what was that title? Who is the disability coordinator?

Ms. ROTH. I am serving as the acting disability coordinator in my role as the director of that office.

Mr. THOMPSON. So you have got two titles?

Ms. ROTH. Yes.

Mr. THOMPSON. So you get—I just—I guess the more we talk, the more concerned the committee is that this might just be something that was created to satisfy some of the concerns of this committee and not something that has really put together the work. That is more and more evident as we discuss it.

Mr. Kish, just for the record, how often do you and Ms. Roth talk?

Mr. KISH. Me personally with her? I have not spent a lot of time talking with Ms. Roth. However, we have been working with her office on numerous projects. In fact, one that is in progress right now is an updated training video that actually features Ms. Roth that was shot in her—a portion of it was shot in her office.

I mean, it—so we do work not just with Ms. Roth’s office, but also with the office that is responsible for integrating the community planning guidance, 101, 301, 302. We work across the whole National preparedness directorate to try and ensure that not just the CSEPP program—

Mr. THOMPSON. 101 is not complete. 101 is not complete.

Mr. KISH. I am sorry, sir?

Mr. THOMPSON. You said 101.

Mr. KISH. Well, as I understand it, there is a desire to integrate 301 and 302 into 101.

Mr. THOMPSON. At some point down the road.

Mr. KISH. Right, right.

Mr. THOMPSON. Right. All the deadlines have been missed.

Mr. KISH. I understand that. But I am saying, we work with the office responsible for that to incorporate elements that I have represented to you today, to present them for consideration into those—of those products.

Mr. THOMPSON. Well, and thank you. I think the point we are trying to make is, a one-person shop can only do so much. That person wearing at least two hats in that shop creates concern. A budget of \$150,000, I think, for the population we are trying to serve, is not in the best interest of that population. I will put it like that.

I say that—Dr. Young, I hope you can elevate the concern in your discussions with the Department that, you know, you really have to invest in your commitment. You can’t really just say, “We are with you, and we want to serve your population.”

We are trying to, you know, let the professionals and the advocates work together, but one person is just—it is going to be very doubtful, given that 50 percent population in the universe that we are trying to serve. I just think that is a real challenge.

I would join the Chairperson and Ranking Member, as Chair of the full committee, to support expressing the committee’s concern that the Department, through its budgets and in other things, needs to do better. I just think it is too big a challenge to not invest the resources into make it happen.

I yield back.

Mr. YOUNG. Might I speak to that briefly, also?

Mr. THOMPSON. I yield back, but I have got 50 seconds left. Please.

Mr. YOUNG. Thank you. Your rhetorical questions sort of speak for themselves. We know the constraints that are here.

One thing that I think we need to balance—and this is part of the wisdom in Ms. Roth’s title—as integration and coordination, certainly more resources make a whole lot of sense, but even a very large office that is focused on disability will never do its job well if it is not effectively integrated and coordinated throughout FEMA.

So part of the challenge is not only to dedicate resources in a specific disability-focused way, but it is ensuring that all the offices across FEMA are themselves thinking first line about all of these issues that you are drawing attention to.

We have a population that we have—you know, we used our 50 percent figure. Whatever the figure is, we have a general planning

process where the vast majority of resources are going toward the easy and a tiny proportion toward the difficult.

So part of that is the resources of that office, but part of it is ensuring that all the offices are not only thinking about the general population, but themselves thinking about people with disabilities and other populations that are going to be in greater need.

Mr. THOMPSON. Well, I really appreciate you stepping up and trying to defend what some of us think might be the indefensible right now. We understand the need for integration and coordination.

But there has to be a core component to make it happen. We don't think that core component of critical mass is anywhere near it should be, and that is why you are hearing the committee raising the alarm bells, that we could be here next June and—and the likelihood of being much further along is still suspect in the committee's mind.

Now, we stand to be corrected over time, but given the challenges in the population we are trying to serve, we should move forward in, I think, as an aggressive a manner as possible. It just appears that, in the eyes of some of us, we are not there.

I yield back.

Mr. YOUNG. If I can—

Ms. RICHARDSON. Thank you, Mr. Chairman.

Mr. Cleaver, if you wouldn't mind, Mr. Rogers just wanted to make one comment on that point.

Mr. Rogers.

Mr. ROGERS. Yes, I just wanted to, Dr. Young, make sure you understand, we are not advocating that she just have a bunch of bodies to have a big office for looks. It is my view that, in order for her to carry out her mission in coordination with you and whoever else, there is going to have to be a sum of money there that allows her to do the kind of grassroots things that you heard Mr. Kish talk about.

That is just not possible with the limited staffing there. I am—and, again, I think that it just—at a minimum, she ought to have control over a reserve fund that, in the event we have a disaster, she is able to mobilize certain assets that are hopefully put in place ahead of time.

So that is where we are getting with this. It is just, we don't want the Department to say, oh, yes, we have taken care of that problem. We have got a person over here with that title. That doesn't fix the problem. We need to be prepared in the event there is a hurricane or a tornado or whatever, that we are able to take care of folks who can't take care of themselves, and we are serious about it.

That is all. Thank you.

Ms. RICHARDSON. Mr. Cleaver is recognized for 5 minutes.

Mr. CLEAVER. I just have one question for Dr. Young. In your testimony, you recommend that people with disabilities be more fully integrated into the preparedness process. I agree with that.

Can you just share briefly how you envision that taking place? How do we actually solicit involvement and, frankly, direction from people who are disabled?

Mr. YOUNG. Sure. I think the example earlier about door-to-door knocking resonates here. I think we need to look at building from the ground up. We are not going to know the right questions to ask or the right pieces to put into the planning unless we are talking to people in our communities to know what their needs and concerns are. I don't think there is any single answer for doing that, but it is integrating it into all aspects of the emergency planning process.

I mentioned one example on Friday. We met with the exercise division, and there is an extraordinary body of resources going into the planning for next May, 2011, for the National level exercise. We talked with that division about the possibility of having an advisory committee convened by NCD that would be a group of people that know these issues from the communities that are going to be affected and start working right now, throughout the entirety of the planning process, with that exercise division.

So that, in addition to sort of the compendium of knowledge of written recommendations, as that exercise division is going through each and every aspect of their planning process, they would be hearing from people with disabilities on the ground who know the issues, I think that kind of ground-up experience and direct involvement, not merely in written reports, but in the day-to-day actual planning of what FEMA is doing.

Just to go back a moment briefly, I certainly—I fear that I was miscommunicating my emphasis on the resources, where I am actually in complete agreement. I share the concerns generally that, if we compartmentalize disability as something “other,” we are going to run into risks of failure.

So there is a point of focusing on disability, but we need to make sure that the results of that is integration into everything that we do, so those resources are not isolated, but actually effectively integrated in all aspects.

Ms. ROTH. May I? A couple points I would like to make.

In terms of personal preparedness and community preparedness, I think it is important, you know, when we talk about registries, for example, and we talk about compiling lists of people, what I am concerned with is not that we have compiled a list, but that we have resources in those communities to respond to the people who might be on that list.

If the resources are going into compiling a list, but there is no plan for assisting those individuals, what we have done is we have given them a false sense that the Government knows they are there and that the Government is going to take care of them, when, in fact, we haven't slipped anything underneath to make sure that they are actually getting the services, getting the assistance that they need.

So that is—I just want to be very clear about my concern that we not just simply register people, but that we make sure that they have some assistance, and that they don't—that doesn't absolve them of their personal responsibility to make sure they are prepared.

Even under the ideal circumstances, it may be a while before assistance can get to any of us. Roads may be down. There may be just more needs than the resources can handle.

Also, in terms of personal preparedness, we need to make sure that we are giving people achievable information. I often talk about, you know, some of the information that we give people about being prepared. We will say, you know, you need to have a week of your medication. Well, if any of us has been to the pharmacy and tried to get a week of medication, we know that that is not an easy thing to do.

So instead we need to be teaching people, even if they don't have a computer, they need to have information provided to their doctor's office on a Flash drive that has their prescriptions, or they need to have a piece of paper that has their prescriptions on it, because you may not have that backup of your medication.

So that personal preparedness needs to be achievable. We need to help people to learn what they need to do to protect themselves. We need to help communities to have the resources that they need so that they can protect all of their citizens, assist all of their citizens, maximize resources, so that we keep people out of medical environments, keep people as healthy and as independent as we possibly can.

So that is some of the work that we are trying to support across the agency and across the Federal Government in support of the States.

Ms. RICHARDSON. Thank you, Mr. Cleaver.

Mr. Cao, did you have any questions? Okay.

I thank the witnesses for their valuable testimony. At this time, I would ask the clerk to prepare the table for the next panel.

I welcome the second panel of witnesses. Our first witness, Mr. Jon Gundry, the deputy superintendent of the Los Angeles County Office of Education, prior to coming to Los Angeles, Mr. Gundry spent 12 years in the Houston Independent School District, serving most recently as an executive principal overseeing 17 campuses in a high school feeder system.

Our second witness, Ms. Diana Rothe-Smith, has been the executive director of the National Voluntary Organizations Active in Disaster, National VOAD, since summer 2007. Prior to her role as executive director, Ms. Rothe-Smith served as a volunteer manager and disaster planner for community-based organizations in the greater Atlanta and National Capital Regions and spent several years working in event management.

Without objection, the witnesses' full statements will be inserted into the record.

I now ask Mr. Gundry to summarize his statement for 5 minutes.

STATEMENT OF JON R. GUNDRY, DEPUTY SUPERINTENDENT OF SCHOOLS, LOS ANGELES COUNTY OFFICE OF EDUCATION

Mr. GUNDRY. Good morning, Chairwoman Richardson and the distinguished Members of the subcommittee. Thank you for the opportunity to address this committee on the importance of this issue.

I am Jon Gundry, deputy superintendent of the Los Angeles County Office of Education. I am pleased to be here today on behalf of our county superintendent, Dr. Darline Robles.

I am going to speak briefly about the importance of comprehensive and coordinated emergency preparedness planning for local education agencies and to summarize some of our efforts in Los An-

geles County in planning for and responding to emergency situations that have affected schools and students in our county.

I am also here to express our strong support for legislation introduced by your subcommittee chair, Representative Richardson, H.R. 4898, the Elementary and Secondary School Emergency Preparedness Planning Act.

County offices of education in California were established in 1855 to directly oversee public schools. Today, the county offices are intermediate education agencies that provide services to school districts, exercise oversight of certain school district functions, and provide direct classroom instruction for juvenile offenders and many of the children in the county with severe disabilities.

Los Angeles County Office of Education, or LACOE, as we are known, serves 80 school districts, with 2 million preschool and school-age children, making up nearly a third of the students in the State of California.

Students in Los Angeles public schools are a highly vulnerable population in times of emergency, not only because they are located in a place that is at high risk of terrorist attack and natural disaster, but also because many thousands of those children have special needs. Among them are students with disabilities, with limited English proficiency, or those living in unstable circumstances or suffering financial hardship.

The number of severely disabled students in the county is approximately 170,000, about 27,000 of whom are directly served by LACOE programs.

Although schools and school districts have emergency plans in place, they are generally not as comprehensive as they should be and not well coordinated with other agencies and school districts. This is primarily due to the fact that they are often not given an active role in regional emergency planning, they lack the expertise of many other public agencies in emergency planning, and they do not have sufficient funding to do the necessary planning and preparation.

In Los Angeles County, LACOE serves as the coordinating agency for school districts for emergency preparedness response. During the National response to the spring 2009 swine flu outbreak, for example, LACOE played a key role in helping school districts—keeping school districts current with public health information and directives so schools could prepare for outbreaks and respond to them.

LACOE's communications and emergency response director, Frank Kwan, who I am pleased to have with me today, directed this initiative. For several years prior to this outbreak, Mr. Kwan worked with the Los Angeles County Department of Public Health to present a series of avian and pandemic flu preparedness conferences for school personnel. These conferences also stressed the urgent need for school districts to begin planning for a variety of potential health emergencies.

LACOE continues to coordinate with public health and other local and National agencies to provide input on county emergency and disaster planning.

By way of example, LACOE is currently participating in Operation Golden Phoenix 2010, sponsored by the U.S. Department of

Homeland Security's Science and Technology Directorate. Golden Phoenix deals with the nightmare scenario of the detonation of an improvised nuclear device.

In partnership with the U.S. Geological Survey, LACOE co-sponsored the Nation's largest earthquake-preparedness exercise in 2008, the Great Southern California ShakeOut. Nearly 1.5 million students in Los Angeles County were among the 5.5 million Southern Californians who took part in the exercise. LACOE was also a key player in the Great California ShakeOut in 2009, and we are currently preparing for the 2010 event.

In addition to earthquakes, we live with on-going issues with air quality and the threat of other natural disasters, such as wildfires, flash floods, and mudslides. Because we serve as a coordinating agency for emergency preparedness and response for school districts in the county, we must anticipate and respond to the threat of health and safety of our schools and students.

We do our best to assist school districts by doing such things as issuing air quality alerts, advisories of possible earthquake aftershocks, and notice of emergency street closures. Our purpose is to anticipate safety issues that may affect schoolchildren in order to communicate effectively with school districts and assist with the coordination of emergency response efforts.

While we believe we do a good job of coordinating emergency planning and response in Los Angeles County school districts, there is still a need for better training and closer collaboration among county agencies.

For this reason, we urge the creation of a system of school alert and response networks on a local or regional basis that would more closely coordinate with emergency response agencies and school districts, not only in L.A. County, but in all regions of the country that are under a high threat of terrorist attack, natural disaster, or public health emergency.

An obvious barrier to creating or expanding comprehensive emergency planning and response systems is a shortage of staff and resources. With the continuing crisis in education funding, school districts and LEAs across America face unprecedented financial challenges.

Given the priority on meeting the demands of accountability for student academic achievement, school administrators struggling with severe cash-flow problems are unlikely to allocate funds dedicated to emergency planning and response.

This is why H.R. 4898 is so critical in helping to ensure that school districts are prepared in time of emergency. The bill would authorize the Secretary of Homeland Security to establish a comprehensive National program to make emergency preparedness planning and implementation grants to local educational agencies and districts located in areas under high threat for terrorist attacks, natural disasters, or public health emergencies.

In conclusion, the Los Angeles County Office of Education supports the creation of better ways for school communities to proactively prepare for and effectively respond to emergency situations in order to safeguard students. We are committed to meeting our obligations to all students and children in our county and espe-

cially those who are most vulnerable population in time of emergency.

Thank you for the opportunity to address these important issues. I am prepared to answer any questions you may have.

[The statement of Mr. Gundry follows:]

PREPARED STATEMENT OF JON R. GUNDRY

JUNE 15, 2010

Good morning. My name is Jon Gundry. I am Deputy Superintendent of the Los Angeles County Office of Education. I am pleased to be here today, on behalf of the Los Angeles County Superintendent of Schools, Dr. Darline Robles.

OVERVIEW

I am going to speak briefly about the importance for comprehensive and coordinated emergency preparedness planning for local education agencies, and to summarize some lessons we have learned in Los Angeles County in planning for and responding to emergency situations that have affected schools and students in our county. I am also here to express our strong support for legislation introduced by your subcommittee Chair, Representative Laura Richardson, H.R. 4898, the "Elementary and Secondary School Emergency Preparedness Planning Act."

ABOUT LACOE AND THE COUNTY

County offices of education were established in California in 1855 to directly oversee public schools. Today, the county offices are intermediate education agencies that provide services to school districts, exercise oversight of certain school district functions, and provide direct classroom instruction for juvenile offenders and many of the children in the county with severe disabilities. The Los Angeles County Office of Education—"LACOE," for short—serves 80 school districts with 2 million preschool and school-age children, nearly a third of the students in the State of California.

Students in Los Angeles public schools are a highly vulnerable population in times of emergency, not only because they are located in a place that is at high risk of terrorist attack and natural disaster, but also because many thousands of those children have special needs. Among them are students with disabilities, with limited English proficiency, or those living in unstable circumstances or suffering financial hardship. The number of severely disabled students in the county is approximately 170,000, about 27,000 of whom are directly served by LACOE programs.

NEED FOR IMPROVED COORDINATION

Parents rely on schools to keep their children safe. In fact, parents are concerned about safety above everything else when they send their children to school. Although schools and school districts have emergency plans in place, they are generally not as comprehensive as they should be and not well coordinated with other agencies and school districts. This is primarily due to the fact that they are not given an active role in regional emergency planning, they lack the expertise of many other public agencies in emergency planning, and they do not have sufficient funding to do the necessary planning and preparation.

In Los Angeles County, LACOE serves as the coordinating agency for school districts for emergency preparedness and response.

During the National response to the spring 2009 swine flu outbreak, for example, LACOE played a key role in keeping school districts current with public health information and directives so schools could prepare for outbreaks and respond effectively to them.

LACOE's Communications and Emergency Response Director, Frank Kwan, who I am pleased to have with me today, directed this initiative. For several years prior to this outbreak, Mr. Kwan worked with the Los Angeles County Department of Public Health to present a series of avian and pandemic flu preparedness conferences for school personnel. These conferences also stressed the urgent need for school districts to begin planning for a variety of potential public health emergencies.

LACOE continues to coordinate with public health and other local, State, and National agencies and to provide input on county emergency and disaster planning. By way of example, LACOE is currently participating in Operation Golden Phoenix 2010, sponsored by the U.S. Department of Homeland Security (DHS) Science and

Technology Directorate. Golden Phoenix deals with the nightmare scenario of the detonation of an improvised nuclear device.

In partnership with the U.S. Geological Survey, LACOE co-sponsored the Nation's largest earthquake-preparedness exercise in 2008, the Great Southern California ShakeOut. Nearly 1.5 million students in Los Angeles County were among the 5.5 million Southern Californians who took part in the exercise. LACOE was also a key player in The Great California ShakeOut in 2009, and we are currently preparing for the upcoming 2010 event.

In addition to earthquakes, we live with on-going issues with air quality and the threat of other natural disasters such as wild fires, flash floods, and mud slides. Because we serve as the coordinating agency for emergency preparedness and response for school districts in the county, we must anticipate and respond to any threat to the health and safety of our schools and students. We do our best to assist school districts by doing such things as issuing air quality alerts, advisories of possible earthquake aftershocks, and notice of emergency street closures. Our purpose is to anticipate safety issues that may affect school children in order to communicate effectively with school districts and assist in the coordination of emergency response efforts.

RECOMMENDATIONS FOR IMPROVED PREPAREDNESS AND RESPONSE

While we believe we do a good job of coordinating emergency planning and response among Los Angeles County school districts, there is still a need for better training and closer collaboration among county agencies. For this reason, we urge the creation of a system of school alert and response networks on a local or regional basis that would more closely coordinate with emergency response agencies and school districts, not only in L.A. County, but in all regions of the country that are under a high threat of terrorist attack, natural disaster, or public health emergency.

Because of their special relationships with communities and families, school districts, educational support agencies, and local education agencies should take leadership and be an integral part of emergency and disaster planning and training. School districts and schools would welcome the opportunity for stronger coordination with local/State/Federal emergency responders in time of emergency.

FUNDING CONSTRAINTS

An obvious barrier to creating or expanding comprehensive emergency planning and response systems is a shortage of staff and resources. With the continuing crisis in education funding, school districts, and LEAs across America face unprecedented financial challenges. Given current dwindling resources, LACOE is hard-pressed to sustain its own level of emergency outreach and training activities, let alone improve our communication and coordination efforts.

Given the priority on meeting the demands of accountability for student academic achievement, school administrators struggling with severe cash-flow problems are unlikely to allocate funds dedicated to emergency planning and response.

PROPOSED LEGISLATION

This is why H.R. 4898 is so critical in helping to ensure that school districts are prepared in time of emergency. The bill would authorize the Secretary of Homeland Security to establish a competitive National program to make emergency preparedness planning and implementation grants to local educational agencies and districts located in areas under a high threat of terrorist attacks, natural disasters, or public health emergencies.

CONCLUSION

In conclusion, the Los Angeles County Office of Education supports creating better ways for school communities to proactively prepare for, and effectively respond to emergency situations in order to safeguard students. We are committed to meeting our obligations to all students and children in our county, and especially those who are most vulnerable population in time of emergency.

Thank you for the opportunity to address these important issues. I will be pleased to answer any questions you may have.

Ms. RICHARDSON. Thank you for your testimony.

I now recognize Ms. Rothe-Smith to summarize her statement for 5 minutes.

**STATEMENT OF DIANA ROTHE-SMITH, EXECUTIVE DIRECTOR,
NATIONAL VOLUNTARY ORGANIZATIONS ACTIVE IN DISAS-
TERS**

Ms. ROTHE-SMITH. Madam Chairwoman and distinguished Members of the subcommittee, thank you for the opportunity to speak before you today.

The National Voluntary Organizations Active in Disaster, or National VOAD, as we are more commonly known, is made up of the 50 largest disaster-focused nonprofit organizations in the country.

From Adventist Community Services to World Vision, our member organizations are the driving force behind disaster response, relief, and recovery in this country.

National VOAD represents the nonprofit and faith-based organizations already on the ground serving low-income communities, people with disabilities, those suffering from illness or medical hardship, children, the elderly, the impoverished, the uninsured or underinsured, people with pets, and immigrant and non-English-speaking populations.

Their programs are there to offer services to those without the means to independently recover from a disaster. Our members work together to create an all-community approach to address all unmet needs. Communities can benefit by including National VOAD members in their planning early and often.

It is important to stress the role of the voluntary organizations as part of a very elaborate and well-coordinated team of support for communities in response to disasters.

Those that are sometimes defined as having special needs or being of a vulnerable population, our National VOAD members call their neighbor.

Our members are providing programs throughout the country in an effort to fight poverty, build resiliency to disaster, and to recover faster and more completely.

For example, Mennonite Disaster Service is involved in mitigation in a variety of places, most notably, perhaps, in New Iberia, Louisiana, and Cheek, Texas, where marginalized communities experienced minor damage from a past hurricane, but economics and time have hindered them from repairs. Small damage has become another disaster through time and weather. MDS is working on repairing roofs, walls, flooring, and replacing whole kitchens for those most in need.

Since 2007, the National Baptist Convention USA has been strategically planning and building a network to ensure that those underserved communities can be integrated into the mainstream disaster system. This is in an effort to lessen the impact of a disaster for the total community and bring to the table those community leaders that have much to contribute.

The Salvation Army has a program called Preparing Together. The concept is simple: Train churches, clubs, and community organizations to pair a volunteer with a senior or a person with a disability to act as a readiness coach and evacuation advocate and a shelter-in-place guide.

Through their Resilient and Ready Communities Initiative, Save the Children works with emergency management, schools,

childcare leaders, and children to assess community strengths and address critical gaps in emergency planning for children's needs.

The Humane Society of the United States is working to address the needs of people with pets who are often a vulnerable population, given their reluctance to leave their homes and evacuate. HSUS is working with Federal, State, and local communities to include pets in all evacuation sheltering and mass-care planning.

Affiliates of the Hands On Network offer block parties, where neighbors incorporate community needs assessments to determine how best neighbors can help neighbors in the event of a disaster.

The Church of the Brethren works to ensure that shelters and service delivery sites have respite care for children, and the American Red Cross is working with many agencies to ensure the needs of all are addressed. They have also worked with FEMA to create guidance for assisting people with disabilities and shelters, which complements what Red Cross already uses to ensure accessibility.

These are only a few examples, but there is still much work to do. Terms like "special need" or "vulnerable populations" allow us all too easily to group very differing citizens into one homogeneous population and provide instructions that are not appropriately communicated or are impossible to follow. These are issues that must be addressed with the true representation of a community and then put into practice by emergency management.

Rather than separate plans that address special needs or vulnerable populations, we need inclusive plans for everyone. We also need to clearly and deliberately include the public, who are eager to engage.

Expectations for our local citizens need to be as clearly defined as those of our local citizens, especially in the implementation of these plans in response and recovery.

Madam Chairwoman and distinguished Members of the committee, I would like to thank you again for your time and would welcome any questions you may have.

[The statement of Ms. Rothe-Smith follows:]

PREPARED STATEMENT OF DIANA ROTHE-SMITH

JUNE 15, 2010

Madam Chairwoman and distinguished Members of the committee, thank you for the opportunity to appear before you to address "Caring for Special Needs: What is being done about vulnerable populations?"

The National Voluntary Organizations Active in Disaster, or National VOAD as we are more commonly known, is made up of the 50 largest disaster-focused nonprofit organizations in the country. From the American Red Cross to Catholic Charities and The Jewish Federations of North America—from the Salvation Army to Feeding America and Habitat for Humanity International—our member organizations are the driving force behind disaster response, relief, and recovery in this country. There are 50 National nonprofit members, 53 State and territory VOADs, and hundreds of local and community VOADs throughout the United States.

The members of National VOAD represent the non-profit, faith-based, and community-based organizations that are already on the ground serving low-income communities, people of disabilities, those suffering from illness or medical hardship, children, the elderly, the impoverished, people with pets, and immigrant and non-English speaking populations. Our programs in times of disaster are there to continue to offer support to these local communities and expand to offer more services to those without the means to independently recover from a disaster. Like disasters are planned for based upon an all-hazards approach, our members work together to create an all-community approach to disaster response and recovery, including all

unmet needs. Communities can benefit by including these organizations in their planning early and often.

Additionally, it is crucial to include key organizations that represent the full spectrum of a given community, including social service providers, advocacy groups, and local faith-based and community groups. Rather than separate plans that address “special needs” or “vulnerable populations,” emergency managers need inclusive plans for their entire community.

Recognizing that humanitarian assistance is most effective when implemented by local partners as part of a coordinated effort for community recovery, National VOAD members have worked to more clearly define these roles and services through Points of Consensus, manuals and tools, direct training and technical assistance, and other guidance. Included in our written statement are the three currently approved Points of Consensus for spiritual care, disaster case management, and rebuilding and repair. By 2011, National VOAD hopes to also offer Points of Consensus for mass care, volunteer management, donation management, and working with diverse communities outside the continental United States.

Additionally, National VOAD members have worked with FEMA and other Federal and State partners to develop the Disaster Multi Agency Feeding Template, a tool for local communities when developing their own mass feeding plans in response to disasters. This tool supports the integrated, interdependent system this country has for providing disaster assistance.

National VOAD is also creating the first National Nonprofit Relief Framework. Structured and modeled upon the National Response Framework and to serve as a companion to it and the National Disaster Recovery Framework, the National Nonprofit Relief Framework more clearly defines how the nonprofit community in general and the National VOAD members in particular respond to disaster in a cooperative and collaborative manner. This document is scheduled to be released in December of this year.

All of this work is being done to stress the role of the voluntary organizations as part of a very elaborate and well coordinated team of support for communities in response to disasters.

In addition, our members are providing programs throughout the country in an effort to fight poverty, build resiliency to disaster, and to recovery faster and more completely.

For example:

- Feeding America has an Emergency Food and Shelter Program—a hunger/homelessness prevention program that fights poverty and builds community resilience to disaster. In its 26-year history, the EFSP has provided \$3.3 billion in funding to address short-term needs that could lead to increased hunger insecurity and homelessness. In 2009, 122 Feeding America Members received a total of \$11.7 million from the EFSP.
- The Humane Society of The United States is working to address the needs of people with pets, who are often a vulnerable population given the amount of people with pets in a given community and their reluctance to leave their and evacuate. HSUS is working with Federal, State, and local communities to include pets in all evacuation, sheltering, and mass care planning.
- Since 2007, the National Baptist Convention, USA Inc. has been strategically planning and building a network to ensure that those underserved communities can be integrated into the mainstream disaster system. This is in an effort to lessen the impact of a disaster for the total community. Their goal is not necessarily to become standardized but to assess and bring to table those new stakeholders that have much to contribute.
- The Salvation Army has a program called “Preparing Together” which is a preparedness initiative for seniors and people with disability. The concept is simple; they are training churches, clubs, and community organizations to pair a volunteer with a senior or a person with a disability together to act as a readiness coach, a family partner, an evacuation advocate, and a sheltering in place guide.
- Through their Resilient and Ready Communities Initiative, Save the Children works with emergency planners, emergency responders, schools, childcare leaders, caregivers, and children to assess communities’ strengths and address critical gaps in emergency planning for children’s comprehensive needs. Based on a highly successful 1-year pilot project in Tulsa, Oklahoma, Save the Children’s *Disaster Resilient Communities for Children* initiative engages community stakeholders in implementing best practices of emergency planning to help to safeguard children in at-risk communities.
- Mennonite Disaster Service is involved in mitigation in a variety of places, most notably, perhaps, in New Iberia, LA, and Cheek, TX, where marginalized com-

munities experienced minor damage from a past hurricane, but economics and time have hindered them from adequate or any repairs. Hence, small damage has become a disaster through time and additional weather. MDS is working on a number of homes, repairing roofs, walls, flooring, and replacing whole kitchens for those most in need—the uninsured, the underinsured, the disabled, elderly, and single parent.

- Affiliates of the Hands On Network offer neighborhood block parties where neighbors incorporate preparedness planning and community needs assessments to determine how best neighbors can help neighbors in the event of a disaster.
- Children’s Disaster Services, part of the Church of the Brethren Disaster Ministries, partners with the American Red Cross to ensure that shelters and other service delivery sites have temporary respite care for children when the need arises.
- The American Red Cross is working across many agencies to ensure the needs of children and people with disabilities and other functional requirements, including the elderly, are addressed. Red Cross representatives have served on working groups for children’s issues coordinated by the National Commission on Children in Disasters and have implemented many of the recommendations from the Commission into their protocols. Recently, Red Cross representatives worked with FEMA to assist in the creation of guidance for assisting people with disabilities and functional needs in shelters. This guidance will complement the guidance documents that Red Cross already uses in ensuring shelters are accessible and inclusive. In addition to their work with Federal agencies, the Red Cross has a number of partnerships with other voluntary agencies. Local chapters are encouraged to partner with Independent Living Centers and other organizations that provide services for people with disabilities to augment the Red Cross response following a disaster.

These are just a few examples. But there is still much work to do. Terms like “special need” and “vulnerable populations” allow us to all too easily group very differing citizens into one homogeneous population and provide instructions that are not appropriately communicated or that are impossible to follow. These are issues that must be addressed with key community representatives and then put into practice by emergency management professionals. While planning needs to include a true representation of the community—response, immediate assistance, and long-term recovery all require a true integration of voluntary organizations, like those that are members of National VOAD, in order to meet all of the unmet needs of the community.

Madam Chairwoman and distinguished Members of the committee, I would like to thank you again for your time, and would welcome any questions you may have.

ATTACHMENTS

CHURCH OF THE BROTHERS CHILDREN’S DISASTER SERVICES

PREPAREDNESS FOR VULNERABLE POPULATIONS

All families that have been impacted by a disaster are vulnerable—unexpectedly thrown into a struggle to survive, seeking food, clothing, and shelter for their loved ones. In the midst of this are the children, their concerns and emotional needs are not a priority as parents seek to secure essentials for the family’s physical needs.

“Homelessness for a child is more than loss of a house. It disrupts every aspect of life. It separates children from their belongings, beloved pets, reassuring routines, friends and community. At a time when children should be developing a sense of safety and security . . . they are severely challenged and limited by unpredictability, dislocation and chaos.”¹

To an uninformed observer, children appear to be unaffected because they can be seen playing, and play looks normal. In truth, the opposite is true. Often their play reflects the trauma of the disaster. Children have three unique, pervasive fears after a disaster without the language to express them: Will it happen again? Will someone I love be hurt? Who will take care of me?

Are infants and toddlers immune to traumatic stress? Absolutely not! Young children pick up on the fear and anxiety of their parents and caregivers, and become irritable and fussy themselves.

¹Ellen Bassuk, MD, Harvard Medical School—Quoted in National Commission on Children and Disaster Interim Report, October 2009, p. 56.

In shelters children are particularly vulnerable. In addition to being stressed or traumatized by the disaster, the atmosphere is chaotic, increasing their insecurity. The volunteers there are often spontaneous and unscreened. Even if an “Instant Background Check” is initiated or part of a response plan, it is often not completed before a volunteer is placed with children or staffing a shelter with children and other vulnerable people.

While in shelters or resource assistance centers, children and families need support. Parents and caregivers feel overwhelmed by the disaster, which demands all of their resources to cope and create a plan for their family’s recovery. This is an all-consuming task, leaving little emotional energy to care for the unique disaster-related needs of their children. Considering the wide needs of families, supporting children through temporary respite care supports the parents and caregivers as well.

One observed strategy in shelters is to provide a space for children and then add toys. However, this quickly becomes a problem without good supervision. An unsupervised area quickly becomes cluttered; children act out their frustrations, increasing the chaos of the shelter and in turn causing additional stress on the children. Occasionally the shelter population can become organized to help with supervision of children, but this is far from an adequate plan in most situations.

In situations when children have prolonged exposure to the devastating effects of the disaster, have witnessed extreme destruction, experienced a personal loss, or were at risk before the disaster struck, they are particularly vulnerable to the impact of trauma and can develop Post-Traumatic Stress Disorder which has been shown to retard both emotional and cognitive development. In these situations it is particularly important for staff or volunteers working with these children have special training and experience.

John Kinsel² shares three critical strategies important in the recovery of children affected by disaster:

- Children need to be assured and reassured that they are safe.
- Even the youngest children that are verbal need a simple and truthful explanation of what happened.
- Reestablishment of some semblance of normal routines should occur as soon as possible.

Hopefully it is increasingly clear that the care of children needs considerable planning, not just in the most extreme situations, but in nearly all disaster situations. Children simply can’t be handed off to whoever is available or shows up, a well designed plan that includes the family, with support from prescreened and trained staff or volunteers, is critical part of preparedness to most disasters.

In our three decades of experience training volunteers to work with children after a disaster, we have learned that it is essential for volunteers to understand:

- The physical and emotional phases of a disaster.
- Common responses of each age group to the experience of disaster.
- How to keep children safe in a disaster situation.
- How to communicate to children in a way that promotes healing.
- Toys that will draw out a child’s experiences.
- How to set limits in a way that fosters a warm nurturing environment for traumatized children.
- Listening to distraught parents and appropriate resources to share if requested.

This is accomplished through simulation of a shelter setting and carefully planned exercises that give volunteers practice in the skills being taught.

Children’s Disaster Services (CDS) has implemented an expansion plan that will increase the number of trained and certified volunteers in disaster prone areas in the United States. Starting with the Gulf and Pacific coasts, CDS will systematically train and certify volunteers in these areas, deploying them with experienced leadership to foster their understanding of working with children after disasters until the area has the capacity for local leadership. This is being done through partnerships with groups that have an interest in children and disaster response. “CDS (Children’s Disaster Services) centers provide a safe, secure environment where children can begin the process of healing and recovery and parents can feel reassured that their children are being cared for in a loving way.”³

²Kinsel, John. “Working with Children and Adolescents after a Disaster,” in *Disaster Spiritual Care: Practical Clergy Responses to Community, Regional and National Tragedy*, edited by S. Roberts and W.W.C. Ashley. Woodstock, Vermont: Skylight Paths Publishing, 2008.

³Peek, Lori, Jeanette Sutton, and Judy Gump (2008). “Caring for Children in the Aftermath of Disaster: The Church of the Brethren’s Children’s Disaster Services Program.” *Children, Youth and Environments* 10(1): 418.

Our experience responding to 207 disasters over the past 3 decades has shown that one crucial element of preparedness is that those in charge of Disaster Recovery Centers, assistance centers, shelters, or other service delivery sites know about the risk disasters pose to children and give their needs priority when planning. It is essential that managers know how to access appropriate respite care services. In addition, it is crucial that sufficient numbers of volunteers are trained to meet the special needs of traumatized children and are close enough to the disaster to set up Temporary Respite Centers within 24–36 hours of a disaster's impact.

FEEDING AMERICA'S ON-GOING WORK WITH VULNERABLE POPULATIONS—BUILDING COMMUNITY RESILIENCE

Community members living in the lower economic bracket are disproportionately impacted by disaster. Research has shown that those living in poverty are frequently more vulnerable to injury or death and have a much more difficult path to recovery because they have fewer savings and the lack financial flexibility that can help speed disaster recovery. These individuals may be the least likely to evacuate and may not have a support system to help them recover. Feeding America, the largest domestic hunger relief organization comprised of over 200 food banks across the Nation and serving over 60,000 local service organizations in every county of the United States works with this vulnerable and at-risk population every day.

In this, the world's wealthiest nation, one in eight people do not know where they'll find their next meal. An estimated 36.2 million Americans, or 12.2 percent, are food insecure; meaning their access to enough food is limited by a lack of money and other resources. These are American citizens with homes, jobs, and families, in communities of every description. They are our neighbors, coworkers, relatives and friends. Their stories are filled with lost jobs, stagnant wages, medical calamities, and the rising costs of food and fuel. The last year has brought many more Americans to the brink and as such individuals, families, and whole communities are increasingly vulnerable to the impact of disasters and will have greater difficulty recovering following the next disaster.

Current Status: More Food and Funds, but Increased Need Leading to Increased Vulnerability

- Feeding America has increased the amount of food and grocery products secured and distributed to its network of food banks more by more than 22 percent over last year to 2.63 billion pounds annually.
- Financial donations increased 63 percent to \$75 million in fiscal year 2009.
- Demand for food at agencies of local food banks around the country still continues to outpace supply—demand has grown on average by 30 percent over the past year.
- Current recession and the continuing rise in unemployment—now at 9.7% across the Nation—are having a profound effect on the ability of local food banks to feed millions of Americans living at risk of hunger and homelessness.
- Over 55 percent of our Network members have had to turn away clients because they cannot meet demand for food.

Emergency Food and Shelter Program—a hunger/homelessness prevention program that fights poverty and builds community resilience to disaster

- In its 26-year history, EFSP has provided \$3.3 billion in funding to address short-term needs that could lead to increased hunger insecurity and homelessness.
- In 2009, 122 FA members received a total of \$11.7 million from the EFSP.
- The Feeding America network and individual member food banks can be a resource for identifying and quantifying hunger in communities and can efficiently meet these needs.

The relationships established on a day-to-day basis through this program provide a unique outlet for the Federal Government to work with in times of disasters. Marrying up the Federal Emergency Management Agency's Voluntary Agency Liaisons, cadres of Community Relations Specialists with the EFSP local boards will help resources get out to those who need it most in an expedited manner.

PREPAREDNESS

Feeding America Member Food Banks are working with corporate and non-profit partners to share preparedness materials with their network of social service agencies that serve populations which Government has traditionally struggled to reach including the poor, seniors, children, and recent immigrants. The following case

studies highlight some recent initiatives to improve community and individual preparedness.

North Texas Mass Care Task Force begins work to enhance local disaster-relief efforts

Goal: To increase number of people to be sheltered and fed to 40,000 individuals.

Following the 1-year anniversary of Hurricanes Katrina and Rita in the Gulf region, executives of the North Texas Food Bank (NTFB), American Red Cross Dallas Area Chapter (ARC), The Salvation Army Metroplex Area Command (TSA) and the Volunteer Center of North Texas (VCNT) came together to initiate an important project designed to improve the efficacy and efficiency of mass care disaster response for their community. These four non-profit organizations formed the Mass Care Task Force to strengthen their ability to take action in partnership when called upon to respond to a disaster in North Texas, or to serve evacuees from a neighboring community.

The task force helped to fully define each organization's primary responsibilities to avoid duplication. The strides made since 2005 and when Hurricane Ike hit in 2008 demonstrated the success such collaboration and planning can have in preparing non-profits to respond to disasters. "But with Ike in 2008, we knew exactly what resources were needed and the right agencies to provide them as a result of our Mass Care Task Force planning," said Jan Pruitt, president and chief executive officer of the North Texas Food Bank. "The organizations in the Mass Care Task Force want to make sure we're prepared to meet the needs of the North Texas community should a much larger disaster occur."

In early 2009, the Communities Foundation of Texas announced \$5 million as a challenge grant over 4 years to support development and implementation of a Mass Care Response and Disaster Relief Plan for North Texas with funds from its W.W. Caruth, Jr. Foundation. This is the first-in-the-Nation collaboration of this scope with the goal of increasing emergency preparedness from their current ability to shelter and feed 7,800 to being able to accommodate 40,000 individuals.

On May 20, 2009, National representatives of Feeding America, the American Red Cross, Salvation Army joined the North Texas Mass Care Task Force and the W.W. Caruth, Jr. Foundation to recognize the important work of this task force in keeping North Texans safer in times of disaster and hosted a kick-off meeting for the next phase of their work together. Specifically, the Task Force began work on a joint disaster planning and exercise effort to further refine the joint operations plan through a series of table-top exercises with the final plan expect by late 2009.

Partnership for Forward-staging of Essential Hurricane Supplies

Goal: Reduce lag time associated with the movement of shelf-stable nutritional supplement to areas impacted by disaster and/or receiving larger numbers of evacuees.

Pre-positioning is one of the most effective ways to provide life saving/sustaining supplies in a timely manner. Abbott Nutrition has been a long-time supporter of Feeding America with the staging of disaster relief supplies. Abbott wanted to explore new ways to support food banks in disaster with a slightly more forward-leaning approach. Rather than placing all of the donated relief supplies in the 5 National disaster distribution centers—we staged smaller amounts of Abbott product directly in food banks throughout the Southeast and Gulf Regions. The pre-positioning sought to reduce the time lag associated with transporting this type of product to responding food banks and organizations while quickly address shelter support and immediate needs following an evacuation and/or effects of a storm. To do this Abbott donated supplies including Pediasure, Pedialyte, Ensure, and Zone which were staged in pre-packaged, pre-mixed modules. The East Texas Food Bank in Tyler and America's Second Harvest of South Georgia in Valdosta agreed to serve as mixing centers for the Network by packaging the donated supplies for distribution prior to the beginning of Hurricane Season. The Feeding America-Abbott Disaster supplies were delivered to multiple locations the last week in May, coinciding with National Hurricane Preparedness Week (May 24–30). Locations were selected due to its vulnerability to hurricane, ability to assist in disaster response and recovery, and the quantities were based on the size of the population in the food banks' service areas. Specifically, Feeding America pre-staged Abbott's donated goods at 7 food banks that served a population over 1 million, and another 14 food banks with service areas under 1 million. The partnership exemplified the investment that can be made to help communities in urgent need, when disasters strike.

California Earthquake Table-top Exercise

Goal: To build capacity of local faith-based and non-profit organizations and to improve COOP.

On Wednesday, July 1, 2009 the Foodbank of Santa Barbara County, California hosted a disaster preparedness conference and table-top exercise with representatives from more than 30 member agencies that provide emergency services through food distributions, preparation and by providing shelter. The half-day conference included representatives from Feeding America, the Orfalea Foundation and the American Red Cross representative to the county's Voluntary Organizations Active in Disasters.

The development of the conference agenda and its facilitation were a collaborative effort between the Santa Barbara Food Bank and Feeding America's National Office. The conference included a table-top discussion of an simulated earthquake scenario with the local service agencies working through a variety of problem statements to be resolved within their geographical area; a presentation by on Continuity of Service or Who's Open for Business to help provide the basic tools needed to develop a disaster contingency plan, and then a discussion with the Red Cross on coordination of service delivery during times of disasters.

The funding for the conference was provided by the Orfalea Foundation as part of its "Aware & Prepare: A Community Partnership to Strengthen Emergency & Disaster Readiness" and in partnership with the Santa Barbara County Office of Emergency Services (SBC OES). The initiative's mission is to create a community partnership to strengthen capabilities to mitigate, prepare for, respond to, and recover from an emergency or disaster in Santa Barbara County.

The conference was an opportunity to address seven key areas of disaster preparedness, including:

- Public Education and Awareness.
- Coordination and Communication.
- Preparedness.
- Emergency Public Information.
- Resources and Personnel.
- Volunteer Organizations Active in Disasters.

Tarrant Area Food Bank Engages Vulnerable Populations in Preparedness

Target Corporation supports the disaster programs of Feeding America, The Salvation Army, and the American Red Cross and has developed a Family Safety booklet to promote disaster preparedness. The booklet contains a checklist of supplies that every family should have on hand at all times, as well as tips for keeping children safe and helping families create a safety plan. The disaster preparedness booklet was made available in Target stores during National Preparedness Month in September 2009.

In September 2009, the Tarrant Area Food Bank in San Antonio was able to distribute more than 1,000 copies of the Target disaster preparedness materials to more than 300 social service agencies throughout the 13 counties that they serve. Through this network of food bank agencies, they were able to share information about individual and family preparedness with children, seniors, and recent immigrants that frequently are not the target of disaster preparedness efforts.

RESPONSE

Feeding America Member Food Banks supplements mass care congregant feeding sites managed by National VOAD partners, provides an alternate distribution mechanism for individuals and families that cannot be reached through Government Points of Distribution, and is involved with household distribution of food that helps people move into the recovery process. The following case study highlights the role that the Houston Food Bank played as a partner and resource to emergency management at the local, State, and Federal level.

BP Deepwater Horizon Gulf Coast Oil Spill

Many coastal communities throughout Louisiana, Mississippi, Alabama, and Florida are reporting drop-off in sales from their grocers, revenue losses from money spent in restaurants, condos, and hotel rentals, as well as the loss wages of boat owners and crews and the seafood packing operators. To respond to the increased demand for assistance, Feeding America food banks throughout these coastal communities in these States are bracing for the long-term economic impact and burdens families will face.

Immediately the Second Harvest Food Bank of New Orleans and Acadiana began preparing for the need to support their communities for the long term. They began working with other VOAD partners, emergency management community and started to identify the long-term impact this devastating event would have on their communities. They began to distribute food and water to those in need and are currently assessing how they will continue to do so for those newly in need.

In response to record unemployment and uncertainty with the recent oil spill, Bay Area Food Bank (Theodore/Mobile) began deploying the mobile pantry program, a traveling food pantry, to those communities affected along the Gulf Coast including Pascagoula, MS (1 distribution) and Grand Bay, AL (5). Specific distributions are scheduled for additional mobile pantries in Bay St. Louis, MS (1); Bayou La Batre, AL (4); Biloxi, MS (1) and Grand Bay, AL (7). Considered a blessing to the grateful families who receive the much needed food, recipients have been heard saying that they had “given up all hope until the mobile pantry showed up” (Pensacola, FL). Several ladies attended a food distribution in Grand Bay, Alabama after losing their jobs just 2 days earlier. Both stated that the food from the trailer was a “godsend” to them and they “didn’t know what they would do without it.” Some distributions are targeted specifically for the Asian community’s dietary preferences and will also include SNAP enrollment information in various Asian languages.

Many of these communities are still recovering from Hurricane Katrina. Of particular interest to this committee may be that the Mobile Pantry operation in the Bay St. Louis/Waveland, MS area is being conducted at a temporary church building where both the church and the area homes were entirely underwater and devastated by Katrina. This church hosted the pantry distribution and provided cooking classes to talk about how to prepare the food provided by the pantry as well as held discussions on how to stretch food dollars.

April 2010 Flooding: Second Harvest of Middle Tennessee (Nashville)

As a result of the flooding in late April of this year, Second Harvest of Middle Tennessee worked on contingency plans developed over the weekend for the flooding as their facility was directly impacted by 5 feet of water. The food bank quickly became inaccessible due to road closures and lost valuable equipment, office space and product. Further, it quickly moved over 200 pallets of key disaster food items such as peanut butter, canned meats, vegetables and fruit and cereals to its alternate facility at a warehouse facility at Metro Nashville Airport.

From that location, Second Harvest Food Bank activated its disaster team and began responding to the needs of the community and individuals who had been affected by the flooding disaster. In the immediate days following the flooding, Second Harvest’s efforts focused on assembling and distributing emergency food boxes, cleaning supplies, bottled water, and other non-food items to Metro’s Disaster Information Centers.

When the flood waters receded and Metro Center became accessible and power was restored, Second Harvest reoccupied its building and quickly accelerated operations to meet both the on-going hunger needs in our community and the emergency food needs for folks affected by the disaster. The primary instrument by which they used to distribute food quickly and efficiently into the rural counties affected by the disaster was Mobile Pantries. The Mobile Pantry is a traveling food pantry that delivers food directly to agencies to hold a large-scale food distribution for people in need. To continue their day-to-day services and the added needs caused by the flooding, Second Harvest of Middle TN reached out to their local Kroger, Walmart, and Dollar General contacts regarding their interest in supporting food bank flood relief efforts. Other members of the Feeding America network quickly stepped in and offered support—personnel and product—but true to the Volunteer State, the food bank effectively engaged in local partners to raise funds and foods to meet the needs thus minimized the need to ship in product from other areas.

Since May 2, when the rain finally stopped, Second Harvest has operated 20 Mobile Pantries, distributing close to 1,000,000 pounds (781,250 meals) to folks whose lives have been affected by the flooding disaster.

Hurricane Ike: Houston Food Bank as Force-multiplier for Emergency Management

The 2008 hurricane season was recognized to have been one of the busiest seasons on record by National Oceanic and Atmospheric Administration and Hurricane Ike goes down as the third-most destructive storm in history. The Houston Food Bank played an integral role supporting the response operations in America’s fourth-largest city and to Galveston Island which bore the brunt of the storm’s landfall.

The Houston Food Bank (HFB) distributed just over 20 million pounds of relief supplies during the initial relief efforts and during the on-going recovery phase. HFB coordinated with 239 different local agencies thereby lending an distribution infrastructure to emergency management partners that allowed far wider and more diverse coverage than is possible through the County Points of Distribution (POD). The food bank, along with partner agencies were able to reach deep into even the small population neighborhoods that were otherwise not being reached through tra-

ditional distribution efforts. In areas where there were no viable agencies in existence, the food bank utilized mobile pantries and made deliveries.

HFB began distribution the day after landfall and ramped up to an average daily output of over 500,000 pounds within 4 days. Well over 50 percent of the relief supplies distributed originated with FEMA and was provided in coordination with the State of Texas' feeding plan and the cooperation of Houston City officials. The balance of the relief supplies, beyond the product that originating with FEMA, was provided through private donations at the local level and through National corporate partners leveraged by the Feeding America National Office.

RECOVERY

Feeding America Member Food Banks remain in communities long after other National relief efforts have ended and they continue to support the immediate and long-term recovery efforts of community-based organizations. The following case study highlights recent efforts to by the Northeast Iowa Food Bank during the floods in June 2008 and during the on-going recovery for the communities they serve.

Midwest Floods of 2008: Northeast Iowa Food Bank Support of Long-term Recovery

The flooding experienced in Northeast Iowa continues to impact communities through the long-term rebuilding and on-going mental health treatment for children impacted.

The Northeast Iowa Food Bank has made a conscious effort to stay involved with the long-term recovery process of the communities we serve. Staff have been dedicated to be a member of multiple long-term recovery committees and have supported work crew and camps for long-term mental for children.

Northeast Iowa Food Bank and Camp Noah

- Providing food and drinks to camps in 8 cities affected by flooding and/or tornadoes of 2008:
 - New Hartford
 - Hazelton
 - Parkersburg
 - Shell Rock
 - Waverly
 - Lamont
 - Dunkerton
 - Laporte City
- Product provided includes:
 - Water
 - Gatorade
 - Fruit Juice
 - Shelf Stable Milk
 - Snacks (Chips, Fruit Snacks, Granola Bars)
 - Macaroni and Cheese
 - Ground Beef
 - Ground Turkey
 - Hot Dogs
 - Canned Fruits and Vegetable
 - Fresh Produce
 - Bakery Items.

Camps are completely funded by the community and it cost \$2,500 to bring the National team in. By helping to provide the food we are able to help supplement the budgets for these important camps in rural communities.

HUMANE SOCIETY OF THE UNITED STATES

For the past few decades, and especially since Hurricane Katrina, the Federal Government and many State and local emergency management officials have increased their awareness and recognition that families and individuals with pets must be considered when addressing the needs of vulnerable populations.

According to the American Veterinary Medical Association's 2007 statistics, 59.5% of U.S. households have pets—and two-thirds of those had more than one pet. This is an increase of more than 7 million pets from the same organization's 2001 statistics, or a total of more than 680 million pets living with families.

In spite of the fact that pet owners are clearly in the majority in our communities, planning and execution of disaster evacuation and sheltering operations have not

adequately or consistently addressed their needs, resulting in loss of life and personal anguish.

We have learned too many times that individuals have failed to evacuate, or have returned to dangerous areas because they were not allowed to take their pets away from dangerous conditions. Too many times, we have seen heart-breaking images of pets torn from children's arms, or watched distraught adults as they were forced to abandon helpless pets, or learned of those who perished because they would not leave their animals or lived on the streets because no shelter would accept them. Too many times, first responders and emergency personnel have been imperiled by circumstances involving injured or abandoned pets in disasters.

The 2006 PETS Act, passed by Congress and signed by the President, began to address the needs of this vulnerable population at the Federal level. We applaud Congress and the Executive branch for taking this action, and acknowledge the significant steps taken by FEMA, USDA/APHIS, and other Federal agencies since then to address the needs of families and individuals with pets. Our members have appreciated the commitment shown by representatives of these agencies, and the active role they have assumed in coordinating the efforts of public and private disaster-related organizations to ensure that families with animals are included in disaster planning.

By working together in collaboration and cooperation, the members of the National Voluntary Organizations Active in Disaster have also strengthened the fabric of non-profit support for families with animals.

Many communities—especially those who have extensive experience with disasters—have also recognized the importance of planning for families with pets and have included them in the planning process. In others, “lessons learned” after a disaster have included the need to act on behalf of those with animals.

Our commitment to this vulnerable population is solid, and we applaud the efforts by all those who have included planning for their needs into their Disaster Plans. We encourage all communities currently reviewing or updating their Disaster Plans to recognize and include the needs of families and individuals with animals in disaster.

MENNONITE DISASTER SERVICE

Virtually all of our work is being done within vulnerable populations. Much of our continuing work entails preparedness and mitigation.

ERT

We have been and continue to train Early Response Teams (ERT) in various communities where we have sizable populations (specifically Mennonites and Amish). They are supplied with a trailer (which they buy together) that is equipped for self-containment and use as soon as the authorities allow us to come in. It is loaded with chain saws, fuel, water, and a great variety of tools.

MATERIALS

MDS uses an adapted version of the Lutheran Disaster Response's “Preparing for Disaster: A Guide for [Mennonite] Congregations.” MDS also collaborated on a booklet called, “Beyond our Fears: Following Jesus in Times of Crisis,” published by Mennonite Publishing Network.

HURRICANE PREPAREDNESS

MDS and MCC (Mennonite Central Committee—our sister organization that concentrates on disaster response overseas, and activism in the United States) met with Mennonite congregations in Texas to discuss and plan preparedness for the next hurricanes, including the situation for evacuees. Mennonite churches in San Antonio, Houston, and other parts of Texas are readying themselves to receive those fleeing a storm.

MITIGATION

MDS is involved in mitigation in a variety of places, most notably, perhaps, in New Iberia, LA, and Cheek, TX, where marginalized communities experienced minor damage from a past hurricane, but economics and time have hindered them from adequate or any repairs. Hence, small damage has become a disaster through time and additional weather. MDS is working on a number of homes, repairing rooves, walls, flooring, and replacing whole kitchens for those most in need—the uninsured, the underinsured, the disabled, elderly, and single parent.

None of these really reflect the additional work being done in the Gulf, even now as we listen and begin responding to those affected by the oil spill—many of the people who have received help from MDS for their homes are now looking at the oncoming and present disaster that is the oil spill.—Scott Sundberg, Director of Communications Mennonite Disaster Service.

NATIONAL BAPTIST CONVENTION, USA INC

From: The Office of Disaster Management, National Baptist Convention, USA Inc., Randy G. Vaughn, Director.

Through our Office of Disaster Management we are organizing and structuring our convention to strengthen and fill gaps to the vulnerable and underserved communities. The underserved communities have been added to the list of vulnerable populations and should be included as such due to these populations lacking resources to prepare for a disaster and recover from its aftermath. We have begun to build capacity, educate, and create new partnerships with other disaster-related organizations.

Since 2007, the National Baptist Convention, USA Inc. has been strategically planning and building a network to ensure that those underserved communities can be integrated into the mainstream disaster system. This is in an effort to lessen the impact of a disaster for the total community. Our goal is not necessarily to become standardized but to assess and bring to table those new stakeholders that have much to contribute.

Capacity-building is a necessary activity for disaster risk reduction; however we now recognize what a mammoth task it is to equip 15,000 communities in such a vast geographic area. The organizational Development is moving steadily but the Human Development is lacking. The resources to equip individuals with understanding, knowledge, and skills are just not available.

If we equip and educate that vulnerable community it will become economically beneficial as it will somewhat lessen the impact on public safety net programs. Lack of preparedness for the health and welfare of the vulnerable population can have devastating consequences. The catalyst that will trigger better preparedness, mitigation, protection of human health, and safety and welfare is additional informational and economical resources.

Ms. RICHARDSON. I thank all the witnesses for their testimony. I will remind each Member that you will have 5 minutes to question the panel.

I will now recognize myself for questions.

Mr. Gundry, how does the Los Angeles school county of education conduct inclusive preparedness planning with consideration of children and young people who come from economically disadvantaged area, diverse ethnic backgrounds, and children with disabilities?

Mr. GUNDRY. That is a very big question. Right now, what the county does is we coordinate primarily communications with school districts around the county. Our superintendent has a direct line of communication with the superintendents of all 80 districts and all—including the subdistricts of the Los Angeles School District, each of which has its own superintendent.

So there are 88 superintendents who she has a direct line to. So we rely on those superintendents to take the information that we give to them and implement their own emergency plans, whatever kind of plans they have in place.

Now, we do have the responsibility for serving directly many of the students with special needs in those school districts, so we have our own emergency response plans in place for our sites that serve the 27,000 students with disabilities who are directly under our care.

Ms. RICHARDSON. Of those 27,000 students, what do you have in place to help them?

Mr. GUNDRY. Well, it varies site by site, because our sites are located all over Los Angeles County. We have agreements with local

school districts to serve their students, because there are still students within the local school districts, but we operate the sites and hire the teachers.

So each site would have its own emergency preparedness plan, depending on where it is, because they are widely diverse and geographically diverse, as well, around the county, so it would—we are talking about a site-by-site emergency preparedness plan that we have.

Ms. RICHARDSON. Are these plans required by the State or by the Federal Government? Or is this just something that our county is kind of taking the initiative in doing?

Mr. GUNDRY. They are required. Every school and every school district is required to have an emergency preparedness plan. Now, I don't believe that the monitoring of those plans—it is kind of spotty.

So that is one of the reasons, we believe, that this bill is so important, because we would help oversee the development of those plans and—and help ensure that they are in place, first of all, and that they meet whatever standards are—you know, are agreed upon are necessary to have an effective emergency preparedness plan.

Ms. RICHARDSON. So if I am to understand you correctly, your officers, in terms of—or the office within your county department, serve as monitoring or collecting information. To your knowledge, does the State or Federal Government provide any monitoring or follow-up?

Mr. GUNDRY. I believe they do, but I don't believe it is comprehensive. You know, they do periodic auditing of the plans, and I don't believe there is any comprehensive system for regularly reviewing the emergency preparedness plans. I haven't seen them, but I would anticipate that they vary widely in terms of their comprehensiveness from one school district to another.

Ms. RICHARDSON. Within those plans, do they include a section for children who might have additional needs?

Mr. GUNDRY. I can't give you a direct answer to that question. I can only guess. I would say that most of them probably do not.

Ms. RICHARDSON. Do you find that your particular—because you are the largest county in the United States, and I am sure you attend many conferences—do you find that what you do is very different from what you see in other rural communities or even urban communities?

Mr. GUNDRY. Yes, I think what we do is unusual, that there is a coordinating agency that coordinates this kind of communication among school districts. I came to Los Angeles from Houston, which is a large school district, and there was no regional coordination for this.

Even within the school district, we had good emergency preparedness plans, but when I—as a principal, I remember when I questioned my own, I saw that I was supposed to evacuate 1,000 students to a grocery store in the neighborhood, and I asked the manager of the store if he was aware that we were coming in an emergency, and he was not, so—and told me that we were not welcome there.

So I think that, even when you have a plan in place, it has to be well coordinated and communicated with others who may be involved in that plan, because if you are evacuating schools and neighborhoods, they have to go somewhere. Where they are going, those people have to know that they are coming.

So there is a great deal of communication that is involved in regular revisiting the plans, because when people change in these locations, they may not be aware. Principals of schools change. Managers of stores and other administrators in public agencies change. If there is not a regular review of the plans, people are not going to be aware of what they are and when they are needed.

Ms. RICHARDSON. Thank you.

Ms. Smith, I have 10 seconds. What have been some of the most important lessons learned by VOAD that can assist others who work with vulnerable populations?

Ms. ROTHE-SMITH. I would say very briefly that it is the integration, it is the actual—we are very good at being inclusive with our planning, but in the implementation, particularly response and recovery, there are many lessons that can be learned.

The members of National VOAD and others advocacy groups really need to be engaged in the response and recovery activities of emergency managers to fully realize the potential and to serve the full community.

Ms. RICHARDSON. Thank you.

Mr. Cao, as Ranking Member, you are recognized for 5 minutes.

Mr. CAO. Thank you, Madam Chairwoman.

Mr. Gundry, the Los Angeles County school district is very diverse in its student population. Is that correct?

Mr. GUNDRY. Yes, sir, it is.

Mr. CAO. Do you have the language accessibility for minority students, Asians, Hispanics, and others who might not speak English well?

Mr. GUNDRY. Yes. Yes, we do.

Mr. CAO. Do you conduct, for example, emergency planning with their parents?

Mr. GUNDRY. The county office does not do a direct planning with parents. Our communications are primarily with school districts, and then the school districts around the county have the direct contact with parents.

Mr. CAO. Now, is there a system or are there ways for parents of minority students to be able to understand some of the planning procedures and how to, I guess, communicate with their children in the event of an emergency, natural disaster, or what have you?

Mr. GUNDRY. Excuse me. Again, we are talking about 80 different school districts and how they all operate differently, but I would say, generally, yes. I think the school districts in the county know who their population is, and there are a number of different language groups represented in the county.

I think the school districts by and large do a very good job of knowing the languages that their parents speak and making every effort to be sure that their communications are getting to all of their community.

Mr. CAO. Okay. Ms. Rothe-Smith, what are some of the criteria, if an organization were to—if they want to join with your agency?

Ms. ROTHE-SMITH. National VOAD, as an organization, a member would need to be National in scope, would need to be a non-profit organization, would need to have the ability to respond within all 10 FEMA regions and have a specific disaster mission or program. That is to name a few, but we do have a more comprehensive membership criteria.

Mr. CAO. What do you see as the biggest challenges in trying to eliminate the gaps found in planning, response, and recovery for vulnerable populations?

Ms. ROTHE-SMITH. I would say that there is a lot of different definitions around vulnerable population. While we really need to be looking at a more comprehensive definition, ultimately it really is incumbent upon the community to define its vulnerable population.

Our National members, as I mentioned, are National in scope, but they do need to engage with the local community on those that are experts in disaster, but the community itself is an expert in its community. That is the type of relationship that needs to occur. That integration with emergency management is what needs to occur.

Mr. CAO. Now, does your organization work closely with FEMA?

Ms. ROTHE-SMITH. Yes. We have an MOU with FEMA. The original one was 1994, and we just updated that MOU last month and signed that.

Mr. CAO. Okay. Now, were you present in New Orleans after Katrina?

Ms. ROTHE-SMITH. I was not in my role as—

Mr. CAO. Not you specifically, but your organization?

Ms. ROTHE-SMITH. Yes.

Mr. CAO. Okay. In what capacity?

Ms. ROTHE-SMITH. We are a coordinating body, so if you consider us more like the United Nations of disaster relief organizations—so we were hosting coordination calls, and we were on the ground coordinating the member organizations. They themselves, as direct service providers, were on the ground providing service throughout the Gulf, but also throughout the United States, receiving the evacuees that were coming into communities.

Mr. CAO. Now, is your organization also involved in any aspects in connection with the oil spill?

Ms. ROTHE-SMITH. Yes, not in an official capacity at this point, but our member organizations are. The majority of them are assessing the situation. They are determining what role they might play, dependent upon a hazards assessment with the particular spill recovery, but they are all involved in the long-term economic impact that we will have, because the majority of them are social service and faith-based organizations that are already on the ground doing that type of service.

Mr. CAO. What kind of services are they hoping to implement for the long-term recovery?

Ms. ROTHE-SMITH. They would be looking at the humanitarian needs, most specifically. The challenge right now is looking at what the clean-up would be, but really they are looking to assess, then, what the economic impact on the communities will be, and then how they as social service and humanitarian organizations would

be able to provide assistance to those unemployed or those needing additional resources.

Mr. CAO. Thank you.

I yield back.

Ms. RICHARDSON. Thank you.

Mr. Cleaver from Missouri is recognized for 5 minutes.

Mr. CLEAVER. Thank you, Madam Chairwoman.

Mr. Gundry, Ms. Rothe-Smith just mentioned United Nations. Los Angeles is actually the United Nations with regard to the diverse population. When you consider, as you mentioned in your comments, students with disabilities who also have some limited language or English proficiency creates a whole new problem. Whether people want to accept it or not, Los Angeles is going to be the United States.

What kind of recommendation do you have for us that would hopefully give us the intelligence to shape our policies that would provide help for not just kids in a school, but kids who have disabilities and who also are unable to communicate as well as they should and we would like in English?

Mr. GUNDRY. My recommendation is that, when—you know, if this legislation passes and the grant money is authorized to go out to agencies such as ours to have a coordinated response among school districts, that they simply be part of the application process for the grant, is to describe what the specific plans are to accommodate students, you know, with any kind of disability or any kind of vulnerability they may have in time of emergency.

So it would be—in order to qualify for the grant money, the agency would have to have a specific plan for dealing with the needs of those vulnerable populations.

Mr. CLEAVER. Thank you.

Ms. Rothe-Smith, can you tell us any city in the country that would be presently ideal as a shelter, where the disabled could be accommodated? I mean, I have gone into the dome in New Orleans to watch football. I am not sure that it was disabled-ready.

So is there any place that could be a model for the rest of the country?

Ms. ROTHE-SMITH. I think it is a difficult question for me to answer. I wouldn't be able to—I am not an expert to assess the disability accessibility for a given city.

However, I would say that, in a disaster, it is increasingly difficult to assess that, because even in the most accessible community, given the infrastructural damage or water or whatever the impact might be, might impede the ability for a person with a disability to actually get to the areas that are accessible.

Mr. CLEAVER. Okay. I understand, and I appreciate what you are saying. But today, if we had to say to the Nation that, you know, notwithstanding the type of disaster, Lubbock, Texas, does, in fact, have some facilities that would accommodate all of its citizens, including disabled—what I am getting at is, we never think about that until it happens.

You know, people in wheelchairs are already—I mean, they are already at an enormous disadvantage. Then when they can't get inside a building, it is—I mean, they have, you know, two or three times the likelihood of not surviving a disaster.

What I want to have our committee deal with—and, frankly, FEMA, as well—is how we can make ready communities to do that? I mean, is it awareness? Is it money? What do we do? Are there places in the country that we can look to for guidance on this?

I used to be the mayor of Kansas City, Missouri. I can tell you, we had two floors, 25 people who drowned in one, and 12 in the other. We never, ever thought about people who would become victims, No. 1, and never remotely thought about, you know: “How do we get people who are disabled into safe places?”, until after it was over.

Ms. ROTHE-SMITH. I would echo that. I think the previous panel made the point of stating that our cities need to be more accessible today, prior to the disaster, and then, in turn, will make them more accessible post-disaster.

But additionally, I would say that it is important that we integrate. Your closest shelter right now might not be a special needs shelter, so does that mean that you get turned away? That is part of the planning, and that is really why the community itself needs to be so actively involved in its response, to make aware what those vulnerabilities and gaps are and address them prior to the disaster. But I absolutely agree with you.

Mr. CLEAVER. Thank you, Madam Chairwoman.

Ms. RICHARDSON. Thank you, Mr. Cleaver.

I have two other questions. Would Members be okay with us continuing a second round? Without objection? Okay.

Mr. GUNDRY. Congress included in the 9/11 Act a provision allowing States in urban areas to use homeland security grant programs for school preparedness activities. Has the L.A. County School District ever applied for and received Federal homeland security grant funding to support prepared activities? If so, how have you used that funding?

Mr. GUNDRY. Madam Chairwoman, to my knowledge, we have not applied.

Ms. RICHARDSON. So, again, for the record, you are the largest county in the school district, you haven’t applied, and you haven’t been able to use any of the funding?

Mr. GUNDRY. Well, there are possibly school districts within the county that have been. I am not aware of it.

Ms. RICHARDSON. Okay. Also, you mentioned funding is very tight with teachers and just keeping people in the classroom. How are teachers and school administrators trained to serve in their important preparedness roles? How often do you conduct disaster training for teachers and administrators?

You mentioned 2010, 2008, but specifically to this topic, how are special needs or needs teachers prepared beyond, you know, cover and roll, get under your desk? Are they actually prepared to be able to move wheelchairs, to be able to make sure—do they call someone to make sure that a van actually comes? How extensive does it go for them?

Mr. GUNDRY. That is going to vary from one school district to another. I know some school districts are well prepared with very specific plans. The El Monte School District, for example, has a very detailed plan, where teachers have walkie-talkies in their class-

rooms and they are very well trained on specifically what to do in times of emergency.

I am sure there are other school districts that have not given their teachers any training. So they don't have they kinds of detailed plans in place.

So that is the reason why we believe it is important to have a coordinating agency that will help oversee the quality of these emergency response plans throughout the county, because they will vary widely from one district to another.

Ms. RICHARDSON. How would you use—if the Elementary and Secondary School Emergency Planning Act were to be passed, how would you intend to recommend that we would use that funding?

Mr. GUNDRY. In our county, we would recommend that we have at least one full-time employee who oversees training for school districts, administrators, and possibly even teachers, to have review of emergency planning plans, to make recommendations to school districts, and the quality of their plans, and the feasibility of the implementation. We would coordinate that effort from one single location.

Ms. RICHARDSON. Thank you very much.

Mr. Cleaver, any further questions?

Okay. Seeing no further questions, I will go back to my script here and make sure we covered everything. Did the witnesses have anything further that you wanted to share that wasn't covered in the questions that were asked or your testimony?

Mr. GUNDRY. No, Madam Chairwoman.

Ms. ROTHE-SMITH. No, thank you.

Ms. RICHARDSON. I thank the witnesses for their valuable testimony and the Members for their questions. The Members of the subcommittee may have additional questions for the witnesses, and we ask that you respond in writing expeditiously—preferably within 2 weeks—in writing to those questions.

Hearing no further business, the hearing is adjourned.

[Whereupon, at 12:07 p.m., the subcommittee was adjourned.]

APPENDIX

QUESTIONS FROM CHAIRWOMAN LAURA RICHARDSON FOR MARCIE ROTH

Question 1. What efforts has the Disability Coordinator taken to meet each of the eleven responsibilities listed for the position in Section 513 of the Homeland Security Act of 2002 (6 U.S.C. 321b)?

Answer.

PKEMRA REQUIREMENT	FEMA ACCOMPLISHMENTS Office of Disability Integration and Coordination 7/1/09-6/15/10	NOT MET	MET	EXCEEDED	ONGOING	COMPLETED
513(b)(1) Providing guidance and coordination on disability in emergency planning requirements and relief efforts.	<p>The ODIC Director has provided disability integration expertise and guidance at approximately 150 external engagements spanning issues such as disability registries, disaster mental health, children, housing, voluntary disaster organizations, emergency communications, rehabilitation engineering, standards for emergency evacuation technologies, and hurricane preparedness.</p> <ul style="list-style-type: none"> • ODIC operates a listserve of 600 disability and emergency management stakeholders, and provided them with updates on preparedness, response, and recovery related issues of importance to children and adults with disabilities, their families, support service providers, and communities. • The ODIC Director has been actively involved in providing guidance and subject matter expertise preparing for and during flooding in several States, the American Samoa tsunami, H1N1 preparedness and response, Haiti earthquake (supporting USAID), west coast tsunami alert (Chile earthquake), Deepwater Horizon (supporting the Coordination Team and the Language Access Team, and more). • ODIC has been actively involved in the development of a Multi-Agency Shelter Assessment tool to assist States in assessing the needs of shelters and their residents in a disaster.	.....	X	.....	X	.....

- ODIC has proposed methods to incorporate disability subject matter experts in FEMA disaster response (such as disability cadres or subject matter experts incorporated into existing FEMA cadres).
- ODIC has begun to develop a FEMA Internal Disability Working Group to engage senior leaders from across the agency in collaborative efforts to integrate and coordinate the disability access and functional needs of our constituents and related issues of our stakeholders and partners.
- ODIC is planning a National Capacity Building Training for Fall, 2010 bringing together emergency managers, disability leaders, and FEMA headquarters and regional staff for intensive cross-training in both disability and emergency management.
- The ODIC Director is providing technical assistance and expert guidance on disability integration in multiple venues within FEMA, such as: FEMA's Regional Offices, FEMA National Advisory Council, the National Disaster Housing Taskforce, the Pandemic Guidance Workgroup, Logistics, the Long Term Disaster Recovery Initiative, and the National Exercise Program's National Level Exercise 11, including the National Council on Disability and State representatives.
- ODIC participated in the creation of a FEMA Children's Working Group, and established a focus within that group on children with disabilities. ODIC is participating in the September, 2010 Children's Summit.

513(b)(2) Interacting with staff at FEMA, National Council on Disability, Interagency Coordinating Council (ICC), and other Federal, State, local, and Tribal governments on disability in emergency planning requirements and relief efforts.

..... X X

PKEMRA REQUIREMENT	FEMA ACCOMPLISHMENTS Office of Disability Integration and Coordination 7/1/09-6/15/10	NOT MET	MET	EXCEEDED	ONGOING	COMPLETED
PKEMRA REQUIREMENT	<p>FEMA ACCOMPLISHMENTS Office of Disability Integration and Coordination 7/1/09-6/15/10</p> <ul style="list-style-type: none"> • ODIC has provided disability integration expertise in multiple FEMA conferences related to Logistics, Mass Care, and External Affairs, and organized outside disability expert presentations at these venues as well. • The FEMA Administrator holds monthly meetings with the National Council on Disability Chair. • FEMA is a sponsor of the National Council on Disability 20th Anniversary ADA Summit, and collaborates with NCD on a host of issues including preparedness, alerts and warnings, National level exercises, disaster housing, functional needs support services, durable medical equipment & consumable medical supplies, and long-term disaster recovery on an ongoing basis. • The ODIC Director holds weekly meetings with the DHS Office for Civil Rights and Civil Liberties (which oversees the Inter-agency Coordinating Council on Emergency Preparedness and Individuals with Disabilities (ICC)), works with the ICC on priority issues, serves on the ICC Health Subcommittee and submitted a chapter on ODIC accomplishments for the ICC Annual Report. • ODIC is establishing a Citizen Corps partnership with the National Council on Independent Living, and assisted Citizen Corps with their Disability Law Webinar on April 10, 2010. 					

<ul style="list-style-type: none"> • ODIC has convened a National work group to assist Mass Care's "just-in-time" capacity for FEMA to provide durable medical equipment and consumable medical supplies upon State requests. • ODIC has on-going meetings with the Department of Justice and the U.S. Access Board. 						
<ul style="list-style-type: none"> • ODIC holds monthly meetings with the National Council on Independent Living Emergency Preparedness Taskforce. 						
<ul style="list-style-type: none"> • ODIC is developing Memorandums of Understanding with the National Council on Independent Living, the Disability Rights Network, American Association of Physical Medicine and Rehabilitation, National Association of Rehabilitation Nurses and the National Association of Technology Act Programs to provide disaster assistance at Disability Recovery Centers. 						
<ul style="list-style-type: none"> • ODIC has convened meetings with the National Center for Law and Economic Justice, the Coalition for Citizens with Disabilities, National Disability Rights Network, the Access to Readiness Coalition and other constituent and stakeholder groups. 						
<ul style="list-style-type: none"> • The ODIC Director presented to the American National Standards Institute on disability integration in emergency evacuation in June, 2010. • The ODIC Director is building relationships with disability researchers in order to stay abreast of findings related to best practices in emergency evacuation and other emergency management issues. 						
<ul style="list-style-type: none"> • 513(b)(3) Consulting with organizations that represent the interests and rights of people with disabilities regarding emergency planning requirements and relief efforts. 						
<ul style="list-style-type: none"> • 513(b)(4) Coordination and dissemination of best practices and model evacuation plans for individuals with disabilities. 						

PKEMRA REQUIREMENT	FEMA ACCOMPLISHMENTS Office of Disability Integration and Coordination 7/1/09-6/15/10	NOT MET	MET	EXCEEDED	ONGOING	COMPLETED
<p>513(b)(5) Development of training materials and a curriculum for training of emergency response providers, State, local, and Tribal government officials, and others.</p>	<p>The ODIC Director met with the Principal Investigator for a study on Disability and Evacuation in June 2010.</p> <p>The ODIC is working with FEMA's Mass Care Section to identify and acquire universal cots that will enable people with disabilities to shelter at general population shelters instead of being sent to medical facilities.</p> <p>ODIC Director is providing subject matter expertise to a FEMA/Harvard team working on a technology tool to assist with tracking people with mobility disabilities throughout their evacuation.</p> <p>ODIC collaborated with NCD, DOJ, the Red Cross, the National Council on Independent Living, National Disability Rights Network and various States and regions to develop <i>Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters</i>. Document release is expected soon. Training for the States on this Guidance starts in July, 2010.</p> <p>ODIC participated in integrating Comprehensive Preparedness Guidelines (CPG) 301 (Special Needs) into CPG 101.1. document release is expected soon.</p> <p>ODIC has participated with Mass Care in developing curriculum for training FEMA Regions, States, Emergency Managers and Shelter Planners on <i>Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters</i>.</p>	.....	X	.....	X	.....

<ul style="list-style-type: none"> • ODIC and the U.S. Department of Justice provided training to FEMA's Emergency Management Institute staff on disability rights laws and the integration of disability issues into emergency management training materials. • ODIC is currently gathering preparedness best practices from our State partners and disability groups and will share these tools on the ODIC website. • ODIC is providing guidance to FEMA's READY Division to enhance ready.gov information on disability and emergency preparedness. • ODIC is working with the U.S. Department of Labor to plan a new emergency management section on disability.gov website. • ODIC is working with the ICC on DisabilityPreparedness.Gov. • ODIC has developed its own website to provide information and guidance regarding emergency management and disability. • ODIC has provided guidance to FEMA's External Affairs team and throughout FEMA on web accessibility. • ODIC has provided guidance to FEMA's External Affairs team on hotline accessibility and providing accurate public information. • ODIC has been working with the FEMA External Affairs team, the FCC and the ICC Subcommittee on Emergency Communications on accessible emergency information. 	<p>.....</p> <p>X</p> <p>.....</p> <p>X</p> <p>.....</p> <p>X</p> <p>.....</p> <p>X</p> <p>.....</p> <p>X</p>	<p>.....</p> <p>X</p> <p>.....</p> <p>X</p> <p>.....</p> <p>X</p> <p>.....</p> <p>X</p>	<p>.....</p> <p>X</p> <p>.....</p> <p>X</p> <p>.....</p> <p>X</p> <p>.....</p> <p>X</p>	<p>513(b)(6) Promoting the accessibility of telephone hotlines and websites.</p>	<p>513(b)(7) Working to ensure that video programming distributors, including broadcasters, cable operators, and satellite television services, make emergency information accessible to individuals with hearing and vision disabilities.</p>
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PKEMRA REQUIREMENT	FEMA ACCOMPLISHMENTS Office of Disability Integration and Coordination 7/1/09-6/15/10	NOT MET	MET	EXCEEDED	ONGOING	COMPLETED
<p>513(b)(8) Ensuring the availability of accessible transportation options for individuals with disabilities in the event of an evacuation.</p>	<ul style="list-style-type: none"> • ODIC is coordinating with FEMA's Integrated Public Alerts and Warning System Program Office, research and development experts in emergency communications, the National Council on Disability and the FCC to address accessible emergency communications. • ODIC and the National Continuity Programs Directorate convened a meeting of subject matter experts to discuss IPAWS and making emergency information accessible to individuals with hearing and vision disabilities. • Met with National group of paratransit providers to discuss their role in evacuation. 	X			X	
<p>513(b)(9) Providing guidance and implementing policies to ensure that the rights and wishes of individuals with disabilities regarding post-evacuation residency and relocation are respected.</p>	<ul style="list-style-type: none"> • Working with the ICC on accessible evacuation transportation issues. • Currently providing input into the National Mass Evacuation Tracking System. • Discussions with Federal partners about evacuation-related transportation issues to identify current initiatives and needs. • Advising FEMA ESF8, USTRANSCOM/DOD on air evacuation planning as it affects people with disabilities, their durable medical equipment and personal assistance/family member(s). • Led National efforts in collaboration with the ICC to engage the involvement of disability organizations and constituents in the development of the National Long Term Disaster Recovery Framework. • Actively participated as a member of the National Disaster Housing Task Force. 		X		X	

<p>513(b)(10) Ensuring that the needs of individuals with disabilities are included in the components of the National preparedness system.</p>	<ul style="list-style-type: none"> • ODIC collaborated with the National Preparedness Directorate (NPD) and the Community Preparedness Task Force to include a disability subject matter expert (Angela English, Executive Director, TX Governor's Office on Disability). • Working with NPD on several documents including integrating CPG 301 into CPG 101.1. • Actively presenting preparedness information at National and regional preparedness conferences. • Assisting READY.Gov to include the preparedness needs of children and adults with disabilities in all preparedness initiatives. 	<p>.....</p> <p>X</p> <p>.....</p> <p>X</p>
<p>513(b)(11) Any other duties as assigned by the administrator.</p>	<ul style="list-style-type: none"> • FEMA's Senior Advisor for Disability Issues established the Office of Disability Integration and Coordination, securing liaisons with multiple FEMA offices and arranging for interns and detailees to staff the office. • Assisting the agency in identifying universal design cots to accommodate individuals with mobility disabilities in general population shelters. • Active involvement in the FEMA Children's Working Group to ensure that children with disabilities are included in all children's initiatives. • Serving on the administrator's Senior Leaders Team. • Serving on the deputy administrator's Investment Review Board. • Assisting the administrator with catastrophic planning considerations to include children and adults with disabilities. 	<p>.....</p> <p>X</p> <p>.....</p> <p>X</p>

Question 2. Please describe the number of staff as well as a brief job description for each person that works within or supports, including part time and non-paid personnel, the Office of Disability Integration and Coordination.

Answer.

OFFICE OF DISABILITY INTEGRATION AND COORDINATION
HEADQUARTERS STAFFING

Role	Anticipated End Date	Base	Percent with ODIC
Director	Ongoing	ODIC	100
Office Manager	12/8/10	Detail—VA NPSE	100
Community Liaison	10/1/10	Detail—MD NPSE	100
Intern	8/7/10	STEP	100

In addition, ODIC has the support of other FEMA staff who are not staffed directly in the ODIC. Specifically, FEMA External Affairs, FEMA's Office of Chief Counsel, and FEMA Recovery Division Offices including Mass Care and Correspondence, each have a liaison dedicated to working specifically with ODIC.

Question 3. Please provide an update on the status of FEMA's Comprehensive Planning Guidance 301 (Special Needs Planning), including when it will be integrated into CPG 101 and publicly released.

Answer. FEMA CPG 101 and the interim documents 301 and 302, are current public documents that will remain valid and in effect until the release of the revised comprehensive CPG 101.1. FEMA has taken great care to solicit input from relevant stakeholders. The revised CPG 101 (CPG101.1) is under review and is expected to be released soon.

Question 4. Please describe which regions currently have full-time Disability Coordinators. For those regions without a Disability Coordinator, please describe what position within the region also serves in the capacity of the Disability Coordinator.

Answer. Each of the 10 FEMA Regions has at least one Point of Contact who works on disability issues and coordinates with ODIC. Regions II, V, VI, VII and IX have two positions and Regions III and IV have three. ODIC assists regional staff working with disability integration issues by providing training, capacity building, and the opportunity to share ideas. ODIC is planning a National conference to be held in Washington, DC in the early fall of this year that will bring these regional staff members together with their State counterparts and relevant subject matter experts to provide a strong beginning to this collaborative National effort.

Question 5. For those individuals with a disability that must shelter in place during a disaster, what plans does FEMA have to ensure rescue workers and Government officials are made aware of each person's location and needs?

Answer. FEMA provides guidance to States in support of their plan to meet the needs of all of their citizens who must shelter in place. This information is currently available in Comprehensive Preparedness Guide (CPG) 101, and Interim CPG 301 and has been included in the draft version of document, CPG 101.1. In addition, the Office of Disability Integration and Coordination is offering training this summer to expand and strengthen relationships between disability organizations and emergency managers and planners so they can work together to integrate resources and accommodate everyone during a disaster.

FEMA is committed to helping people with disabilities remain independent and self-sufficient before, during, and after an emergency. The agency provides guidance to all individuals as they develop their personal preparedness plans, including those for people with disabilities and access and functional needs, on *www.Ready.gov*. FEMA also assists State and local governments, as well as organizations and individuals, to prepare and plan to address the needs of all of their citizens in an emergency or disaster.

FEMA also works with subject matter experts to expand the use of promising and best practices in preparedness, alerts and warnings, evacuation, transportation and sheltering, and other aspects of the emergency life cycle to incorporate integrated emergency management practices that are inclusive of children and adults with access and functional needs, including individuals with disabilities.