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Committee on Homeland Security
Subcommittee on Emergency Communications, Preparedness, and Response
“Citizen Preparedness: Helping Our Communities Help Themselves”

**Testimony Presented to the Subcommittee on Emergency Communications,
Preparedness, and Response of the House Committee on Homeland Security
Hearing, "Citizen Preparedness: Helping Our Communities Help Themselves"**

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I. Background

The National Council on Disability (NCD) is an independent federal agency making recommendations to the President and Congress to enhance the quality of life for all Americans with disabilities and their families. NCD is composed of 15 members appointed by the President and confirmed by the U.S. Senate. In 2003, NCD committed itself to evaluating government's developing role and work in the areas of homeland security, emergency preparation and disaster relief. This commitment occurred, in large measure, as a result of the man-made homeland security terrorist event of September 11, 2001, and the creation of a new Executive Branch agency - i.e., the U.S. Department of Homeland Security. NCD's first evaluation findings were issued in April of 2005 in the report, *Saving Lives: Including People with Disabilities in Emergency Planning* (http://www.ncd.gov/newsroom/publications/2005/saving_lives.htm).

I would like to bring to your attention the following information that was included in the letter of transmittal to the President that accompanied NCD's *Saving Lives* report. "All too often in emergency situations the legitimate concerns of people with disabilities are overlooked or swept aside. In areas ranging from the accessibility of emergency information to the evacuation plans for high-rise buildings, great urgency surrounds the need for responding to these people's concerns in all planning, preparedness, response, recovery, and mitigation activities."

Saving Lives was eerily prophetic. At a Congressional Briefing on November 10, 2005, according to Representative Jim Ramstad, Co-Chair of the Congressional Bipartisan Disability Caucus, "Certainly, the disaster in the Gulf Coast region exposed the enormous gaps in the emergency planning preparedness and management for people with disabilities. ...In a truly remarkable show of foresight, the National Council on Disability (NCD) released a report last April outlining steps that the federal government should take to include people with disabilities in emergency preparedness, disaster relief, and homeland security."

Saving Lives provided examples of emergency preparation and disaster relief efforts that work. It provided an overview of steps the Federal Government must take to include people with disabilities in America's emergency preparedness, disaster relief, and homeland security programs. These steps involve access to technology, physical plants, programs, and communications, procurement and emergency programs and services.

Subsequent events also have contributed to NCD's ongoing interest and concern, including: the recent energy blackouts in the U.S. Northeast and Midwest, the Asian tsunami of December 26, 2004, and the hurricane disasters of 2005 in the Gulf Coast. The Kaiser Family Foundation took a poll of people from New Orleans who were evacuated to the Astrodome, asking, "Which of these was the biggest reason you did not leave (New Orleans earlier)?" 22 percent of the respondents said, "I was physically unable to leave." In addition, 23 percent said, "I had to care for someone who was unable to leave." Together this makes 45 percent of the people who did not leave New Orleans early due to disability-related reasons.

Also of note, in April of 2004, the California State Independent Living Council delivered a report to Governor Schwarzenegger detailing the treatment of people with disabilities during the 2003 firestorms. That report indicated that many of California's 19 percent of persons with disabilities were unable to evacuate themselves because of poor notification methods. In March 2005, newspapers in Virginia and Maryland reported on concerns raised by parents and students about public school systems' use of strategies to determine whether to evacuate or not evacuate students during fire emergency situations. Additionally, a March 2005 Fire Chief article describes a survey of 30 cities/counties where natural or man-made disasters occurred between 1999 and 2004. The survey revealed that emergency managers still don't have a good handle on where people with disabilities are, and how to find ways to rescue and then accommodate them when they get to a place of safety.

All of these natural and man-made disasters underscore the need to maintain a critical focus on improving the quality of our nation's homeland security, emergency preparedness and disaster relief systems and efforts, at all levels, and for all people.

II. Key Issues

Based on NCD's own research over the past 3 years in the area of homeland security, as well as Congressional and Executive Branch investigations, NCD identified a number of key issues as critical and related to people with disabilities. The key issues are as follows:

- People with disabilities frequently encounter barriers to physical plants, communications, and programs in shelters and recovery centers and in other facilities or with devices used in connection with disaster operations such as first aid stations, mass feeding areas, portable payphone stations, portable toilets, and temporary housing.
- Many of these barriers are not new. Information and lessons learned are not shared across agency lines, and thus experience does not enlighten the development of new practices.
- Many accessibility lessons learned during previous disasters are not incorporated in subsequent planning, preparedness, response, and recovery activities.

- People with disabilities are too often left out of preparedness and planning activities. These activities include analyzing and documenting the possibility of an emergency or disaster and the potential consequences or impacts on life and/or property.
- Disaster preparedness and response systems are usually designed for people without disabilities, for whom escape or rescue involves walking, running, driving, seeing, hearing, and responding quickly to instructions and evacuation announcements.
- Access to emergency public warnings, as well as preparedness and mitigation information and materials, does not adequately include people who cannot depend on sight and hearing to receive their information.
- The strengths and skills of community-based organizations (CBOs) serving people with disabilities are not well integrated into the emergency service plans and strategies of local government. Emergency managers need to strengthen their relationships with these organizations by recruiting, encouraging, and providing funding and incentives to CBOs so that they can participate and assist in disaster preparedness and relief.

III. How Have We Responded, As A Nation, to These Key Issues?

Over the past several years, there has been much work that government at all levels - as well as private sector entities - has undertaken: such as attempting to strengthen the nation's emergency preparedness system, emergency communications infrastructure (e.g., the emergency alert system and all-hazard warnings), and public safety communications networks, to name just a few examples.

Not surprisingly, over the past three years, federal policymakers have used NCD's research and input and lessons learned to design promising solutions. In addition, and as a result of Congressional hearings and Executive Branch evaluations of America's response to Katrina and Rita, a specific set of legislated federal policy and organizational changes that will affect Americans with disabilities have been made.

For example, a number of critical changes were enumerated in the Homeland Security Appropriations bill (H.R. 5441) signed by President Bush on October 4, 2006. Some of the more notable changes targeted to Americans with disabilities are that the Administrator of the Federal Emergency Management Agency (FEMA):

1. Will appoint a Disability Coordinator who will assess the coordination of emergency management policies and practices;
2. Will interact with stakeholders regarding emergency planning requirements and relief efforts in case of disaster;
3. Will revise and update guidelines for government disaster emergency preparedness;

4. Will carry out and will test or evaluate a national training program to implement the national preparedness goal, National Incident Management System, and National Response Plan;
5. Will assess the Nation's prevention capabilities and overall preparedness, including operational readiness;
6. Will identify and share best practices, after-action reports to participants, and conduct long-term trend analysis;
7. Will coordinate and maintain a National Disaster Housing Strategy;
8. Will develop accessibility guidelines for communications and programs in shelters and recovery centers;
9. Will set up evacuations standards and requirements, and help all levels of government in the planning of evacuation facilities that house people with disabilities.

A few critical changes were also recently introduced as a result of the Pets Evacuation and Transportation Standards Act of 2006 (PETS Act). The PETS Act requires FEMA to ensure that state and local emergency preparedness operational and evacuation plans take into account the needs of individuals with household pets and service animals before, during, and after a major disaster or emergency.

The challenges faced by people with disabilities - and their governments - during and after the Hurricanes, while unique in scope and proportion, were similar to the challenges people with disabilities face on a day-to-day basis. Our nation must continue to build on its commitment to creating a critical infrastructure that incorporates access to emergency programs and services and includes physical, program, communication, and technological access for people with disabilities. When America embraces the twin principles of inclusion and accessibility for everyday programs, policies, and infrastructure, Americans with disabilities surely will be counted among the survivors of the next disasters.

IV. Additional Information and Recommendations from NCD's *Saving Lives* Report

A. From the Executive Summary

I would like to bring the following information from the Executive Summary of the *Saving Lives* report (http://www.ncd.gov/newsroom/publications/2005/saving_lives.htm#executive) to the attention of the Subcommittee.

The decisions the Federal Government makes, the priority it accords civil rights, and the methods it adopts to ensure uniformity in the ways agencies handle their disability-related responsibilities are likely to be established in the early days of an emergency situation and be difficult to change if not set on the right course at the outset. By way of the *Saving Lives* report, NCD offers advice to help the Federal Government establish policies and practices in these areas. The report also gives examples of community efforts to take

account of the needs of people with disabilities, but by no means does it provide a comprehensive treatment of the emergency preparedness, disaster relief, or homeland security program efforts by state and local governments.

This report provides an overview of steps the Federal Government should take to build a solid and resilient infrastructure that will enable the government to include the diverse populations of people with disabilities in emergency preparedness, disaster relief, and homeland security programs. This infrastructure incorporates access to technology, physical plants, programs, and communications. It also includes procurement and emergency programs and services.

The report's recommendations urge the Federal Government to influence its state and local government partners, as well as community-based partners, to assume major roles in implementing key recommendations.

Who Are People with Disabilities?

Individuals with disabilities make up a sizable portion of the general population of the United States. According to the U.S. Census of 2000, they represent 19.3 percent of the 257.2 million people ages 5 and older in the civilian noninstitutionalized population, or nearly one person in five.

In disaster management activities it is important to think about disability broadly. Traditional narrow definitions of disability are not appropriate. The term disability does not apply just to people whose disabilities are noticeable, such as wheelchair users and people who are blind or deaf. The term also applies to people with heart disease, emotional or psychiatric conditions, arthritis, significant allergies, asthma, multiple chemical sensitivities, respiratory conditions, and some visual, hearing, and cognitive disabilities.

Adopting a broad definition leaves no one behind, and the imperative is clear that emergency managers address the broad spectrum of disability and activity limitation issues. People with disabilities should be able to use the same services as do other residents of the community in which they live. Although they may need additional services, the emergency management system must work to build provisions for these services into its plans so that people with disabilities are not excluded from services available to the rest of the community. If planning does not embrace the value that everyone should survive, they will not.

B. Role of Community-Based Organizations (CBOs)

In Part III of the *Saving Lives* report, NCD discusses the role of CBOs in effective emergency preparedness planning.

(http://www.ncd.gov/newsroom/publications/2005/saving_lives.htm#disasters)

CBOs are local organizations (usually nonprofit) serving the needs of specific populations within the community. They represent a vast array of human and social service organizations, faith-based organizations, and neighborhood associations.

Experiences of CBOs in Disasters

These are a few of many examples of the experiences of CBOs in disaster mitigation, preparedness, and response:

- After Hurricane Andrew in Florida in 1991, no plans existed for people with disabilities who use group homes, residential programs, day programs, and other supportive communities and environments to continue to receive the assistance and services that were essential for their daily living.
- Service organizations lacked emergency plans that would have enabled them to locate the people they work with and inquire about their needs.
- Group homes did not have plans for emergency housing of residents, with the result that some people were reinstitutionalized.
- There were few disability-specific agencies to pitch in and help the affected areas.
- After the 1997 Minnesota Red River flood, many people with disabilities were displaced from their homes. Finding no housing and other resources to meet their needs, people in Grand Forks and East Grand Forks had to band together with CBOs to find ways to meet individual needs and design a recovery plan.

Networking with Other CBOs and Government Emergency Response Agencies

On 9/11 the executive director of CIDNY (the Center for Independence of the Disabled, New York) watched the World Trade Towers collapse. “An act of war happened down the street from us!” CIDNY was simply not prepared to handle a disaster of this magnitude. “I think we were on the right track with everything we’ve been doing [beginning to plan for emergencies]. I wish we had been further along.”

“I wish we’d had a stronger relationship with all the other community-based agencies so we could coordinate efforts,” CIDNY’s executive director said. “The time to build relationships is not in the middle of a crisis. I wish we’d paid more attention to efforts to include people with disabilities in disaster planning. I wish we’d had better mechanisms in place to get the word out that we exist and what we can do for people who need help.”

Before September 11, CIDNY had no relationship with the big players—FEMA, the Red Cross, and many other local, state, and federal assistance agencies. Now the big players realize that the independent living community has a responsibility to educate and work with these agencies on an ongoing basis.

An important lesson these agencies learned after 9/11 was not to trust that the needs of their clients would be met by emergency management personnel during an emergency. Emergency personnel do not have the knowledge or the resources to provide all the necessary services to these populations. People with disabilities should not assume that

emergency and relief agencies understand accessibility, accommodations, communication, transportation issues, or any other aspect of disability or independent living. If people with disabilities haven't worked to raise the awareness of emergency personnel before the emergency, people can plan to spend a lot of time educating them in the midst of the crisis.

In the past, CIDNY had been invited to participate in various emergency preparedness meetings; but in the day-to-day reality of providing independent living services after 9/11, those meetings were not given much priority. That has changed now, and CIDNY hopes to build on the relationships and learning that have occurred since 9/11.

Individual Preparedness Plans for People with Disabilities

CIDNY will also pay more attention to helping consumers develop personal emergency preparedness plans. The executive director explains, "We've come to know a lot of people who were doing their own things and had successfully created their own support networks. When their support systems crumbled," as they so dramatically did, "many still thought they could work things out themselves. But as things dragged on, they found they needed assistance."

Funding

Federal and state legislation is often a major obstacle because it is not geared toward emergency response. Social services agencies often are reluctant to take on added responsibility during a disaster because spending additional money may leave them unable to provide basic services to their clients for the rest of the fiscal year. Private nonprofit organizations and private for-profit organizations are not eligible for reimbursement from federal disaster funds unless they are mandated or identified before a disaster by a local or state agency to have specific disaster responsibilities.

CIDNY's first attempts to get the attention of FEMA and the Red Cross were hampered by the general lack of understanding about the diverse, and sometimes complex, needs of people with disabilities. The funding organization was finally convinced after CIDNY submitted a grant application explicitly detailing real-life examples of the problems people are facing and the center for independent living's unique capability to understand and help resolve those problems.

Shortly after 9/11, CIDNY staff and volunteers started a log to track the multitude of contacts and requests for assistance. This is a sampling of log notations from November 5, 2001. It is a chronicle of the diverse ways people with disabilities were affected when New York City's complex system of services and supports collapsed in the aftermath of the attack on the World Trade Center.

- ...young architect has multiple sclerosis...uses a scooter that he had to leave behind...went to parents' home...60-year-old father carrying him up and down stairs daily...

- ...has CP...uses walker...was told he would have to walk from Brooklyn Bridge or Canal Street to his school...
- ...had to stay in the hospital because there was no way to get back and forth for dialysis...
- ...21-year-old woman with significant traumatic brain injury...witnessed WTC collapse and is traumatized...has no food/income...is scared and highly vulnerable...
- ...claims she has made 36 trips to four different Red Cross centers...
- ...consumer with lung and brain cancer was displaced from her home...currently staying in hotel...needs transportation to her medical appointment next week...

Recognizing the Value and Talent of CBOs in Disaster Activities

Although local, state, regional, and federal government agencies play a major role in disaster planning and response, traditional government response agencies are often ill-equipped to respond to the needs of vulnerable populations. The traditional response and recovery systems often are unable to satisfy many human needs successfully. The usual approach to delivering emergency services does not always provide the essential services for segments of the population.

It is critical for emergency preparedness and response plans to address and accommodate all individuals, including vulnerable populations. Numerous agencies and organizations exist that have extensive knowledge and expertise on the needs of these populations. CBOs are often a part of naturally occurring local networks, which are powerful support tools.

CBOs have unique and credible connections with—and expertise in delivering services to—people with disabilities and activity limitations. This unique know-how and understanding can be a valuable resource during planning, preparedness, response, recovery, and mitigation activities. CBOs should be included as partners in working with local, state, regional, and federal public and private response agencies to deal more effectively with and understand the needs, geography, demographics, and resources of their local areas.

Emergency managers generally have little knowledge about the needs of people with disabilities. “To effectively provide services to these populations and meet the requirements for accommodations under ADA, emergency managers must understand the needs of these groups, the social services mechanisms that are in place to serve them, and how to work with social service agencies to integrate these mechanisms into emergency planning.”

The social services network for people with disabilities is based on categorical needs and therefore is fragmented. As a result, it is not easy to make this network fit into a network to provide general services. No single specific-needs system exists, and agencies that provide services to a particular group of people often are unaware of agencies with similar missions for other groups.

Disability-specific CBOs often:

- Are able to assist in preparedness planning and disaster assistance because they know and can protect best the specific interests and needs of groups that they assist on a daily basis.
- Know best how to reach out to the populations they assist.
- Have the most current records.
- Are accessible in terms of design and layout of facilities, environmental needs such as indoor air quality and temperature, and communication—the way information is delivered through signage, technology, interpersonal exchanges, sign language interpreters, picture books for people with cognitive disabilities, and materials in alternative formats (e.g., Braille, large print, disks, audio cassettes).
- Are able to distribute supplies and administer emergency aid.
- Can serve as satellite distribution sites to provide alternatives, for some individuals, to traditional shelters.
- Because effective disaster response always takes place locally, the challenge for emergency management professionals is to integrate the CBOs' skill and knowledge into the emergency service plans and strategy, and connect them to local government. Emergency managers need to recognize, recruit, encourage, and provide funding and incentives so that CBOs can participate in disaster preparedness and relief.

Working with CBOs as partners in disaster response and relief does not relieve government responsibility. It augments government efforts and forms a critical partnership with the community. The Department of Homeland Security (DHS) should value and offer funding and other incentives to encourage CBOs to become involved in disaster activities.

CBOs can do the following:

- Develop organization disaster plans that include information about how CBOs can survive a disaster and continue to serve people.
- Participate in Community Emergency Response Teams and Citizen Corps.
- Participate in cross-training with disaster response personnel and disability-specific organizations personnel so both groups gain a better understanding of each other's expertise and roles and can plan together for a coordinated response.
- Assist the people they support in developing individual and family preparedness and mitigation plans.
- Preestablish contracts so that CBOs are not encumbered by procedural delays. Such contracts would allow emergency response funds—from local, state, regional, and Federal Government agencies as well as foundations and corporations—to be immediately appropriated and used. This would allow for quick deployment of disability-specific relief services. For example, relocation to shelters might not be needed if such backup services were available. Provision

through contracts for backup electrical units, such as standalone or portable generators to reactivate or recharge assistive devices, elevators, and appliances, can alleviate overcrowding at shelters and help people with disabilities remain in their home or communities in potentially safer and more accessible environments.

CBOs have an important role to play in helping develop and implement state and local emergency plans, to help communities prepare and respond to natural and man-made disasters.

V. Emergency Preparedness Issues and Disaster Planning for People with Mental Health Issues

In July of 2006, NCD released *The Needs of People with Psychiatric Disabilities During and After Hurricanes Katrina and Rita: Position Paper and Recommendations* (<http://www.ncd.gov/newsroom/publications/2006/peopleneeds.htm>), which examined the aftermath of Hurricanes Katrina and Rita, and the emotional as well as physical toll these storms wreaked on residents of the Gulf Coast region, and on hurricane survivors with mental health needs, in particular.

For hurricane survivors with psychiatric disabilities, the hurricanes' destruction resulted in "trauma that didn't last 24 hours, then go away. ... It goes on and on." Some of these challenges were unavoidable. As one government official said, "No one ever planned for 'what happens when your social service infrastructure is completely wiped out.'" Nonetheless, many of the problems could have been avoided with proper planning. As NCD predicted in its 2005 report, *Saving Lives*, "[i]f planning does not embrace the value that everyone should survive, they will not."

Major Recommendations

Nondiscrimination in the Administration of Emergency Services

The federal National Response Plan and state and local emergency plans should require that services and shelters be accessible to people with disabilities, including people with psychiatric disabilities (who live independently or in congregate living situations such as hospitals, group homes, or assisted living), in compliance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. State plans should be reviewed by independent disability experts familiar with that state.

Plans for the Evacuation of People with Psychiatric Disabilities

Evacuation planners should have a plan that (a) tracks the transfer of residents of group homes and psychiatric facilities; (b) maintains contact between people with psychiatric disabilities and their family members and caretakers; (c) helps facilitate the return of evacuees to their homes; (d) ensures that sites that receive evacuees are equipped to meet the needs of people with psychiatric disabilities; and (e) prevents the inappropriate institutionalization of evacuees with psychiatric disabilities.

Inclusion of People with Psychiatric Disabilities in Emergency Planning

People with psychiatric disabilities must be involved at every stage of disaster and evacuation planning and with the administration of relief and recovery efforts. Communities should develop interagency, multi-level disaster planning coalitions that include people with disabilities.

Person or Office Responsible for Disability Issues During Disasters

A single person or office must be responsible, accountable and able to make decisions related to disability issues. This person or office would be responsible for training first responders and organizing disability-specific evacuation, relief and recovery efforts. This person or office would also serve as a communication link between people with disabilities and the respective local, state or federal government.

Disaster Relief Should Continue for at least Two Years After the Disaster

Relief and recovery efforts should continue for at least two years from the date of the disaster, including Medicaid waivers, HUD housing waivers, and FEMA housing for people with disabilities. Disasters often result in long-term psychiatric consequences for people, and in some cases, the traumatic impact of the disaster does not manifest itself until many months or years later. Additionally, the social service infrastructure in some locations was utterly wiped out. Emergency planners should ensure treatment continuity by planning for relief services to be available for at least two years after the disaster.

VI. Additional Recommendations

In August of 2006, NCD released *The Impact of Hurricanes Katrina and Rita on People with Disabilities: A Look Back and Remaining Challenges* (http://www.ncd.gov/newsroom/publications/2006/hurricanes_impact.htm#preparedness). The paper revisited the effects of Hurricanes Katrina and Rita on the lives of people who lived in the Gulf Coast region.

Recommendations for Emergency Preparedness

In conjunction with the recommendations delineated in NCD's *Saving Lives* report and other pertinent NCD reports on inclusive transportation and community design, including the 2006 *National Disability Policy: A Progress Report*, (http://www.ncd.gov/newsroom/publications/2006/progress_report.htm) NCD made the following recommendations:

- Congress should amend the Stafford Act to increase the funds or loan amounts that are available to hurricane victims who rebuild their homes according to accessibility standards, e.g. S. 2124, H.R. 4704 (109th Congress).

- Congress should establish an office or person within DHS who is solely responsible for disability issues and who reports directly to the Secretary, e.g. S. 2124, H.R. 4704 (109th Congress).
- Congress should waive the Medicaid citizenship documentation requirement for hurricane survivors.
- Congress should adopt the principles embodied in *Livable Communities* to guide the provision of reconstruction funds, promoting a Gulf Coast that includes:
 - Affordable, appropriate, accessible housing
 - Accessible, affordable, reliable, safe transportation
 - Physical environments adjusted for inclusiveness and accessibility
 - Work, volunteer, and education opportunities
 - Access to key health and support services
 - Access to civic, cultural, social, and recreational activities
- Congress should require the inclusion of people with disabilities in the creation of the National Response Plan, e.g. RESPOND Act (H.R. 5316, 109th Congress) that would require NCD to review and revise the National Response Plan.
- Congress should consider how the National Disaster Medical Systems may be expanded or modified to include the critical evacuation needs of nursing home residents.
- Congress should consider how nursing home accreditation programs, e.g. Medicaid and Medicare or the Joint Commission on Accreditation of Healthcare Organizations could be strengthened to ensure the evacuation of people in nursing homes in times of emergency.
- Congress should review all emergency planning mechanisms with a view to incorporating procedural and outreach provisions aimed at guaranteeing timely participation in preparedness planning by individuals with disabilities and groups representing them, and so as to maximize the responsiveness of plans, emergency services and emergency response practices to the issues facing these citizens. Congress should also provide for monitoring of the effectiveness of these procedures, so that any lack of timely and effective input can be quickly identified and remedied. Persons with disabilities should play a leading role in this monitoring.

Communities and City Governments

- Establish voluntary self-registries to facilitate the provision of emergency services people with disabilities, such as evacuation.
- Include people with disabilities in emergency planning at all levels.
- Ensure that emergency plans are well coordinated among other state, federal and non-governmental entities.
- Develop a communications plan to ensure that people with disabilities are familiar with local emergency preparedness plans.
- Establish an office or person who is solely responsible for disability issues.

Non-Profit and Community Based Organizations

- The American Red Cross should establish an office or person responsible solely for disability issues who reports directly to the Red Cross CEO.
- The American Red Cross should ensure that shelters and other emergency services are compliant with the ADA and Sections 504 and 508 of the Rehabilitation Act. NCD recognizes that the American Red Cross does not have the licensure to meet the needs of “individuals who require care in an institutionalized setting,” but the “reality is that people with special needs will show up at public shelters... the American Red Cross needs to be prepared to assist these individuals until they can be moved somewhere else” and cannot avoid the legal responsibility to admit people who do not require care in an institutionalized setting.
- The American Red Cross should continue to improve its volunteer training programs to ensure that shelter staff is familiar with disability issues.
- Community based organizations that wish to donate resources, e.g. wheelchairs and medical supplies, to disaster stricken areas, should coordinate with federal agencies and national organizations to distribute supplies in an efficient manner.

In conclusion, NCD wishes to highlight two key recommendations from the 2005 *Saving Lives* report and the 2006 update, *A Look Back*. First, people with disabilities, including psychiatric disabilities, must be included in emergency planning and in relief efforts. Emergency management planners should not merely plan *about* people with disabilities; rather they must plan *with* people with disabilities. Second, emergency management planners at the local, state and federal levels must remember that federal laws and policies require that emergency services be administered in a nondiscriminatory fashion. The ADA and Section 504 require evacuation services and emergency shelters to be accessible to people with disabilities. Congress and the President should ensure that federal funds are used only for nondiscriminatory emergency services and relief and recovery efforts. As we plan to ensure that all people, regardless of disability, survive catastrophes such as Hurricanes Katrina and Rita, we will incorporate the principles of inclusion and nondiscrimination into our national consciousness.

Thank you for the opportunity to speak to the House Committee on Homeland Security’s Subcommittee on Emergency Communications Preparedness and Response on this important subject.