

March 13, 2020

The Hon. Peter DeFazio, Chairman
Committee on Transportation and Infrastructure
U.S. House of Representatives
Washington, DC 20515

The Hon. Sam Graves
Ranking Member
Committee on Transportation and Infrastructure
U.S. House of Representatives
Washington, DC 20515

The Hon. Dina Titus, Chairwoman
Subcommittee on Economic Development,
Public Buildings & Emergency Mgmt.
Committee on Transportation and Infrastructure
U.S. House of Representatives
Washington, DC 20515

The Hon. Mark Meadows
Ranking Member
Subcommittee on Economic Development,
Public Buildings and Emergency Management
Committee on Transportation and Infrastructure
U.S. House of Representatives
Washington, DC 20515

The Hon. Gary Palmer
Subcommittee on Economic Development,
Public Buildings & Emergency Mgmt.
Committee on Transportation and Infrastructure
U.S. House of Representatives
Washington, DC 20515

Dear Chairs DeFazio and Titus, Ranking Members Graves, Meadows and Palmer:

As the nation grapples with the growing COVID-19 [coronavirus] outbreak, the undersigned disability advocacy organizations urge you, as policymakers responsible for overseeing federal disaster response programs, to ensure that the rights and needs of people with disabilities and those with access and functional needs are taken into account in this latest emergency. There are sixty-one million Americans with disabilities and we believe the time has come for your committees to act on legislation that will improve the inclusion of individuals with disabilities in preparing for, responding to and recovering from major disasters.

We have already witnessed repeated briefings about the spread of COVID-19 in which no American Sign Language interpreter or captioning is visible on screen so that people who are deaf or hard of hearing can be informed of the latest news about the illness and the actions they must take for their own safety and the safety of others. An individual who was evacuated from an affected cruise ship and quarantined on a military base wrote recently about the moldy, musty room in which her family was placed. If people with compromised immune systems or cardiopulmonary illnesses are placed in such circumstances, this could be damaging to their health. Some communities are exploring the purchase or possible lease of empty motels or hotels to house people in quarantine and isolation for exposure and treatment of coronavirus to free up space in hospitals. There is no indication whether those communities are going to ensure those facilities, programs and services are accessible to people with disabilities. Many people with disabilities depend on personal care attendants (PCAs) or prescription medications for which they may have only limited quantities. If they are unable to access these vital services and supports in a timely fashion, this could result in severe harm or even death for people with disabilities.

The Real Emergency Access for Aging and Disability Inclusion (REAADI) for Disasters Act, H.R. 3208, and S. 1755 would address and advance solutions for many of the problems we see arising in the response to COVID-19. Had this legislation been enacted, the National Commission on Aging, Disability and Disasters would be positioned to offer critical and timely guidance and direction to federal, state, tribal, territorial and local agencies responding to this public health emergency. Other provisions in the bill would provide technical assistance to covered recipients and sub-recipients of federal funds to comply with the Rehabilitation Act and Americans with Disabilities Act (ADA) and would allow for contracts with Centers for Independent Living to assist recipients to ensure that programs, facilities, communication and services are accessible to individuals with disabilities, older adults and others with access and functional limitations. H.R. 3208 and S. 1755 would also offer financial support for creation of centers for training and technical assistance to state, tribal, territorial and local emergency management, public health and social service agencies to aid these agencies in serving covered individuals in the most integrated settings appropriate to their needs. These centers would also be tasked with researching and disseminating information about promising and good practices for protecting the civil rights of people with disabilities in COVID-19 and future public health emergencies and disasters.

By advancing this legislation, your committees can demonstrate their commitment to protecting the health, safety and civil rights of people with disabilities. The time for action is now.

American Association on Health and Disability
American Network of Community Options & Resources (ANCOR)
American Occupational Therapy Association
American Speech-Language-Hearing Association
American Therapeutic Recreation Association
APSE
Association of Assistive Technology Act Programs
Association of University Centers on Disability
Autism Society of America
Brain Injury Association of America

Center for Public Representation
Christopher and Dana Reeve Foundation
Disability Rights Education & Defense Fund
Easterseals
Lakeshore Foundation
National Association of Councils on Developmental Disabilities
National Association of State Head injury Administrators
National Council on Independent Living
National Disability Rights Network
National Down Syndrome Congress
National Multiple Sclerosis Society
Paralyzed Veterans of America
RespectAbility
TASH
The Arc of the United States
The Partnership for Inclusive Disaster Strategies
United Spinal Association
VetsFirst

Cc: Committee Members