



CONSORTIUM FOR CITIZENS WITH DISABILITIES

CCD Principles for Disability Inclusive Emergency and Disaster Management

There are over 61 million adults with disabilities living in communities throughout the United States and that figure does not include children with disabilities and individuals with disabilities residing in institutions, nursing homes or prisons. Most of these individuals have encountered or will experience a natural or human caused disaster during their lifetimes. Recent hurricanes, wild fires, earthquakes, floods and tornados have brought attention to the severe gaps in disability inclusion when it comes to the nation's systems of emergency preparedness, response, recovery and mitigation with regard to catastrophic disasters.

The Consortium for Citizens with Disabilities (CCD) is the largest coalition of national organizations working together to advocate for federal public policy that ensures the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society. In that spirit, we offer the following principles for policymakers at the local, state and federal levels to ensure that the rights of individuals with disabilities to equal access are protected and that there is a commitment to non-discrimination requirements before, during, and after disasters, at all times. Many of these recommendations are the results of thorough and painstaking studies undertaken by disability advocacy organizations around the country including The Partnership for Inclusive Disaster Strategies¹, Disability Rights North Carolina² and the National Council on Disability.³

Preparing for Emergencies

1. People with disabilities and their families must have the necessary information and access to resources to enable them to make plans for and respond to emergencies. While recognizing that emergency preparedness begins with individuals, people with disabilities must have access to guidance, tool kits and other materials that are in accessible and understandable formats whether in written form or on line. Language used in communications should not suggest that persons with disabilities and others with access and functional needs are liabilities (i.e. “fragile,” “special,” “vulnerable,” “at-risk,” etc.). These terms reinforce false stereotypes and inhibit the ability of all members of the community to serve as assets in emergency planning, response, recovery, and mitigation efforts. Individuals with disabilities and older adults should receive information about preparation for, response to, recovery from, and mitigation of disasters in formats accessible to them,

1 Getting It Wrong: An Indictment with a Blueprint for Getting it Right -

http://disasterstrategies.org/application/files/3615/2718/6466/5-23-18_After_Action_Report_-_May_2018.compressed.pdf

2The Storm After The Storm - https://disabilityrightsnrc.org/wp-content/uploads/2019/02/DRNC-Report_The-Storm-after-the-Storm-2.5.19.pdf

3 [Preserving Our Freedom: Ending Institutionalization of People with Disabilities During and After Disasters](#)

including in American and other Sign Languages, Braille, and plain language, as well as captioned and audio described video messages.

2. Local and state governments must ensure that their emergency management systems and programs comply with the Americans with Disabilities Act and that recipients and subrecipients of federal funding, including but not limited to funding from the Federal Emergency Management Agency, abide by Section 504 of the Rehabilitation Act. To that end, it is essential that emergency planners and managers collaborate with disability advocates in disaster planning regarding accessibility, transportation, access to public resources and other aspects of disaster response and recovery. Moreover, government entities and recipients of federal funds that contract with outside entities to provide certain services in an emergency must understand that they cannot grant, outsource or subcontract their obligation to provide equal access to individuals with disabilities.

Emergency planning efforts for people with disabilities and others with access and functional needs must provide for sheltering of these persons in the general population shelters. To put it directly, persons with disabilities should not be sheltered in medical/special needs shelters unless they have acute medical needs requiring hospital or nursing home level of care at the time of evacuation and sheltering. Plans should ensure that individuals with disabilities and others with access and functional needs are never separated from their personal care attendant, service animals or assistive devices.

Preparedness initiatives should prioritize whole community inclusion rather than “special needs” specific registries, programs or services. Partnering with community-based organizations who are most knowledgeable about the needs of people in the community (i.e. paratransit, independent living centers, veterans’ medical centers, developmental and mental health service providers, Meals on Wheels, home health, aging services, dialysis centers, etc.) is a recommended good practice.

3. Any local and state committees, boards, advisory councils or other bodies tasked with developing, updating and implementing emergency management plans must include disability organizations and individuals with disabilities. Development of disability inclusive emergency and disaster management systems must abide by the disability community’s philosophy of “nothing about us without us.” When planning for the access and functional needs of people in a community, do not focus solely on physical access but consult with the widest number of experts in mental health, aging, cognitive, intellectual, sensory and communications disabilities. The Functional Assessment Service Teams (FAST) model is a promising practice that brings together government and private organizations to work collaboratively before a disaster to plan for and then assess the accommodations needed by people with disabilities and access and functional needs in an emergency.

4. Continued, regular training of shelter and emergency response staff must prepare them to assist and accommodate people with disabilities and provide for their access and functional needs including mobility, sensory, intellectual and developmental, chronic and acute health, cognitive and mental health. Those responsible for the health, safety and welfare of survivors in the aftermath of a disaster must be adequately prepared to attend to the needs of all survivors, including people with disabilities. This training must be formalized and provided on at least an annual basis.

Responding to Emergencies

- 1. Public alerts about emergencies must be issued in a manner that is accessible to and actionable by everyone in a community.** All print, verbal, or electronic communications with the public regarding emergency warnings and actionable information must be simultaneously communicated to persons with disabilities and others with access and functional needs via qualified channels (i.e. ASL interpreters, open captions, Braille, etc.) in an equitable, timely, and efficient manner. When presentations are made to the public or media, sign language interpreters should always be highly visible to the audience and the cameras.
- 2. During a disaster, people with disabilities must be accommodated in the most integrated setting appropriate to their needs.** According to the US Department of Justice [ADA Best Practices Tool Kit for State and Local Governments, Chapter 7](#) people with disabilities should “generally be housed with their families, friends, and neighbors in mass care shelters and not be diverted to special needs or medical shelters.” All shelters must be equally accessible and suitable for meeting the access and functional needs of persons with and without disabilities. Systems of tiered or graded sheltering are not acceptable. People with disabilities have equal rights protections, including throughout disasters. To the greatest extent possible, disaster funding recipients should not rely on volunteers, donations and charity to meet their obligations to provide equal access, reasonable accommodations and modifications.
- 3. Disability organizations enlisted to serve people with disabilities during a disaster must be provided with the necessary resources to fulfill this mission.** Various state agencies, Area Agencies on Aging and other public service providers have access to supplemental funds for disaster response. Independent Living Centers, Protection and Advocacy organizations, Councils on Developmental Disabilities and other nonprofit organizations serving people with disabilities (including but not limited to organizations serving in official government capacities) should be provided with additional funding to meet the needs of people with disabilities during declared disasters and other extraordinary circumstances.
- 4. Disability subject matter experts must be part of teams deployed into disaster areas by the federal government to ensure that people with disabilities are being properly served by response systems and that their rights are not violated in carrying out emergency support functions.** Expanded utilization and placement of qualified Disability Integration Specialists who are critical to adequately support people with disabilities during a disaster response must be an integral part of local, state and federal emergency management plans.

Recovering from Emergencies

- 1. People with disabilities must be able to return to their communities in as timely a manner as opportunities are provided to the general population and without risk of temporary or permanent institutionalization.** To prevent unnecessary housing instability, homelessness and increased rates of institutionalization, disaster housing recovery and community rebuilding programs must include investments in accessible, affordable housing, transportation, schools, health maintenance, medical and community services utilizing universal design and visitability standards and reasonable accommodations.
- 2. Disaster survivors with disabilities must have equal access to disaster recovery services, programs and assistance.** Assistance processes that require applicants to complete requests

electronically or report to central locations and wait in long lines or fail to provide information in alternative formats are likely to have a disparate adverse impact on people with disabilities. Accommodations must be provided to ensure people with disabilities are able to apply for help to which they are entitled. The provision of reasonable accommodations and modifications of policy and practices must be easily requested, readily available and consistently delivered.

3. The educational rights of students with disabilities displaced due to emergencies must be protected. Part B of the Individuals with Disabilities Education Act (IDEA) requires that States may not reduce the amount of State financial support for special education and related services for children with disabilities. However, regulations allow waivers in certain circumstances, including disaster.⁴ In September 2018, the Department of Education issued guidance that specifically allowed waiver of this provision. We oppose the broad use of waivers which would deny students access to equal educational opportunities.

4. Uninterrupted access to critical Medicaid and other federal benefits must be ensured. Individuals with disabilities that are eligible for Medicaid must be able to continue accessing their Medicaid supported services without interruption. Individuals with disabilities who must move to another state because of a disaster must be able to have resources to support uninterrupted continuation of their Medicaid health, medical and home and community based services needs.

5. Rebuilding and strengthening of a community's infrastructure affords an opportunity to ensure and enhance accessibility in all public and governmental spaces, programs and services. During the recovery and mitigation phases of disaster response, all buildings and services should be designed, and constructed or reconstructed, according to principles of universal design and to the standards established by the Architectural and Transportation Barriers Compliance Board in order to ensure access for individuals with disabilities, older adults, and all individuals. Recovery and mitigation periods provide opportunities to “build back better” – to incorporate newfound knowledge and experience to build a better system based on whole community inclusion, universal design, accessibility, visitability and accommodations in advance of the next disaster.

Conclusion – Disability inclusive emergency management is an imperative for achieving and maintaining whole community resilience before, during and after disasters. Public officials and entities as well as voluntary organizations involved in disaster management have an obligation and responsibility to account for and address issues critical to those with access and functional needs – from planning, to preparation, to response, to recovery and mitigation.

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⁴ The Secretary may waive, one fiscal year at a time, the requirement under Part B of the IDEA that States not reduce the amount of State financial support for special education and related services for children with disabilities if doing so would be equitable due to exceptional or uncontrollable circumstances, such as a disaster or unforeseen decline in the financial resources of the State. (34 CFR § 300.163(c)(1)). A State that wishes to seek such a waiver would contact its State Lead in OSEP for technical assistance. See Non-Regulatory Guidance on Flexibility and Waivers for Grantees and Program Participants Impacted by Federally Declared Disasters. (September 2018) at <https://www2.ed.gov/policy/gen/guid/secletter/170920.html>