PROTECTING EVERY CITIZEN: ASSESSING EMERGENCY PREPAREDNESS FOR UNDERSERVED POPULATIONS

FIELD HEARING

BEFORE THE

SUBCOMMITTEE ON EMERGENCY PREPAREDNESS, RESPONSE, AND RECOVERY

OF THE

COMMITTEE ON HOMELAND SECURITY HOUSE OF REPRESENTATIVES

ONE HUNDRED SIXTEENTH CONGRESS

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PROTECTING EVERY CITIZEN: ASSESSING EMERGENCY PREPAREDNESS FOR UNDERSERVED POPULATIONS

Tuesday, July 23, 2019

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON HOMELAND SECURITY,
SUBCOMMITTEE ON EMERGENCY PREPAREDNESS,
RESPONSE, AND RECOVERY,
Jersey City, NJ.

The committee met, pursuant to notice, at 10:10 a.m., in the MacMahon Student Center, Saint Peter's University, 47 Glenwood Avenue, Jersey City, New Jersey, Hon. Donald M. Payne, Jr. (Chairman of the subcommittee) presiding.

Present: Representative Payne.

Also present: Representative Pascrell.

Mr. PAYNE. The Subcommittee on Emergency Preparedness, Response, and Recovery will come to order.

The subcommittee is meeting today to receive testimony on "Protecting Every Citizen: Assessing Emergency Preparedness for Underserved Populations."

Good morning. We are here today to discuss how underserved populations are treated in emergencies. I am particularly pleased to be back home for this hearing, and I want to thank Saint Peter's University for hosting us. I appreciate my friend and colleague from New Jersey, Congressman Bill Pascrell, for joining me.

I also want to thank our witnesses for being here today. Each of you bring a unique and insightful perspective to this topic based on the great work that you have been doing. Unfortunately, FEMA chose not to attend this hearing, as it has subsequent hearings, to directly hear from them—directly from those who have been working on the ground to make disaster response more equitable.

Working through a partnership between local, State, and Federal officials, as well as local community groups, everyone does what they can to help their fellow citizens recover. Still, not all citizens have the same needs during or after a disaster, and a "one size fits all" approach does not work. Certain Americans, such as children, low-income individuals, or those with access and functional needs, may require special attention in the planning, response, and recovery phases of disasters.

For instance, children are more likely to experience mental health distress, including showing signs of PTSD, after a disaster than adults. Those with access and functional needs may need some type of durable medical equipment in the midst of imme-

diately following a disaster. Low-income individuals may not have the resources to evacuate before a storm or may not have the resources or knowledge to navigate the confusing maze of Federal disaster assistance programs after a disaster.

The response gaps that exist today result in real consequences for those on the ground. George Washington University researchers found that of 2,975 people who died in Puerto Rico as a result of Hurricane Maria, the clear majority were those living in poverty and senior citizens, many of whom were likely people with disabilities who faced deadly mobility barriers to safety.

After Sandy, children living in homes with minor damage were over 4 times likely to be sad or depressed and over twice as likely to have problems sleeping since the storm, as were children from homes with no damage. The impact of children after Hurricane Sandy is one of the reasons I have introduced the Homeland Security for Children Act, which would require the Department of Homeland Security to incorporate the needs of children into its emergency preparedness, response, recovery, and mitigation activities.

Unless we do more to address and account for the needs of the disproportionately-impacted populations in our emergency planning, people will continue to suffer.

The witnesses gathered here today will discuss the work that they have done to close the response gaps that lead to disparate outcomes. Through the discussion today, I am hopeful we can learn from each other's efforts and identify ways that coordination with the Federal Government can be improved for the next disaster.

With that, I yield back the balance of my time.

[The statement of Chairman Payne follows:]

STATEMENT OF CHAIRMAN DONALD M. PAYNE, JR.

JULY 23, 2019

Good morning. We are here today to discuss how underserved populations are treated in emergencies.

I am particularly pleased to be back home for this hearing, and I want to thank Saint Peter's University for hosting us. I appreciate my friend and colleague from New Jersey, Congressman Pascrell, for joining me.

I also want to thank our witnesses for being here. Each of you brings a unique and insightful perspective to this topic based on the great work you have been doing.

Unfortunately, FEMA chose not to attend this hearing to hear directly from those who have been working on the ground to make disaster response more equitable. Despite their absence, the information the subcommittee learns today will assist us as we go back to Washington and continue our legislative and oversight duties.

When an emergency or disaster strikes, all Americans are at their most vulnerable. New Jersey is no stranger to the devastation of disasters, with Hurricanes Irene and Sandy both affecting our community in recent years. Working through a partnership between local, State, and Federal officials, as well as local community groups, everyone does what they can to help their fellow citizens recover. Still, not all citizens have the same needs during or after a disaster, and a one-size-fits-all approach does not work.

Certain Americans, such as children, low-income individuals, or those with access and functional needs may require special attention in the planning, response, and recovery phases of disasters. For instance, children are more likely to experience mental health distress, including showing signs of PTSD, after a disaster, than adults. Those with access and functional needs may need some type of durable medical equipment in the midst or immediately following a disaster. Low-income individuals may not have the resources to evacuate before a storm or may not have the resources or knowledge to navigate the confusing maze of Federal disaster assist-

ance programs after a disaster. The response gaps that exist today result in real consequences for those on the ground.

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Mr. PAYNE. With that, I now recognize my colleague from New Jersey, Mr. Pascrell.

Mr. PASCRELL. Mr. Chairman, thank you for inviting me to join you on this important field hearing.

As you know, as a long-time member of the original Homeland Security Committee when it was formed right after 9/11, it is an honor to be part of today's hearing. I see that our State police are well-represented here, as we worked with them back then. Probably the best or at least one of the best in the entire country. I don't say that by blowing smoke. I mean it, having worked with them.

I am very impressed with their central communication. As you know, that was one of the major problems during 9/11, and that is people couldn't communicate with one another—many departments, whether it be police or fire—and that was a major, major step. I think we have come a long way since then in terms of communication. Because you can't communicate, you really are going to not be what you need to be for the general public.

So it is critical that we ensure everyone, that everyone is safe before, during, and after an emergency. We usually think about responding to the public and the community after a tragedy happens. So we are better planning now, doing better planning, thanks to the work that you have done on Homeland Security, Mr. Chairman.

We want to know who the vulnerable populations are, like the elderly, like children, people with disabilities. Already, they already receive inequitable treatment in our society many times. Underserved, low-income populations need our help, too. Our disaster recovery efforts should not exacerbate this issue.

Transit plans are important prior to an emergency. Many communities do not have emergency evacuations, whether it is a manmade or nature-made disaster. They already receive inequitable treatment, again. But transit plans are important prior to an emergency. After 9/11, buses and the New York MTA and the New Jersey Transit shuttled people out and equipment in to support first responders.

The best-laid plans do not always work, though. A transit plan could have helped an estimated 100,000, 200,000 vulnerable people

after Hurricane Katrina who lacked access to a private vehicle, but few transit drivers reported to work, and folks were affected.

In 2008, the Transportation Research Board finalized a report, which I authorized at that time in the 2005 Federal highway bill, analyzing the role of transit in emergency evacuations. This report notes the importance of having a plan at all levels of government that includes transit, especially for our vulnerable populations.

The report also calls for funding critical infrastructure, which we still have not done when it comes to the Hudson tunnel and Gateway project. Eisenhower built the—started and built, started the building anyway of the interstate highway system in this country. The main reason he did it was because of safety of the population.

Because we had vulnerable folks, but we also—the country was vulnerable. Everybody was vulnerable. We cannot leave anybody behind. We must have a plan. As the saying goes, "An ounce of prevention is worth a pound of cure."

We are good at going after something after it occurs. We are still practicing on preparing and preventing these things from happening. So I am honored to be on the panel. I am anxious to hear the panel, and we will get to their questions, and I have a couple of questions later on.

Thank you.

Mr. PAYNE. Thank you, Mr. Pascrell. Other Members are reminded statements may be submitted for the record.

[The statement of Chairman Thompson follows:]

STATEMENT OF CHAIRMAN BENNIE G. THOMPSON

JULY 23, 2019

Good morning. I would like to thank Chairman Payne and Ranking Member King for holding today's hearing.

It is unfortunate that FEMA has decided not to participate today. Their absence undermines the subcommittee's ability to conduct meaningful oversight and sends a chilling message to underserved populations who are affected by disasters the most and who generally depend on FEMA the most.

Underserved populations are more susceptible to the risks associated with disasters and following disasters, and it is significantly more difficult for them to recover. Having experienced Hurricane Katrina, I know how strenuous going through the basic emergency response and recovery activities can be for communities, and how this is especially so for individuals with access and functional needs, children, the elderly, and the poor. For example, during Hurricane Katrina, the average income of those who did not evacuate was $19,500, and only 54 percent of those who stayed had a car.

In the aftermath of Hurricane Sandy, many low-income, elderly, and disabled survivors remained in their public housing complexes, despite having no power or heat, due to a lack of transportation and generally having no other place to go. These and other issues concerning vulnerable populations influenced enactment of the Post-Katrina Emergency Management Reform Act of 2006, which established the director of the Office of Disability Integration and Coordination to ensure the unique needs of the disability community are considered and addressed in FEMA's emergency activities.

I am also proud of the work the Committee on Homeland Security has done through the years to address the needs of vulnerable and underserved populations in times of emergency. I commend Chairman Payne for his bill, the Homeland Security for Children Act, which would ensure that children's needs are included in Department of Homeland Security-wide activities and would ensure that there is established a children's technical expert within FEMA. Senator Elizabeth Warren and I requested the Government Accountability Office review the impact Federal disaster programs have on socioeconomic inequality.

The need to elevate emergency preparedness, response, and recovery efforts for vulnerable and underserved populations is all too clear, and for that I look forward

to engaging with the witnesses to get a better understanding of how the Federal Government can better serve them in emergency. With extreme weather events increasing in frequency and intensity, it is critical that we continue to do what is necessary to improve emergency preparedness for vulnerable and underserved populations. Every American deserves that in times of disaster, and I am pleased the subcommittee is taking time today to figure out how we can improve.

Mr. PAYNE. I welcome our first panel of witnesses. Our first witness is Major Lou Bucchere, who is the commanding officer of the Emergency Management Section within the New Jersey State Police. This is Major Bucchere's second time before this subcommittee, and I thank him for coming.

Next, Ms. Kelly Boyd is the access and functional needs planner for New Jersey's Office of Emergency Management. We have Ms. Elizabeth Curda is the director for Government Accountability Office's Education, Workforce, and Income Security Division. Last, we have Ms. Marcie Roth is the CEO of the Partnership for Inclusive Disaster Strategies.

Welcome, all of you.

Without objection, the witnesses' full statements will be inserted in the record. I now ask each witness to summarize his or her statement for 5 minutes, beginning with Major Bucchere.

STATEMENT OF MAJOR LOUIS V. BUCCHERE, COMMANDING OFFICER, EMERGENCY MANAGEMENT SECTION, NEW JERSEY STATE POLICE

Major BUCCHERE. Good morning, Chairman Payne and Congressman Pascrell. On behalf of the State Director of Emergency Management, Colonel Patrick J. Callahan, I would like to thank you for the opportunity to testify here today.

I am Major Louis Bucchere, commanding officer of the New Jersey Office of Emergency Management. I am accompanied by Ms. Kelly Boyd, who serves as NJOEM's access and functional needs planner. Ms. Boyd and I are honored to be here today to share some of New Jersey's experiences and lessons learned in emergency management and to discuss preparedness for vulnerable populations.

The New Jersey emergency management community is committed to providing fair and equitable emergency management resources to our residents and minimizing barriers to obtaining services. We do this by including individuals with disabilities and others with access and functional needs, advocacy groups, organizations, community groups, and faith-based organizations in our emergency management program, providing them not only with a voice in emergency management, but a role as well.

That role can extend from personal preparedness to working as an emergency manager, to volunteering, to participating on working groups and other collaborative efforts to ensure that our mutual goals are achievable. In short, we look at each person not only as someone who may need our services, but also as a person who can contribute to a more resilient and self-reliant New Jersey.

New Jersey is no stranger to natural disasters. During the past 10 years, we faced hurricanes, numerous nor'easters, winter storms, wildfires, wind events, and floods. Each of these events involved unique circumstances and required us to take a hard look at the adequacy of planning and response efforts, our collaborative

networks, and impacts to individuals and communities. Most importantly, we learned about the significant challenges faced by some of our vulnerable residents, but we also learned how to incorporate their experience into the planning process to provide the services they need, not the services we think they need.

Although it has been nearly 7 years since Hurricane Sandy, it remains at the forefront of discussions for continuous evaluation of response operations, improvements in planning, and building capabilities. Post Sandy, the emergency management community recognized that we had to make substantial improvements with outreach to provide better, more efficient services to our residents, and to ensure that staff and volunteers have all the tools required for an effective response.

Although New Jersey is a resource-rich State, our experiences in Sandy showed the collaborative networks required for effective communications and service delivery weren't as robust as needed and didn't connect us well enough to the diverse communities we serve. Also, while many plans existed at the State and local levels, more coordinated training exercises of those plans was required, especially regarding inclusion and participation by the DAFN population.

In the aftermath of Sandy and other events that have impacted New Jersey, our emergency management community at all levels within the State has engaged in the continuous collaborative review and evaluation of response, planning, training, and exercises. We have increased focus on relationship building across all levels, with the end goal of inclusive, whole-community engagement.

This includes stakeholders across the State and local level, advocacy groups, and community- and faith-based organizations that serve DAFN populations, older adults, and low-income communities. The concerns voiced by vulnerable populations go beyond issues identified during Sandy. Transportation accidents, wildfires, active-shooter responses, and other events across the Nation may generate unique preparedness concerns for segments of vulnerable populations that must also be addressed as a part of our planning.

Collaborative planning at the State level is spearheaded through the State emergency management program's stakeholders, also known as SEMPS, which brings together emergency management staff from key State agencies, nongovernmental organizations, community groups, Federal partners, and the county offices of emergency management. This group comes together on a monthly basis.

In fact, most of these emergency managers are on a first-name basis with each other, as well as the county emergency management coordinators. The relationships developed through this network provide integral support for vulnerable populations and ensure that the emergency management community at the local level is able to draw upon and connect with the necessary resources to support emergency management programs.

Ms. Boyd's testimony will address some of the specifics of the excellent work being done by the State and local collaborative planning groups to enhance DAFN preparedness and inclusion in emergency management. Although New Jersey has come a long way since Sandy, we know that we have many tasks ahead of us. We are confident, however, that our emergency managers and resi-

dents are committed to a stronger, more resilient New Jersey with equal access to services for everyone.

I thank you for this opportunity to testify to this subcommittee.

[The prepared statement of Major Bucchere follows:]

PREPARED STATEMENT OF LOUIS V. BUCCHERE

JULY 23, 2019

Good morning Chairman Payne, and other Members of the subcommittee. On behalf of Colonel Patrick J. Callahan of the New Jersey State Police, who also serves as the State director of emergency management, I would like to thank you for the opportunity to testify here today.

I am Major Louis Bucchere, commanding officer of the New Jersey State Police Emergency Management Section, known as the New Jersey Office of Emergency Management (NJOEM). I am accompanied today by Ms. Kelly Boyd, who serves as NJOEM's Access and Functional Needs Planner. Ms. Boyd and I are honored to be here to share some of New Jersey's lessons learned from Hurricane Irene, Superstorm Sandy, and other incidents with regard to planning and preparedness for vulnerable populations, as well as collaborative State-wide planning initiatives for vulnerable populations.

The New Jersey emergency management community is committed to providing fair and equitable emergency management services and resources to each of our residents, as well as minimizing barriers and impediments to obtaining services. We do this by actively including individuals with disabilities and others with access and functional needs (DAFN), advocacy groups, community groups, and faith-based organizations in our emergency management program—providing them with not only a voice in emergency management, but a role as well. That role can extend from personal preparedness to working as an emergency manager to participating in any number of volunteer programs, working groups, advocacy groups, and other collaborative efforts to ensure that our mutual goals are achievable. In short, we look at each person, not only as someone who may need our services, but also as a person who can contribute to a more resilient and self-reliant New Jersey. Preparedness and inclusion are key to this empowerment.

New Jersey is no stranger to natural disasters. During the prior 10 years, we have had numerous Nor'easters, winter storms, floods, wind events, and of course Hurricane Irene, Tropical Storm Lee, and Superstorm Sandy. Each of these incidents involved unique circumstances and required us to take a hard look at the adequacy of State and local planning and response efforts, our collaborative networks and access to resources, and the short- and long-term impacts to individuals and communities. Most importantly, we learned about the significant challenges faced by some of our more vulnerable residents—but we also learned how to incorporate their experience and expertise into the planning process to provide the services they need, not the services we think they need.

The term "vulnerable populations" encompasses a diverse array of individuals. Although traditionally low-income families and individuals have not been identified as a separate planning group, low-income families may be more likely to require sheltering and evacuation assistance than families with greater financial resources, and therefore require emergency management services during both large and small incidents. Other groups considered vulnerable are individuals with disabilities and others with access and functional needs, which encompass those who have mobility impairments, developmental disabilities, mental health conditions, and critical transportation needs, and communication barriers. Residents may also develop disabilities and access and functional needs as they age. Additionally, veterans and first responders may suffer long-term adverse physical and behavioral consequences from their service.

Some key statistics for the State are contained in the following table:

DISABILITY STATISTICS IN NEW JERSEY

From the 2017 American Community Survey, as provided by NJLWD

	Amount
Total civilian noninstitutionalized population	8,902,432
Total civilian population with a disability	914,392
Population with a hearing difficulty	221,680

DISABILITY STATISTICS IN NEW JERSEY—Continued

From the 2017 American Community Survey, as provided by NJLWD

	Amount
Population with a vision difficulty	165,293
Population with a cognitive difficulty	334,209
Population with an ambulatory difficulty	488,741
Children with a disability (17 and under)	70,560
Adults with a disability (18–64)	428,932
Seniors with a disability (65+)	414,900

SUPERSTORM SANDY

Although it has been nearly 7 years since Superstorm Sandy wreaked havoc on New Jersey, it remains at the forefront of discussions for continuous evaluation of response operations, improvements in planning, and building capacity and capabilities. Perhaps most importantly, Sandy shined a light on areas for improvement with respect to emergency preparedness for vulnerable populations.

During Superstorm Sandy, local emergency managers were overwhelmed by storm preparations and response efforts. Shelter operations presented many challenges and frustrations to both residents and service providers. Many of our residents had never experienced a storm of that magnitude and were not prepared to evacuate to emergency shelters or to shelter in place.

- Shelters were flooded with large numbers of residents who required various levels of personal care assistance, medications, durable medical equipment, and other support services.
- Individuals went to shelters without a full understanding of the minimal conditions provided in an evacuation shelter. This was particularly difficult for older adults who evacuated to shelters from 55+ communities and for families with small children who found it difficult to adjust to shelter life, as well as for those with DAFN.
- Often, residents did not bring necessary supplies with them because they assumed these items would be available in the shelters.
- Older adults and others did not have necessary prescription medications, or did not know the names/dosages of their life-sustaining medications.
- Disruptions to power supplies at the shelters created problems for individuals with medical devices requiring power, and power outages in impacted communities impeded access to prescription drugs, dialysis treatment, and other services.

Many shelter workers and volunteers were not trained to assist individuals with autism, developmental disabilities, and PTSD, or address the needs of methadone clients. Some shelter staff were not familiar with communication boards and other aids available to foster interactions with individuals who do not speak English. In some instances, there was confusion regarding rules for service animals and comfort animals in shelters. Individuals who required medical monitoring went to overcrowded hospitals when local governments were not able to provide adequate medical needs sheltering—only to be returned back to medical needs shelters. Staff at medical needs shelters, working without the benefit of previously-employed plans and procedures, faced shortages of equipment, staff, and trained medical personnel.

We also encountered challenges throughout the State with communications and communication networks. Language barriers prevented some residents from having full access to necessary preparedness messaging. Individuals arriving at reception centers, shelters, and other locations struggled with the lack of translators, which hampered service delivery and casework. Ensuring seamless communications with those who are deaf and hard of hearing and/or blind and visually impaired was also challenging.

- During the recovery phase of Sandy, there were challenges in disseminating recovery information to non-English speaking communities, which impeded their access to recovery funds.
- Some groups were disenfranchised due to the absence of political influences or networks and alliances within their community.
- Older adults and others had difficulty navigating websites to obtain recovery information and file applications.

Sandy disrupted daily life for tens of thousands of residents, including young children who suffered trauma from being displaced and the disruption to their daily routines. Some displaced children were not able to get to school from their shelters

until the local boards of education were able to identify their location and arrange busing. Some transportation-dependent individuals were sent to shelters distant from their jobs and communities, which affected their ability to work.

While many individuals worked tirelessly during Sandy to provide necessary services to our impacted residents, the emergency management community recognized that we had to make substantial improvements with outreach to provide better, more efficient services to our vulnerable residents, and to ensure that our staff and volunteers have all the tools and resources required for an effective response. It was also clear that the cadre of emergency management personnel, emergency workers, and volunteers was not sufficient to respond to the needs of New Jersey's 9 million residents; "all hands on deck" would be required.

Although New Jersey is a resource-rich State, our experiences in Sandy showed that the collaborative networks required to leverage our agencies, partners, NGO's, and community and faith-based organizations were not as robust as they could have been to enable more efficient and effective communications and service delivery for vulnerable populations. Also, while many plans existed at the State and local levels, more coordinated training and exercising of those plans was required—especially with respect to the inclusion of enhancements for, and participation by, the DAFN population.

COLLABORATIVE AND INCLUSIVE SOLUTIONS

In the aftermath of Sandy and other incidents that have impacted New Jersey, our emergency management community at all levels within the State has engaged in a continuous collaborative review and evaluation of responses to incidents, planning, training, and exercising.[1] More importantly, we have an increased focus on relationship building across all levels—with the end goal of inclusive, whole community engagement. This emanates from the top down and the bottom up, and emphasizes the inclusion of stakeholders across all realms at the State and local level, such as Federal, State, and local agencies, advocacy groups, and community and faith-based organizations that serve DAFN populations, older adults, and low income communities.

Collaborative and inclusive planning is the best solution for serving the diverse needs of our vulnerable populations. State-level planning groups, working in tandem with local emergency managers, ensure that best practices and access to resources and training are available to low income urban and rural areas, as well as the wealthier communities. NJOEM ensures coordination between State planning efforts and initiatives with local practices, while respecting "home rule" and recognizing that local leaders, groups, and emergency managers understand their community's needs and capabilities.

- Task forces and planning groups have been established at all levels to foster collaboration, identify gaps and resources, and develop inclusive plans by harnessing the subject-matter expertise of the DAFN community and other vulnerable populations.
- These individuals and groups are now integrated in the emergency management community. Because they are in the best position to voice their concerns and identify solutions and resources, they are an integral part of the solution.

Collaborative planning at the State level is spearheaded through the State Emergency Management Program Stakeholders (SEMPS), which brings together emergency management staff from key State agencies, NGO's, community groups, Federal partners, and the county offices of emergency management. This group meets and/or exercises on a monthly basis. In fact, most of the key department emergency managers for major agencies and organizations serving the State are on a first-name basis with each other and with the County Emergency Management Coordinators. While the SEMPS group focuses on wide-ranging planning initiatives at the State level, many of the relationships developed through the SEMPS meetings and exercises provide integral support for initiatives for vulnerable populations, and ensure that the emergency management community at the local level is able to draw upon and connect with social services, programs, counseling, and access to necessary resources to support emergency management programs.

Key SEMPS partners, such as the NJ Department of Human Services, NJ Department of Health, NJ Department of Children and Families, NJ Department of Education, American Red Cross, NJ 2–1–1, NJ Board of Public Utilities, NJ Department

[1] The concerns voiced by vulnerable populations go beyond the issues identified during Sandy. Transportation accidents, wildfires, active-shooter responses, and other incidents across the Nation may generate unique preparedness concerns for segments of vulnerable populations that must also be addressed as part of our planning.

of the Treasury, NJ Department of Transportation, NJ Department of Labor and Workforce Development, the NJ Office of Homeland Security and Preparedness (OHSP), FEMA, and many other SEMPS agencies serve as subject-matter experts and provide resources to enhance planning and preparedness initiatives for the State's most vulnerable populations. They also participate in the task forces and planning groups established to facilitate preparedness for the DAFN community and other vulnerable populations. For instance, outreach programs such as OHSP's safety initiative for faith-based organizations can serve as an entry point for other preparedness initiatives in vulnerable communities.

One of our SEMPS partners, the State Library, developed a disaster preparedness and outreach plan to support and encourage the use of local libraries for effective disaster preparedness, response and recovery within local communities. Drawing upon best practices from Sandy, local libraries can serve as accessible meeting places. Librarians across the State are encouraged to have disaster plans, develop relationships with community emergency managers, and be prepared to disseminate important disaster information and assist residents with accessible internet access and research. This support can be extremely valuable for low-income individuals who may not have access to computers, older adults and others who may not be adept at using computers or searching for information, or others who need accessible technology.

Another example of collaborative preparedness for the DAFN community is the dynamic engagement of SEMPS partners in the promotion of State's Register Ready program administered by NJOEM:

- NJ 2–1–1 provides assistance in multiple languages and through accessible means for registering vulnerable individuals in Register Ready.
- The Department of Education disseminated Register Ready information through the local school districts.
- The American Red Cross has been distributing flyers for the Register Ready Program as part of its Home Fires Campaign.
- The Board of Public Utilities engaged public utility companies to disseminate Register Ready information with their monthly bills, in newsletters and emails, and also on their websites.
- Other agencies, such as the NJ Department of Human Services, the NJ Department of Labor and Workforce Development, and the NJ Motor Vehicle Commission also post and disseminate Register Ready information to their vulnerable clients.

COLLABORATIVE DAFN INITIATIVES—CORE ADVISORY GROUPS

NJOEM is a strong a proponent of the Core Advisory Group (CAG) concept developed by FEMA to involve individuals with DAFN in all aspects of emergency management to foster the whole community approach. Similar to the SEMPS group, the overarching goal of a CAG is to promote inclusive emergency management by encouraging collaboration and partnerships between community disability stakeholders and emergency managers. Knowledge of the specific needs of this often-overlooked vulnerable population enables emergency managers to become more inclusive in their planning efforts, as various disability stakeholders are able to bring unique resources to the table to assist them in their planning.

CAGs are encouraged to meet on a regular basis to discuss any issues, best practices, new legislation, and litigation to bring about positive changes in how emergency services are provided to the DAFN community in the event of a disaster.

State Core Advisory Group

A State-level CAG, known as the New Jersey Group for Access and Integration Needs in Emergencies and Disasters (NJGAINED), chaired by the New Jersey Department of Human Services and co-chaired by NJOEM, has been in place for over 12 years. The group includes representation from many State agencies and offices that service the DAFN community, such as the Division of Disability Services, the Division of Deaf and Hard of Hearing, and the Division of Developmental Disabilities. NJGAINED also includes disability advocacy groups and other organizations, including Disability Rights New Jersey, Centers for Independent Living, State-wide Parent Advocacy Network and others, as well as representation from faith-based organizations and county CAGs. The FEMA Region 2 Disability Integration Advisor and Disability Integration Specialist, as well as the FEMA Integration Team assigned to NJ, also participate in NJGAINED meetings.

During Superstorm Sandy, which occurred during 2012 just as FEMA was rolling out its Disability Integration Advisors program, NJGAINED provided critical support to the DAFN community and served as subject-matter experts to the State and local emergency managers. For example:

- NJGAINED members banded together during the Sandy response and recovery efforts to field requests for assistance.
- The NJ Division of Disability Services received many requests for help through its Information & Referral hotline. Many of the requests were related to needs for durable medical equipment, wheelchair ramp repairs, and/or housing.
- NJGAINED assisted in sending out emergency alerts and made calls to individuals to see if help was needed. Members also shared important updates and provided information on how individuals with DAFN could obtain assistance after the storm.
- NJGAINED members participated in daily briefings to share concerns.
- Through the intervention of NJGAINED, one of the NJ Centers for Independent Living also partnered with FEMA to set up an Individual Assistance Center in their office.

One of NJGAINED's current initiatives includes establishing a State-wide Functional Assessment and Service Team (FAST). A FAST serves as a strike team to conduct assessments of individuals with DAFN at mass care shelters or other areas of refuge. A FAST also conducts aggregate assessments of individuals with functional needs for the purposes of supplying disaster intelligence and damage assessments, enhancing resource management, and improving disaster recovery planning. A concept of operations was recently drafted and the group is in the process of identifying State members to be a part of the team.

In addition, NJGAINED is working on DAFN emergency preparedness brochures and promoting mass care trainings. The group also continues to evaluate current events in emergency management and promote best practices for DAFN populations.

County Core Advisory Groups

During the last few years, with the support of FEMA and NJOEM, several New Jersey counties have formed CAGs, and many other counties have been in discussions with local disability advocacy groups to develop CAGs in their counties. Because NJOEM believes that CAGs represent an ideal solution to effective and inclusive collaborative planning for DAFN preparedness, we have tied funding to this initiative. The State now requires each county to participate in the CAG process as part of its Emergency Management Agency Assistance (EMAA) grant work plan. Additionally, FEMA is currently developing a CAG toolkit and presentation to help guide counties in developing CAGs.

The county CAGs have taken on significant projects and initiatives, many of which are being replicated in other counties or supported at the State level, and include:

- Developing and conducting a Community Reception Center Radiation Emergency exercise, focused on serving the DAFN population.
- Hosting the State's first DAFN Overnight Emergency Shelter Simulation to provide emergency responders with experience in working with the DAFN community and to familiarize members of the DAFN community with a shelter experience.
- Creating a DAFN Active-Shooter Preparedness video with tips on how law enforcement and the DAFN community should best respond to an incident.
  - The DAFN Active-Shooter Preparedness Working Group is spearheaded by a County CAG with support from State agencies and NJOEM.
  - Currently, the group is organizing an active-shooter preparedness training and a tabletop exercise for key staff from all NJ dialysis centers.
- Serving on a panel at a summit on school safety hosted by the New Jersey Council on Developmental Disabilities to address students with disabilities and active-shooter incidents.
- Conducting an outreach event and panel discussion on Emergency Preparedness and People with Disabilities as part of Disability Awareness Month in October.
- Developing the Pathways to Preparedness Guide for vulnerable individuals to prepare for all types of emergencies, created at the request of the State-wide Independent Living Council.
- Hosting classes for inclusive Community Emergency Response Team (CERT) training.
- Staffing emergency preparedness booths at expos and conferences, attended by thousands of vulnerable residents, their caregivers, and those who work in the field.

As a result of the strong relationships developed with FEMA through their support of the CAGs and NJGAINED, the NJOEM AFN Planner and Middlesex County's Deputy Emergency Manager also provided input as staff from FEMA Region 2 demonstrated use of the Disability Resource Database, the Region's first database

to offer disability-related resources that can be utilized by emergency managers and other stakeholders during emergencies.

EMERGENCY MANAGEMENT INTEGRATION THROUGH THE COUNTY AFN COORDINATORS

To enhance coordination with the county and local emergency management community, each county in New Jersey is required to appoint a County AFN Coordinator to oversee local emergency management planning pertaining to vulnerable populations, provide trainings, assist with issues in vulnerable communities as they arise, and coordinate with the NJOEM AFN Planner. The County AFN Coordinator is also expected to attend the County CAG meetings to ensure consistency and integration. The County AFN Coordinators meet quarterly along with other stakeholder groups, including Centers for Independent Living and other advocacy groups, as well as the many State agencies that plan for the State's vulnerable populations. These meetings provide a forum for key partners to provide briefings, best practices, and information on new legislation, and to discuss areas of concern. Training on various topics regarding vulnerable populations in emergency management is provided at each meeting.

Some of the recent preparedness and planning initiatives and trainings addressed by the County AFN Coordinators include:

- Enhancing Register Ready outreach, and upgrading the system's search capabilities, and GIS and mapping functions.
- Discussing new or proposed legislation with DAFN impact.
- Evaluating formation of County Functional Assessment Service Teams and Core Advisory Groups.
- Working with suppliers and entering into MOUs for medical equipment and supplements that might be needed during emergencies.
- Receiving trainings on a variety of topics, including service animals; renal dialysis preparedness and response; utilizing Register Ready; and accommodating vulnerable populations at shelters and Community Reception Centers.
- Partnering with FEMA to keep current on regional and National projects, such as the Region's new Disability Resource Database and the NJ Mapping Project, which looks at where vulnerable populations reside in New Jersey.
- Working with partners to host a number of trainings, including Emergency Preparedness: Access and Functional Needs in the Disability Community; Autism Shield; Care Assistant Fundamentals; Responding to the Disabilities and Access and Functional Needs Community (a CERT workshop); and Emergency Preparedness Tips for Families of Individuals Who Have Autism, among others.
- Participating in exercises, such as the Central East Regional Coalition Emerging Infectious Disease/Ebola exercise and discussion.

NEW JERSEY STATE SHELTERING TASK FORCE AND SUBCOMMITTEES

The New Jersey State Sheltering Task Force (STF) is a multi-agency planning team formed in 2014 with a view toward understanding the capabilities and gaps in sheltering throughout the State, and to identify areas for improvement, including those experienced by vulnerable populations during Superstorm Sandy. The STF has visited with and assessed sheltering gaps and best practices in each of the 21 counties, as well as several larger urban areas across the State. To address the most common problems/gaps identified among the counties and urban areas, the STF established 3 subcommittees: DAFN; Staffing; and Facilities. These subcommittees have issued guidance and recommendations for whole-community shelter training curriculum, shelter facility supply lists and ADA guidelines, and DAFN preparedness information for sheltering and evacuation.

REGISTER READY

Register Ready is a secure and voluntary database, administered by NJOEM, and designed for residents to enter their personal and DAFN-specific information so that emergency response agencies can better plan to serve them in a disaster or other emergency. Currently, the Office of the Public Guardian requires that vulnerable children be registered in Register Ready based on Court Orders.

Register Ready serves as a planning tool for emergency managers to gain a better understanding of the needs of individuals living in their communities to help facilitate planning for sheltering, evacuation and other emergencies. At present, approximately 22,000 New Jersey residents and over 300 facilities are registered in the Register Ready database. The system also offers GIS mapping capabilities to allow emergency managers to hone in on individuals who may need assistance if a disaster strikes a particular area.

Register Ready has been used by emergency managers for localized incidents as well as large incidents, such as Superstorm Sandy. County and local staff with administrative rights can access information for residents in their jurisdiction, and receive periodic trainings on how to use the system. Information in Register Ready can be used to generate reverse 9–1–1 calls, support wellness checks, and identify special needs before, during, or after an incident. Information obtained from Register Ready can help emergency managers plan for specific needs in their community, such as preparing for oxygen needs, durable medical equipment and other supplies in shelters; facilitating accessible transportation to shelters; and arranging for interpreters and translation tools.

TRAINING AND GUIDANCE

Working through the NJOEM AFN Planner, stakeholders at the Federal, State, and local levels have developed and offered training and guidance for individuals, families, emergency management personnel, first responders, disability advocacy groups, volunteers, and other partners.

- NJOEM, with the support of the Progressive Center for Independent Living (PCIL), developed a module for the CERT curriculum entitled Responding to the Disabilities and Access and Functional Needs Community.
- NJOEM and the Department of Human Services partner to offer Emergency Preparedness: Access and Functional Needs in the Disability Community to enhance emergency planning involving the disability community.
- The State's Medical Reserve Corps (MRC), PCIL, and the American Red Cross developed a program to train MRC and CERT members to serve as personal care assistants in shelters.
- Emergency Preparedness Tips for Families of Individuals Who Have Autism, a workshop developed by The Alliance Center for Independence and NJOEM, provides essential tips to help caregivers prepare to withstand various types of emergencies. There is also another version of the presentation that provides autism-specific tips for emergency managers and first responders.
- The State periodically offers Autism Shield, a workshop provided by Parents of Autistic Children, to law enforcement, public health workers, and emergency management officials from around New Jersey. This workshop provides participants with information to enhance recognition of a person with autism and identify appropriate response methods for first responders working in field situations.

EXERCISES

The State is a strong proponent of inclusive exercises at the State and local level, with input and participation by the NJOEM AFN Planner, CAGs, and disability advocacy groups. The State plans for all hazards, including natural disasters, incidents at the State's nuclear power plants, rail/air/other transportation incidents, active-shooter situations, and other incidents. Recent exercises included:

- the Newark Airport 2018 Full-Scale Exercise, for which the NJOEM AFN Planner served as an evaluator
- the annual LIFT exercise at Trenton-Mercer Airport to help staff learn to interact with the autism community
- the annual State-level functional emergency management exercises addressing radiological incidents, transportation incidents, and hurricane responses, which also tested DAFN components of sheltering and evacuation
- the County DAFN overnight shelter simulations that provided training to DAFN individuals as well as emergency management staff and volunteers
- the NJ Transit annual rail drills involving CAG participation and evaluation.

SUMMARY—LESSONS LEARNED

In addition to the foregoing, some of the specific lessons learned by our emergency management community from the responses to Sandy and other incidents with respect to vulnerable populations are:

- It is necessary to clarify expectations of both the emergency management community and vulnerable populations to minimize misunderstandings.
  - Emergency managers and community leaders must gain a better understanding of their constituents.
- Registries, such as the State's Register Ready program and other local registries, can help emergency managers and first responders plan for the needs of vulnerable populations.
  - Vulnerable populations should understand the limitations of local emergency plans and resources and take steps to increase individual preparedness.

- Emergency managers should be cognizant of the needs of their local vulnerable populations, as well as the resources that they bring to the table.
- Federal funding to support community outreach and preparedness efforts at the local level would enhance preparedness efforts and improve response and recovery.

- Effective and efficient emergency management requires personal preparedness on the part of all individuals, and vulnerable populations will require tailored preparedness materials.
  - Individuals need specific information regarding what to expect in sheltering, what to pack for evacuation and sheltering, how to obtain information about evacuation and sheltering, and how to make an emergency plan.
  - Individuals should understand when and how to shelter in place, and what the practical consequences are for registering with State or local special needs registries, with the utility companies, etc.
  - Websites that convey emergency management information should be compatible with accessible screen reader programs and provide options for alternate languages, if possible.
- Local governments and agencies should collaborate with VOAD members and non-profits, such as NJ 2–1–1, to enhance and amplify emergency messaging, and provide vulnerable residents with information on where they can find assistance and information for recovery programs, warming, and cooling shelters.
- NJOEM social media platforms (e.g. Facebook and Twitter), *ready.nj.gov* and Register Ready are compatible with accessible screen reader programs and have multi-language translation capability.
- Alerts and warnings, and preparedness information should be disseminated in multiple formats to ensure receipt by those with visual or hearing impairments.
  - Communication boards and other aids should be available in shelters and other locations.
  - Community and faith-based organizations should be tapped to provide translation services and amplify messaging to assist non-English speaking populations.
  - Emergency managers should explore new communication technologies and develop relationships with individuals within the community or through volunteer agencies who can serve as translators, ASL interpreters, etc. in shelters and other service locations.
  - Federal funding should be available to assist with acquiring adaptive technologies and enhanced 9–1–1 services.
- Older adults and others may need assistance navigating computer technology to access preparedness information, recovery benefits, etc.
  - Local emergency managers should work with Federal, State, and local partners and volunteer groups to ensure that individuals are able to use the technology required, or to have alternate systems in place.
- Education departments and local school boards must be included in the planning processes to facilitate use of schools as shelters, ensure minimal disruption of education for children displaced by the incident, provide counseling as necessary for impacted students, and ensure school safety.
- Assistance centers where disaster and social services are offered, must be accessible by those with transportation needs and offer flexible hours.
  - Local emergency managers and social service departments should ensure that transportation is being provided to and from the assistance centers and that the centers have flexible operating hours to accommodate the needs of the local residents.
- Disaster relief funding should consider additional needs for vulnerable populations.
  - Additional funding may be needed to ensure that those who have physical disabilities receiving funds to elevate their homes also receive funds to install stair chairs, elevators, or proper ramping, etc., so that they have access into the home.
  - Rental assistance funding should be supplemented with further funding for food, clothing, etc.
- Vulnerable populations are disproportionately burdened by delays in the funding process because they do not have the financial means to sustain their needs.
  - Funding for training and more staff to speed up the application review process would be beneficial.

Although New Jersey has come a long way since Sandy, we know that we have many tasks ahead of us. We are confident, however, that our emergency managers and our residents are committed to a stronger, more resilient New Jersey with equal

access to services for everyone. We thank you for this opportunity to testify to this subcommittee.

Mr. PAYNE. Thank you, sir.

Next we have Ms. Boyd.

STATEMENT OF KELLY BOYD, ACCESS AND FUNCTIONAL NEEDS PLANNER, PREPAREDNESS BUREAU/EMERGENCY MANAGEMENT SECTION, NEW JERSEY OFFICE OF EMERGENCY MANAGEMENT

Ms. BOYD. Good morning, Chairman Payne and committee Members. My name is Kelly Boyd.

For several years, I have had the privilege of serving as the access and functional needs planner for NJOEM. As a person with a disability and as an emergency manager, I am honored to testify today about the exciting work we are doing to enhance preparedness for the disabilities and access and functional needs, DAFN, community in New Jersey.

I work with Government agencies, advocacy groups, faith- and community-based organizations, and NGO's. Through strong alliances with many organizations, including the Centers for Independent Living and the State-wide Parent Advocacy Network, we strive to ensure the personal preparedness of the DAFN community and provide emergency managers with a pool of DAFN subject-matter experts and resources.

My testimony will cover the State's Register Ready program and give an overview of our inclusive planning initiatives. This includes State and county core advisory groups, the county AFN coordinators group, and special DAFN-related working groups. As noted, one planning tool NJOEM administers and encourages emergency managers to use is Register Ready. It is a secure database where residents and facilities can voluntarily enter DAFN-specific information so emergency managers can better plan for their needs.

Its GIS mapping capabilities also allow emergency managers to identify individuals within an impacted area. Emergency managers have used the data to make reverse 9–1–1 calls, conduct wellness checks, assist with evacuations, and anticipate DAFN supplies and staffing needs for shelters.

Additionally, we follow FEMA's core advisory group, CAG, concept for inclusive collaboration between disability stakeholders and emergency managers. We have State and county CAGs. The State CAG, known as the New Jersey Group for Access and Integration Needs in Emergencies and Disasters, NJ GAINED, was established in 2006.

Members from relevant State agencies and disability advocacy groups share best practices, offer training, engage in planning, and provide resources and subject-matter expertise. In fact, during Sandy, members provided critical information and resources to the DAFN community, including durable medical equipment and supplies.

We help counties establish CAGs led by disability advocacy groups, which is now required for county EMAA funding. One third of our counties already have CAGs that have carried out significant projects with wide-ranging impact.

For example, CAGs have developed and conducted a radiological reception center exercise and DAFN overnight emergency shelter simulations for emergency managers and individuals who have DAFN. We avoid role playing by engaging members of the DAFN community.

Another unique CAG initiative is the DAFN Active-Shooter Preparedness Working Group, which recently produced a video with tips for law enforcement and the DAFN community. Members also participated in a school safety summit on active-shooter response planning for students with disabilities and are currently working on a tabletop exercise for dialysis centers.

Several CAGs also work with the Community Emergency Response Team, CERT program, to host CERT classes that have recruited individuals with DAFN. CAGs also developed a comprehensive preparedness guide for vulnerable individuals and provide preparedness information to thousands of vulnerable residents and service providers at public events.

I also oversee the county AFN coordinators group, comprised of an AFN coordinator from each county Office of Emergency Management. The group has addressed matters such as Register Ready capabilities, proposed legislation, MOUs for medical equipment and supplies, and DAFN-related training. We also partner with FEMA on special projects such as the region's disability resource database and the New Jersey mapping project for vulnerable populations.

The CAGs and county AFN coordinators group identify gaps in training and then develop and deliver training to members of the emergency management and DAFN communities. Examples include a new CERT module focused on responding to DAFN community needs, personal care assistance training for shelter workers, autism awareness training for responders and preparedness tips for family members, and emergency preparedness training for those who are visually impaired.

Additionally, we ensure exercises at all levels include DAFN consideration and involvement. Recent exercises and drills included air and rail incidents, hurricanes, and nuclear and radiological incidents. Finally, we established working groups to address specific gaps. One example is the State Sheltering Task Force, a multiagency planning team that examined capabilities and gaps in sheltering, including issues experienced by vulnerable populations. The task force develops training to address those issues, as well as guidance.

Thank you for permitting me to testify here today.

Mr. PAYNE. Thank you, Ms. Boyd.

Next we will hear from—I now recognize Ms. Curda to summarize her statement for 5 minutes.

STATEMENT OF ELIZABETH H. CURDA, DIRECTOR, EDUCATION, WORKFORCE, AND INCOME SECURITY, GOVERNMENT ACCOUNTABILITY OFFICE

Ms. CURDA. Chairman Payne and Representative Pascrell, thank you for inviting me to New Jersey to discuss disaster assistance for people with disabilities. I am sure many people in this room experienced the devastation of Hurricane Sandy in 2012 and its impact on people with disabilities.

As you are keenly aware, in 2017, 3 hurricanes—Harvey, Irma, and Maria—hit Texas, Florida, Puerto Rico, and the U.S. Virgin Islands in rapid succession, causing widespread damage. As a result, obtaining food, water, medicine, and transportation was challenging for those affected by the hurricanes and particularly for those with disabilities.

Today, I will discuss aspects of our May 2019 report on the challenges people with disabilities faced in accessing disaster assistance following the 2017 hurricanes. I will also discuss how effectively FEMA has implemented changes in how it supports people with disabilities.

Regarding the challenges, substantial damage from the hurricanes made it more difficult for some people with disabilities to access life-sustaining provisions, such as oxygen. This was particularly true in Puerto Rico and the U.S. Virgins Islands, where supplies in central locations could not be delivered to remote areas of the islands. In addition, shelters did not always have appropriate food or accessible restrooms for people with disabilities.

Aspects of FEMA's application process for assistance also created challenges. For example, in addition to long wait times of up to an hour-and-a-half on FEMA's helpline, FEMA's registration process did not give people a clear opportunity to state that they have a disability or to request an accommodation. FEMA needs this information so it can offer appropriate accommodations or other assistance to survivors. As a result, it may have been more difficult or even impossible for some people with disabilities to get the help that they needed.

In addition, even for those who disclosed their disability-related needs, FEMA did not have a systematic way to highlight and share that information with staff tasked with providing assistance across its various programs. In our May report, we recommended that FEMA develop new registration questions to better identify survivors' disability-related needs.

FEMA agreed and has already agreed to change—has already changed the registration questions. Since the change, FEMA told us that more people have been reporting their disability-related needs following recent disasters.

We also recommended that FEMA develop a way to systematically alert FEMA staff working with survivors who have reported a disability-related need. FEMA disagreed with this recommendation because it said it lacked the funding to change its information systems in the near term and will not be able to do so until it completes a long-term system modernization in 2024.

However, we believe that in the interim, FEMA could identify workarounds, such as encouraging staff working directly with survivors to review case file notes. Following the 2017 hurricanes, FEMA launched a new approach to how it responds to and assists people with disabilities, but FEMA's implementation of this new approach had limitations.

For example, FEMA significantly reduced the number of disability integration staff deployed to disasters and changed their role from directly assisting people with disabilities to advising joint field office managers on how to do this. Instead of deploying staff specialists to provide assistance, all generalist staff deployed to

help respond to and recover from a disaster were to receive training on disability issues and provide hands-on assistance where needed.

However, FEMA has not yet provided comprehensive training to all deployable staff on how to help people with disabilities. We recommended that FEMA develop a plan for delivering training to FEMA staff that promotes competency and disability awareness. FEMA agreed but is pursuing a somewhat different approach. We will monitor FEMA's efforts to ensure that it has clear plans in place for developing this training.

Finally, in 2017, FEMA stopped offering comprehensive training to non-Federal partners on how to incorporate the needs of people with disabilities in emergency planning. FEMA stated it planned to improve the course but had no time line for doing so. We recommended FEMA develop time lines for developing the new course, and FEMA agreed. FEMA has stated that the new course will be ready for the 2020 hurricane season.

In conclusion, FEMA has taken a number of steps to improve how FEMA supports individuals with disabilities following a disaster. However, we continue to believe that changing its approach to disability integration before staff have been fully trained may leave FEMA staff ill-prepared to identify and address the challenges that individuals with disabilities face while recovering from a disaster.

We will continue to monitor FEMA's actions, as it makes additional progress toward addressing our recommendations.

This concludes my prepared statement, and I would be happy to answer the committee's questions.

[The prepared statement of Ms. Curda follows:]

PREPARED STATEMENT OF ELIZABETH H. CURDA

JULY 23, 2019

GAO HIGHLIGHTS

Highlights of GAO–19–652T, a testimony before the Subcommittee on Emergency Preparedness, Response, and Recovery, Committee on Homeland Security, House of Representatives.

Why GAO Did This Study

Three sequential hurricanes—Harvey, Irma, and Maria—affected more than 28 million people in 2017, according to FEMA. Hurricane survivors aged 65 and older and those with disabilities faced particular challenges evacuating to safe shelter, accessing medicine, and obtaining recovery assistance. In June 2018, FEMA began implementing a new approach to assist individuals with disabilities.

This statement describes: (1) Reported challenges faced by these individuals in accessing disaster assistance from FEMA and its non-Federal partners following the 2017 hurricanes; and (2) the extent to which FEMA has implemented changes in how it supports these individuals. This statement is based on a May 2019 GAO report and selected updates. For the report, GAO analyzed FEMA documents and data from FEMA call centers and also visited 2017 hurricane locations to interview State, territorial, and local officials. GAO also interviewed FEMA officials from headquarters and deployed to each disaster location. To update FEMA's progress toward addressing its recommendations, GAO interviewed FEMA officials and analyzed agency documents.

What GAO Recommends

In the May 2019 report, GAO made 7 recommendations to FEMA; FEMA concurred with 6. FEMA has established new registration questions and a time line to offer training to its partners. GAO continues to believe its recommendations to de-

velop a plan to train its staff on disability awareness, among other actions, are valid.

DISASTER ASSISTANCE.—FEMA HAS TAKEN STEPS TOWARD BETTER SUPPORTING INDIVIDUALS WHO ARE OLDER OR HAVE DISABILITIES

What GAO Found

GAO's May 2019 report found that some individuals who are older or have disabilities may have faced challenges registering for and receiving assistance from the Federal Emergency Management Agency (FEMA) and its non-Federal partners (such as State, territorial, and local emergency managers).

- FEMA's registration did not include an initial question that directly asks individuals if they have a disability or if they would like to request an accommodation. GAO recommended that FEMA use new registration-intake questions to improve the agency's ability to identify and address individuals' disability-related needs. FEMA concurred and, in May 2019, updated the questions to directly ask individuals if they have a disability.
- GAO found that the substantial damage caused by the 2017 hurricanes prevented or slowed some individuals with disabilities from obtaining food, water, and other critical goods and services from States, territories, and localities. Officials from one State reported that few public transportation services, including paratransit, were functional following the 2017 hurricane affecting the State. The officials said this may have prevented people with disabilities from maintaining their health and wellness—such as by shopping for groceries or going to medical appointments—after the storm.

GAO's May 2019 report also found that FEMA had taken limited steps to implement the agency's new approach to assist individuals with disabilities.

- GAO recommended the agency establish and disseminate objectives for implementing its new approach. FEMA concurred, and developed a draft strategic plan that includes strategic goals and objectives for the new approach, which the agency plans to finalize and disseminate in 2019.
- GAO recommended that FEMA, as part of its new approach, develop a plan for delivering training to all FEMA staff deployed during disasters that promotes competency in disability awareness. In concurring with this recommendation, FEMA described its plan to incorporate a disability awareness competency into the job requirements for all deployable staff, but has not yet developed a plan for training.
- GAO's May 2019 report also recommended that FEMA develop a time line for completing the development of training on incorporating the needs of individuals with disabilities into emergency planning, which it planned to offer to its non-Federal partners. FEMA concurred with GAO's recommendation and, in June 2019, officials began procuring external consulting services to develop a replacement course. According to officials, the course will take about 1 year to develop and will be ready to field by August 2020.

Chairman Payne, Ranking Member King, and Members of the subcommittee: Thank you for the opportunity to discuss our recent work on disaster assistance for individuals who are older or have disabilities.[1] For instance, individuals with disabilities that affect their ability to evacuate, shelter, or recover from hurricanes and other large-scale disasters can face particular challenges obtaining disaster assistance. Some of these individuals, who otherwise function independently in their day-to-day lives, may rely on supports that disasters can interrupt. For example, after Hurricane Maria made landfall on Puerto Rico as a category 4 hurricane, the two suppliers of oxygen on the island of Puerto Rico lost production capabilities due to

[1] GAO, *Disaster Assistance: FEMA Action Needed to Better Support Individuals Who Are Older or Have Disabilities,* GAO–19–318 (Washington, DC: May 14, 2019). Under Federal civil rights laws, an individual with a disability is generally defined as an individual who has a physical or mental impairment that substantially limits one or more major life activities. The Federal Emergency Management Agency (FEMA) provides specialized services to those with "access and functional needs," which includes, among others, individuals with disabilities, older adults, and individuals with limited English proficiency, limited access to transportation, and/or limited access to financial resources to prepare for, respond to, and recover from a disaster. For the purposes of this statement, "individuals with disabilities" refers to individual disaster survivors, including those who are 65 or older, who have a disability that affects their ability to evacuate, shelter, or recover from a disaster. In addition, "individuals who are older" refers to individuals who are age 65 or older, regardless of whether they have a disability. For presentation purposes, we use "individuals with disabilities" to refer to both.

a lack of power.[2] According to a disability rights organization's report, this lack of production capabilities threatened the health of approximately 50,000 Puerto Ricans who depended on oxygen.[3]

The sequential Hurricanes Harvey, Irma, and Maria caused wide-spread damage to critical infrastructure, livelihoods, and property in 2017. As a result, obtaining food, water, medicine, and transportation was challenging for those affected by the hurricanes, and was particularly challenging for some individuals with disabilities. State, territorial, and local emergency management and private organization partners turned to the Federal Emergency Management Agency (FEMA) for help, including from FEMA disability integration staff who were responsible for providing assistance to individuals with disabilities.[4] In June 2018, near the start of the 2018 hurricane season, FEMA announced plans to reorganize its workforce to more thoroughly incorporate disability integration principles into all preparedness, response, and recovery activities Nation-wide and reduce reliance on disability integration staff in FEMA's Office of Disability Integration and Coordination (ODIC).

My statement today discusses information from our May 2019 report on disaster assistance for individuals who are older or have disabilities. Specifically, this statement addresses: (1) Reported challenges these individuals faced in accessing disaster assistance from FEMA and its non-Federal partners following the 2017 hurricanes; and (2) the extent to which FEMA has implemented changes in how it supports these individuals.

This statement is primarily based on the May 2019 report as well as selected updates. For that report we analyzed FEMA policies, procedures, guidance, and memoranda and assessed these documents against goals and objectives in FEMA's 2018–2022 Strategic Plan, Department of Homeland Security (DHS) policy for ensuring nondiscrimination for individuals with disabilities, and Federal standards for internal control.[5] We obtained and analyzed data from FEMA call centers that operate FEMA's helpline. We also visited Florida, Puerto Rico, Texas, and the U.S. Virgin Islands in June and July 2018 to interview State or territorial emergency managers, public health and human services officials, and representatives of nonprofit disability organizations, among others.[6] We also interviewed FEMA officials from headquarters and staff deployed to each disaster location, including staff focused on assisting individuals with disabilities. More detailed information on the scope and methodology for that work can be found in Appendix I of the issued report. To update progress FEMA has made toward addressing our recommendations from the May 2019 report, we interviewed FEMA officials and analyzed documents they provided.

We conducted the work on which this statement is based in accordance with generally-accepted Government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

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[2] As we reported in September 2018, Hurricane Maria caused wide-spread infrastructural damages that left 3.7 million of the island's residents without electricity and 95 percent of cell towers out of service. GAO, *2017 Hurricanes and Wildfires: Initial Observations on the Federal Response and Key Recovery Challenges,* GAO–18–472 (Washington, DC: Sept. 4, 2018).

[3] The Partnership for Inclusive Disaster Strategies, *Getting It Wrong: An Indictment with a Blueprint for Getting It Right. Disability Rights, Obligations and Responsibilities Before, During and After Disasters* (May 2018).

[4] Disability integration staff are responsible for focusing on inclusive practices in emergency management, and include those deployed to areas affected by disasters and those working permanently in FEMA's regional offices. Inclusive practices are intended to ensure people with disabilities have equal opportunities to participate in, and receive the benefits of, emergency management programs and services.

[5] See FEMA, 2018–2022 Strategic Plan, March 15, 2018; DHS Directive 065–01, *Non-discrimination for Individuals with Disabilities in DHS-Conducted Programs and Activities (Non-Employment),* Sept. 25, 2013; and GAO, *Standards for Internal Control in the Federal Government,* GAO–14–704G (Washington, DC: September 2014). We did not independently assess whether any programs or activities conducted by FEMA or its partners during the period covered by our review complied with applicable non-discrimination or civil rights laws.

[6] Hurricane Harvey primarily affected the Gulf Coast of Texas; Hurricane Irma primarily affected the U.S. Virgin Islands, Puerto Rico, and Florida; and Hurricane Maria primarily affected the U.S. Virgin Islands and Puerto Rico. We supplemented the information we obtained from the site visit interviews with summaries of 8 public listening sessions across the 4 disaster locations. The summaries were published by DHS's Office for Civil Rights and Civil Liberties and co-hosted with FEMA between February 2018 and May 2018.

Aspects of FEMA's Application Process for Assistance Created Challenges for Individuals with Disabilities

To receive FEMA assistance under FEMA's Individuals and Households Program, through which disaster survivors can receive help with housing and other needs, individuals must register by answering a standard series of intake questions.[7] In our May 2019 report, we found that some individuals with disabilities may have faced long wait times and unclear registration questions, and that FEMA's internal communication across its programs about survivors' disability-related needs was ineffective.

- *Long wait times*.—Individuals who tried to apply for assistance using the helpline confronted long wait times, which may have posed greater challenges for those with disabilities. In the days after Hurricane Maria affected Puerto Rico and the U.S. Virgin Islands—when survivors from Harvey and Irma were concurrently contacting the helpline—up to 69 percent of calls went unanswered and the daily average wait time for answered calls peaked at almost an hour and a half, according to our analysis of FEMA data. While long wait times could be burdensome for all individuals, State officials and disability advocates we interviewed said long wait times were especially burdensome for people with certain disabilities, such as those with attention disorders or whose assistive technology prevents multi-tasking when waiting on hold.
- *Unclear registration questions*.—FEMA's registration process did not give individuals a clear opportunity to State they have a disability or request an accommodation because the registration did not directly ask registrants to provide this information.[8] According to FEMA officials at the time, information about disability-related needs can help FEMA staff match individuals with disabilities with appropriate resources in a timely and efficient manner and target additional assistance, such as help with the application process. However, individuals with disabilities may not have requested accomodations or reported their disability and related needs during FEMA's registration-intake due to the unclear questions. As a result, the registration process may have under-identified people with disabilities. For example, in Puerto Rico, an estimated 21.6 percent of people have disabilities, according to 2017 census data. However, less than 3 percent of all registrants in the territory answered "yes" to the disability-related question in response to Hurricanes Irma and Maria.[9]
- *Ineffective communication across FEMA programs*.—Individuals may have faced challenges receiving necessary assistance because FEMA did not effectively track and communicate information about individuals' disability-related needs across its assistance programs after such needs were identified. FEMA officials we interviewed for the May 2019 report explained that accommodation requests and disability-related information identified after registration-intake are recorded in a general "notes" section of a registrant's case file, which can be easily overlooked as a case file is passed along to subsequent FEMA officials.

In our May 2019 report we recommended that FEMA implement new registration-intake questions to improve FEMA's ability to identify and address survivors' disability-related needs. FEMA concurred with this recommendation, and officials reported that in May 2019 the agency updated the questions to directly ask individuals if they have a disability. According to FEMA's analysis of applications for assistance following recent disasters, which used the updated questions, the percentage of registrants who reported having a disability increased. FEMA officials stated this increase gives them confidence the change has improved FEMA's ability to identify and address disability-related needs of individuals affected by disasters.

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[7] Individuals can register by phone using a toll-free helpline, via the internet, or in person at FEMA-staffed Disaster Recovery Centers.

[8] According to a FEMA policy document, FEMA makes reasonable accommodations to policies, practices, and procedures to ensure physical, programmatic, and effective communication access to FEMA disaster assistance. We did not assess whether any accommodations or other services provided by FEMA or its partners complied with any applicable non-discrimination or civil rights laws.

[9] The data are from the 2017 Puerto Rico Community Survey, a survey administered annually by the United States Census Bureau. The Puerto Rico Community Survey produces 1-year estimates for the total civilian noninstitutionalized population and is the equivalent of the American Community Survey for the 50 States and District of Columbia. Data results from both surveys are released together as a unified American Community Survey dataset. The estimate for Puerto Rico has a margin of error at the 90 percent confidence interval of plus or minus 0.5 percentage points.

We also recommended that FEMA improve its communication of registrants' disability-related information across FEMA programs, such as by developing an alert within survivor files that indicates an accommodation request. FEMA did not concur with this recommendation, explaining that the agency lacks specific funding to augment the legacy data systems that capture and communicate registration information. In its comments on our May 2019 report, FEMA stated that it began a long-term initiative in April 2017 to improve data management and exchange, and improve overall data quality and standardization.[10] After FEMA completes this initiative, which officials said will be in 2024, FEMA expects that efforts to share and flag specific disability-related data will be much easier. We believe that in the interim, FEMA could explore other cost-effective ways to improve communication, such as through agency guidance that encourages program officials to review registrants' case file notes. As FEMA moves ahead with its initiatives to improve data, we encourage it to consider and ultimately implement technology changes, such as developing an alert within files that indicates an accommodation request, to help improve communication across FEMA programs.

Officials Reported that Individuals with Disabilities Faced Challenges Obtaining Critical Goods and Services

State, territorial, and local governments are primarily responsible for response and recovery activities in their jurisdictions, including those involving health and safety. In our May 2019 report, we found that the substantial damage caused by the 2017 hurricanes prevented or slowed some individuals with disabilities from obtaining food and water. According to territorial and nonprofit officials in Puerto Rico and the U.S. Virgin Islands, as well as survivors we interviewed in the U.S. Virgin Islands, this was due to centralized distribution models, in which the majority of food and water was distributed to centralized locations around the islands. Officials from one governmental agency in Puerto Rico said this posed a major barrier to people with mobility challenges or without caregivers receiving food and water because they had to rely on home delivery, which took time and in some cases, did not happen. We also found that Hurricane Maria survivors faced challenges obtaining needed medication and oxygen in Puerto Rico and the U.S. Virgin Islands, according to territorial and nonprofit officials.

State, territorial, and local agencies are also primarily responsible for administering shelters, when necessary, for those affected by a disaster. We found in our May 2019 report that individuals with disabilities affected by the 2017 hurricanes may have faced challenges accessing basic services from local shelters, including restrooms and food, according to State, territorial, local, and nonprofit officials in Florida, Puerto Rico, Texas, and the U.S. Virgin Islands. For example, nonprofit officials in Florida and Puerto Rico described instances of shelter residents with impairments that prevented them from accessing shelter restrooms.

We also found that transportation was especially challenging for those who relied on public transportation or were unable to walk long distances, such as people with disabilities, according to State, territorial, local, and nonprofit officials we interviewed. For example, Florida State officials reported that few public transportation services, including paratransit, were functional following Hurricane Irma. This may have prevented some people with disabilities from maintaining their health and wellness—such as by shopping for groceries or going to medical appointments—after the storm, according to State officials.

Officials we interviewed from Texas, Florida, and Puerto Rico for our May 2019 report said they had difficulty obtaining FEMA data that could help them deliver assistance to individuals, including those with disabilities. The officials explained that data—including names and addresses—showing who has registered for and received assistance from FEMA can help local governments and nonprofits identify who in their community needs assistance.[11] To better facilitate authorized non-Federal partners obtaining these needed data, we recommended that FEMA develop

[10] The letter said that FEMA expects the initiative to include the development of a modern, cloud-based data storage system with a data analytics platform that will allow analysts, decision makers, and stakeholders more ready access to FEMA data.

[11] According to FEMA officials, the agency has broad authority to share its data on registrations, and follows the framework established under the Privacy Act of 1974 on the collection, use, maintenance, and dissemination of personally identifiable information. FEMA has published a number of routine uses under which FEMA may disclose such information to State, Tribal, and local government agencies and emergency managers, including the type of information it can share and under what circumstances. See 78 Fed. Reg. 25,282 (Apr. 30, 2013). Generally, FEMA uses agreements with State and other partners to establish the terms and conditions of how it will share data; however, according to State and nonprofit officials, obtaining FEMA data has sometimes been challenging and time-consuming.

and publicize guidance for partners who assist individuals with disabilities on how to request and work with FEMA staff to obtain the data, as appropriate. FEMA concurred with this recommendation and officials told us in July 2019 that the agency plans to publish data-sharing guidelines on its website, among other actions.

FEMA HAD TAKEN LIMITED STEPS TO EFFECTIVELY IMPLEMENT ITS NEW DISABILITY INTEGRATION APPROACH

FEMA Began Implementing Changes Without Communicating Objectives to Regional Staff

Before initiating its new approach to disability integration, ODIC distributed an explanatory memorandum and other documentation to FEMA staff. For example, an April 2018 memorandum to FEMA Regional Administrators outlined a proposal to add new disability integration staff in each FEMA region to foster day-to-day relationships with State, territorial, and local emergency managers and disability partners. Also, ODIC distributed a document that described FEMA's new approach to deployments. Under the new approach, fewer disability integration staff are to be deployed to disasters and all deployable staff and staff in programmatic offices are to receive training on disability issues during response and recovery deployments.

However, in our May 2019 report, we found that these documents did not articulate objectives that could help the agency define success for the new approach. We concluded that without a set of common objectives for FEMA's new disability integration approach, FEMA risks inconsistent application across its regions. In our report, we recommended that FEMA establish and disseminate a set of objectives for the new approach. FEMA concurred with this recommendation, and in July 2019 officials provided us with the draft of ODIC's strategic plan for 2019–2022, which includes strategic goals and objectives that the new disability integration approach can help achieve. ODIC officials told us they will be working throughout 2019 with FEMA's Office of External Affairs to disseminate the plan agency-wide and to non-Federal partners. We will continue to monitor FEMA's progress toward sharing the objectives of its new approach to disability integration with critical stakeholders.

FEMA Had Not Documented Plans for Training All Deployed Staff on Disability Competencies, but Has Taken Steps to Offer Training to Non-Federal Partners

To implement FEMA's new deployment model, which will shift the responsibility of directly assisting individuals with disabilities from disability integration staff to all FEMA staff, FEMA planned to train all deployable staff and staff in programmatic offices on disability issues. We reported in May 2019 that FEMA officials emphasized the need to integrate disability competencies throughout FEMA's programmatic offices and deployable staff. However, we found that the agency did not have written plans—including milestones, performance measures, or a plan for monitoring performance—for developing new comprehensive training for all staff. Starting in the 2018 hurricane season, FEMA had taken initial steps toward training some deployed staff on disability issues. For example, FEMA required all staff to complete a 30-minute training on basic disability integration principles and offered targeted "just-in-time" training to deployed staff. We concluded that developing a training plan would better position FEMA to provide training to all staff to help achieve FEMA's intended goals.

In our May 2019 report, we recommended that FEMA develop a plan for delivering training to FEMA staff that promotes competency in disability awareness. In its letter commenting on our May 2019 report, FEMA stated that ODIC is developing a plan to introduce the disability competency in FEMA's position task books for all deployable staff.[12] The letter explained further that ODIC's plan will describe how FEMA will communicate the disability integration competency throughout the agency, establish milestones for measuring how effectively the competency is integrated across the agency, and outline how ODIC will monitor and measure integration of the competency across the deployable workforce.

In July 2019, FEMA officials told us ODIC plans to hire new staff to focus on integrating the disability competency FEMA-wide. According to the officials, after the position task books are updated, ODIC will work with FEMA's training components to ensure that disability-related training is consistent with the content of the position task books. FEMA officials also noted that the Field Operations Division, and not ODIC, is responsible for measuring how effectively the disability competency is integrated across FEMA. We will continue to monitor FEMA's progress toward developing a plan for delivering training to promote competency in disability aware-

[12] Position task books outline the required activities, tasks, and behaviors for each job, and serve as a record for task completion.

ness among its staff. As noted in our May 2019 report, the plan for delivering such training should include milestones, performance measures, and how performance will be monitored.

In our May 2019 report, we found that deploying a smaller number of disability integration staff and shifting them away from providing direct assistance to individuals with disabilities may result in non-Federal partners (such as State, territorial, and local emergency managers) providing more direct assistance to individuals with disabilities than they did previously. In February 2017, we reported that the comprehensive introductory training course on disability integration that FEMA offered to its non-Federal partners included substantial information on how to incorporate the needs of people with disabilities in emergency planning.[13] However, according to officials, FEMA stopped offering this 2-day course in September 2017. ODIC officials told us during our 2019 review they had determined that the course, as designed, did not provide actionable training to emergency management partners to meet the needs of individuals with disabilities and planned to replace it.

However, we found in May 2019 that although officials had plans to replace the course with new training, they had not provided a time line, which would help ensure that partners are provided with timely information on inclusive emergency management practices. We recommended that FEMA develop a time line for completing the replacement course and, in June 2019, FEMA officials said they had begun procuring external consulting services to redevelop it. According to the officials, ODIC had evaluated alternatives to the suspended course and determined that an in-person, exercise-based course with remote participation capabilities would be an appropriate replacement. FEMA officials said the course will take about 1 year to develop and will be ready to field by August 2020.

In conclusion, FEMA has taken a number of steps toward addressing our recommendations related to how it supports individuals with disabilities in obtaining disaster assistance. ODIC's draft strategic plan for 2019–2022, which articulates objectives for the new approach to disability integration, is likely to help facilitate consistent implementation agency-wide. In addition, we are hopeful that FEMA's revised registration-intake questions, as well as data-sharing guidance for non-Federal partners, will help FEMA and its partners better identify and assist registrants with disabilities. However, we continue to believe that implementing changes to disability integration before staff have been fully trained may leave FEMA staff ill-prepared to identify and address the challenges that individuals with disabilities face while recovering from disasters. We will continue to monitor FEMA's actions as it makes additional progress toward addressing our recommendations.

Chairman Payne, Ranking Member King, and Members of the subcommittee, this completes my prepared statement. I would be pleased to respond to any questions that you may have at this time.

Mr. PAYNE. Thank you, Ms. Curda.

Now I recognize Ms. Roth to summarize her statement for 5 minutes.

STATEMENT OF MARCIE ROTH, CHIEF EXECUTIVE OFFICER, PARTNERSHIP FOR INCLUSIVE DISASTER STRATEGIES

Ms. ROTH. Good morning, Chairman Payne, Congressman Pascrell, my fellow panelists. I am honored to appear before you today.

My name is Marcie Roth, and I am the CEO of the Partnership for Inclusive Disaster Strategies, a national and global coalition of disability rights, emergency management, public health, and community leaders committed to equal access and whole community inclusion before, during, and after disasters.

I was appointed by President Obama and served as senior adviser to FEMA Administrator Fugate for almost 8 years. My role included serving as the Congressionally-mandated disability coordinator responsible for ensuring FEMA meets all of its disability-related obligations established in the Post-Katrina Emergency Management Reform Act of 2006. I was also charged with establishing

[13] *Federal Disaster Assistance: FEMA's Progress in Aiding Individuals with Disabilities Could Be Further Enhanced.* GAO–17–200, (Washington, DC: Feb. 7, 2017).

and directing FEMA's Office of Disability Integration and Coordination from 2010 until my departure in 2017.

I am here today to report that despite an investment of over $34 billion in emergency preparedness funding in the past 15 years, our communities remain unprepared for disasters, and the people most disproportionately impacted are people with disabilities, older adults, and others with access and functional needs. Many of these members of every community in the country have legal protection in disasters, but these protections are not monitored and enforced, placing these individuals and their communities in harm's way every time there is a disaster.

It is important to note that there have been over 120 major disasters in the past 3 years. The disproportionate impact of disasters on people with disabilities, older adults, and others who also have access and functional needs is not insignificant.

In fact, people with disabilities and older adults are 2 to 4 times more likely to die or be injured in a disaster. This is due to a lack of planning, accessibility, and accommodation.

According the Centers for Disaster Control, 1 in 4 adults, 26 percent of the population, has one or more disabilities. Fifteen percent of the population is over age 65 and growing.

Interruption of medical care and disability services were the primary cause of almost 3,000 deaths following Hurricane Maria, 71 percent of deaths in Hurricane Katrina were people over the age of 60, 50 percent of the deaths in Superstorm Sandy, and 77 percent of people who died in the California wildfires this past year were over the age of 65, and many had disabilities.

Equal access to disaster services has been promised to children and adults with disabilities since passage of the Rehabilitation Act of 1973 46 years ago. There are no waivers to civil rights protections during a disaster.

In addition to the obligations that come with the expenditure of every Federal dollar before, during, and after disasters, the Americans with Disabilities Act of 1990 prohibits recipients from discriminating on the basis of disability in the operation of public entities, transportation systems, public accommodations, and the 1999 Olmstead Supreme Court decision assured that people with disabilities would be served in the most integrated setting appropriate to their needs, including in disasters.

Despite this, there has been no action taken to address the partnership's formal and informal requests to the Federal agencies responsible for enforcement to prevent civil rights violations in disasters, and as recently as last week, a waiver of civil rights was issued by the Department of Health and Human Services to Louisiana, allowing nursing home placement of disaster-impacted people.

Key to compliance is FEMA's Congressionally-mandated disability coordinator, implementing responsibilities as defined in the Post-Katrina Emergency Management Reform Act. These responsibilities include ensuring that the needs of individuals with disabilities are being properly addressed in emergency preparedness and disaster relief; consulting with organizations that represent the interests and rights of individuals with disabilities; ensuring the development of training materials and a curriculum for train-

ing emergency response providers, State, local, and Tribal government officials, and others; and ensuring the availability of accessible transportation options in evacuation.

The partnership and our member organization have continually attempted to consult with the FEMA disability coordinator without success. We are the Nation's organizations that represent the interests and rights of individuals with disabilities before, during, and after disasters. The disability coordinator has also prevented the FEMA Individual Assistance Directorate from collaborating with us, and it wasn't until Senator Casey reached out to FEMA that we were granted an invitation to meet with FEMA senior leadership. This meeting, requested by one of our community leaders, has not yet been scheduled.

It must be noted that the DHS Office for Civil Rights and Civil Liberties meets with us regularly, but even they have been unable to get FEMA's disability coordinator to the table with us.

Since 2018, disaster-impacted communities report a lack of FEMA-qualified disability integration representatives. Most of the trained and qualified disability experts have left the agency. Over a year ago, we were told by the disability coordinator that FEMA would be hiring disability integration specialists and training the entire agency to ensure qualified disability integration experts would be ensuring the rights of disaster-impacted people with disabilities and their protection.

However, it appears that only 1 has been hired. Existing training has been discontinued, and at least 1 key position remains unfilled after an 18-month——

Mr. PAYNE. Please wrap it up. Please wrap, please.

Ms. ROTH [continuing]. Vacancy. After the GAO report that was recently discussed, two bipartisan bills were introduced, led by Senators Casey and Collins, Congressmen and -women Langevin, Smith, Shalala, and Gonzalez-Colon, to address the urgent needs to protect every citizen, meeting the Federal Government's obligations.

The Real Emergency Access for Aging and Disability Inclusion for Disasters Act and the Disaster Relief Medicaid Act will work together to provide solutions for the whole community. We call on Congress and the President to quickly pass and enact these bills into law before the next disaster strikes.

Mr. PAYNE. Thank you. Thank you very much.

Ms. ROTH. Thank you very much.

[The prepared statement of Ms. Roth follows:]

PREPARED STATEMENT OF MARCIE ROTH

TUESDAY, JULY 23, 2019

Good morning Chairman Payne and distinguished committee Members. I am honored to appear before you today.

My name is Marcie Roth and I am the CEO of the Partnership for Inclusive Disaster Strategies, a membership organization founded by Portlight Inclusive Disaster Strategies in 2016.

I am here today to report that, despite an investment of over $34 billion in emergency preparedness funding in the past 15 years, our communities remain unprepared for disasters, and the people most disproportionately impacted are people with disabilities, older adults and others with access and functional needs. I am able to report this with authority, because this has been my entire focus for the past 19 years, both inside FEMA for almost 8 of those years.

In 2009, I was appointed by President Obama as senior advisor to the FEMA administrator for disability issues. I was also named as the Congressionally-mandated disability coordinator, responsible for ensuring FEMA meets all of its disability-related obligations established in the Post-Katrina Emergency Management Act of 2006. And, I was also charged with establishing and directing FEMA's Office of Disability Integration and Coordination from 2010 until my departure in 2017.

My disaster policy and operations responsibilities included:

- Advising Senior Leadership by leading agency and interagency development and implementation of disability inclusive emergency management policy and procedures throughout preparedness, response, recovery, and mitigation, to ensure the Federal Government was meeting its obligations to provide equal access, nondiscrimination and reasonable accommodations and modifications for disaster impacted people with disabilities before, during and after disasters.
- Leading development and delivery of training and technical assistance tools provided by FEMA to first responders, emergency managers, and a wide array of stakeholders in States and communities across the country.
- Building a Disability Integration Cadre, one of FEMA's 23 Disaster Response and Recovery Cadres.

In developing the Cadre, I was charged by the administrator with hiring 285 disability experts, developing, implementing, and serving as a qualification system official to ensure the level of expertise of Cadre members in the field.

Between 2013 and 2017, the Cadre had over 400 disaster deployments, and I was personally deployed to catastrophic disasters as a Qualified Lead for over 500 days. Deployment teams included as many as 65 qualified specialists and trainees in larger disasters, with some serving as direct advisors to the Federal Coordinating Officer, and others working in the field alongside other FEMA employees to support implementation of FEMA's obligations to disaster impacted people with disabilities in Federally-declared disasters.

I assumed the position of CEO for the Partnership for Inclusive Disaster Strategies (the Partnership) in 2017. The Partnership is a coalition of local, national and global disability rights, emergency management, public health, and community leaders committed to equal access and whole community inclusion before, during, and after disasters. We are the only membership organization in the United States with a sole focus on the needs and rights of disaster-impacted people with disabilities, older adults, and people with access and functional needs. Our coalition focuses on the access and functional needs of countless people who are disproportionately impacted in disasters due to inadequate planning, preparedness, and accessibility. This includes people who may require assistance, accommodation, or modification due to any situation (temporary or permanent) that limits their ability to take action in an emergency.

In addition to people with disabilities, this includes people who are marginalized, stigmatized, or excluded, older adults, individuals with limited language proficiency, low literacy, temporary and chronic health conditions, pregnant women, and people experiencing homelessness, limited access to transportation, or the financial resources to prepare for, respond to, and recover from a disaster.

Our U.S. members lead disability rights initiatives in every Congressional district and virtually every community across the country. Globally, we bring our expertise and leadership to disaster risk reduction, climate change adaptation, human rights, humanitarian action, strategic development, and resilient community initiatives.

The disproportionate impact of disasters on people with disabilities, older adults, and others who also have access and functional needs is not insignificant. In fact, people with disabilities and older adults are 2 to 4 times more likely to die or be injured in a disaster. Due to a lack of planning, accessibility, and accommodation, most are not due to diagnostic labels or medical conditions.

According to the Centers for Disease Control, 1 in 4 adults, 26 percent of the population has 1 or more disabilities. There are at least 7 million children with disabilities, 14 percent of all school-age children as well, and 15 percent of the population is over age 65, and will grow to 1 in 5 people in the United States over the next 10 years.

Interruption of medical care and disability services were the primary cause of almost 3,000 deaths following Hurricane Maria. Almost 15 percent were attributed to an inability to access needed medications and almost 10 percent were caused by unmet needs for respiratory equipment requiring electricity. Most of these individuals had disabilities related to chronic health conditions.

Seventy-one percent of deaths in Hurricane Katrina were people over the age of 60, 50 percent of the deaths in Super Storm Sandy and 77 percent of people who died in the California wildfires were over 65 and many had disabilities.

Over 2.5 million people use medical equipment and devices that require electricity.

About 46 percent of the U.S. population used 1 or more prescription drugs in the past 30 days, according to a survey from the National Center for Health Statistics. Without uninterrupted access in a disaster, many of these people will require a higher level of health care at the very time when access to health care will be at its most limited.

There are laws in place to ensure equal access, without exception, in a disaster. The Rehabilitation Act of 1973 protects the civil rights of persons with disabilities. It prohibits discrimination on the basis of disability by the Federal Government, Federal contractors, and by recipients of Federal financial assistance.

- Any recipient or sub-recipient of Federal funds is required to make their programs accessible to individuals with disabilities. Its protections apply to ALL programs and businesses that receive ANY Federal funds.
- This applies to all elements of physical/architectural, programmatic and effective communication accessibility in all services and activities conducted by or funded by the Federal Government.

Under the Rehabilitation Act, "entities selected to receive a grant, cooperative agreement, or other award of Federal financial assistance from the U.S. Department of Homeland Security (DHS) or one of its components, including State Administering Agencies must comply with civil rights obligations. Sub recipients have the same obligations as their primary recipient to comply with applicable civil rights requirements and should follow their primary recipient's procedures regarding compliance with civil rights obligations."[1] [2]

Equal access to disaster services has been promised to children and adults with disabilities since passage of the Rehabilitation Act of 1973, 46 years ago. However, the promise remains unfulfilled. This is despite extensive legal protection; despite countless "lessons learned" documents, produced over 14 years since the Nation's failed response to Hurricane Katrina; and, despite claims that actionable emergency plans exist, children and adults with disabilities were consistently denied equal access to disaster-related programs and services throughout the catastrophic disasters of 2017 and 2018 and are still being denied in 2019. These equal access failures extend to all aspects of disaster response and recovery including:

- Alerts, warnings, and notification
- Actionable information and instructions
- Evacuation
- Sheltering in the most integrated setting
- Health maintenance and acute medical care
- Life-saving and life-sustaining goods and services
- Food and potable water
- Registering for disaster services including FEMA and State/territory emergency programs
- Temporary and permanent housing
- Return to home, school, work and community life
- Disaster recovery and mitigation investments.

In addition to the obligations that come with the expenditure of every Federal dollar, before, during and after disasters, the Americans with Disabilities Act of 1990 prohibits recipients from discriminating on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities.

In order to ensure compliance, recipients must provide program access, ensure effective communication, and provide physical access for persons with disabilities in developing budgets and in conducting programs and activities.

The U.S. Supreme Court decided in its 1999 Olmstead decision that the Americans with Disabilities Act requires provision of services to individuals with disabilities in the "most integrated setting appropriate to the needs of the individual".

In 2007, the U.S. Department of Justice instructed State and local governments in their ADA Best Practices Tool Kit for State and Local Governments, Chapter 7 that "The ADA requires people with disabilities to be accommodated in the most integrated setting appropriate to their needs, and the disability-related needs of people who are not medically fragile can typically be met in a mass care shelter. For this reason, people with disabilities should generally be housed with their families, friends, and neighbors in mass care shelters and not be diverted to special needs

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[1] Department of Homeland Security. "Civil Rights Evaluation Tool, OMB Control No. 1601–0024." *https://www.dhs.gov/sites/default/files/publications/dhs-civil-rights-evaluation-tool.pdf.*

[2] U.S. Department of Justice, "ADA Best Practices Tool Kit for State and Local Governments," *https://www.ada.gov/pcatoolkit/chap7emergencymgmt.htm.*

or medical shelters." . . . "Special needs and medical shelters are intended to house people who require the type and level of medical care that would ordinarily be provided by trained medical personnel in a nursing home or hospital."

"The ADA requires emergency managers and shelter operators to accommodate people with disabilities in the most integrated setting appropriate to their needs, which is typically a mass care shelter" . . . "Local governments and shelter operators may not make eligibility for mass care shelters dependent on a person's ability to bring his or her own personal care attendant."

Despite this, the use of "medical special needs shelters", "medical friendly shelters", "special needs shelters", "Federal Medical Stations" and other terms describe the only type of emergency sheltering provided for many individuals with disabilities living in the community and not appropriately served in a nursing home or hospital. The use of these facilities has been prevalent in many of the recent disasters requiring evacuation of disaster-impacted communities.

These shelters have operated in Florida, Louisiana, South Carolina, North Carolina, Virginia, and other States with Federal disaster declarations over the past 3 years with people being sheltered in what is frequently described as circumstances that are "less than optimal".

The use of any of these facilities to meet the disaster-related sheltering needs of individuals with disabilities who "don't require the type and level of medical care that would ordinarily be provided by trained medical personnel in a nursing home or hospital"[3] must be halted. Each of these facilities is a place of public accommodation and most receive some Federal funds. Thus, these facilities must comply with Title II of the ADA and Section 504 of the Rehabilitation Act.

We have also seen the use of "evacuation centers", including those funded with FEMA P–361 grant funds,[4] which, despite the grant instructions, are repeatedly described by local and State government as "different than shelters" and "not required to provide disability accommodations" such as accessible bathrooms, personal assistance, interpreters, cots, and other reasonable accommodations.

Stakeholders report civil rights violations that were due to failure to provide necessary guidance, training and technical assistance to State and local government; failure to monitor compliance; and failure to enforce civil rights laws that apply before, during, and after disasters.

Contributing to these failures is contradictory information about the requirements for sheltering people with disabilities in emergencies and disasters. Further confounding the problem with inconsistent civil rights guidance and lack of enforcement from the responsible Federal agencies is a lack of clarity about which agency has ultimate responsibility for and ownership of the obligation for enforcing the requirement to provide sheltering to people with disabilities in the most integrated setting throughout emergencies and disasters.

HHS OFFICE FOR CIVIL RIGHTS (OCR)

"Being mindful of all segments of the community and taking reasonable steps to provide an equal opportunity to benefit from emergency response efforts will help ensure that responsible officials are in compliance with Federal civil rights laws and that the disaster management in the affected areas by Hurricane Florence is successful."[5]

HHS CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

"Somewhere between a temporary shelter and temporary hospital, a Federal Medical Station is a non-emergency medical center set up during a natural disaster to care for displaced persons with special health needs—including those with chronic health conditions, limited mobility, or common mental health issues—that cannot be met in a shelter for the general population during an incident."[6]

HHS OFFICE OF THE ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE (ASPR)

Federal Medical Stations "sustain from 50 to 250 stable primary or chronic care patients who require medical and nursing services." Federal Medical Stations pro-

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[3] *https://www.ada.gov/pcatoolkit/chap7shelterprog.htm.*

[4] *https://www.fema.gov/fema-p-361-safe-rooms-tornadoes-and-hurricanes-guidance-community-and-residential-safe-rooms.*

[5] *https://www.hhs.gov/about/news/2018/09/13/ocr-issues-guidance-to-help-ensure-equal-access-to-emergency-services-medical-information-during-hurricane-florence.html.*

[6] *https://www.cdc.gov/phpr/stockpile/fedmedstation.htm.*

vide "low acuity care for patients with chronic illnesses whose access to care is impeded due to the disaster."[7]

DOJ

"Shelters are usually divided into two categories: (1) "Mass care" shelters, which serve the general population, and (2) "special needs" or "medical" shelters, which provide a heightened level of medical care for people who are medically fragile. Special needs and medical shelters are intended to house people who require the type and level of medical care that would ordinarily be provided by trained medical personnel in a nursing home or hospital."[8]

DHS OFFICE FOR CIVIL RIGHTS AND CIVIL LIBERTIES (CRCL)

"Under Federal civil rights laws, sheltering services and facilities must be accessible to children and adults with disabilities. Sheltering and temporary housing of persons with disabilities must take place in the most integrated setting appropriate to the needs of the person, which in most cases is the same setting people without disabilities enjoy. See, *Guidance on Planning for Integration of Functional Needs Support Services in General Population.* The intent of this Federal guidance is to ensure that individuals are provided appropriate accommodations and are not turned away or moved from general population shelters and temporary housing or inappropriately placed in other, more restrictive, environments (e.g., "special needs" shelters, institutions, nursing homes, and hotels and motels disconnected from other support services)."[9]

FEMA

1. "Segregating children and adults with and without disabilities who have access or functional needs and those with whom they are associated from general population shelters to "special needs" shelters is ineffective in achieving equitable program access and violates Federal law. People with disabilities are entitled by law to equal opportunity to participate in programs, services, and activities in the most integrated setting appropriate to the needs of the individual. Additionally, children and adults with and without disabilities who have access and functional needs should not be sheltered separately from their families, friends, and/or caregivers because services they require are not available to them in general population shelters."[10]
2. "Providers must be aware that they may fall into more than one category of provider. For example, a State agency that receives Federal financial assistance must comply with laws that apply to Federal financial assistance recipients as well as to laws that apply to State and local governments. Non-profit organizations that receive Federal financial assistance to provide food, clothing, shelter, or transportation in connection with an emergency must comply with obligations applicable to recipients of such assistance as well as requirements generally applicable to nonprofit organizations that provide services to the public."[11]

Despite this, the U.S. Department of Health and Human Services Centers for Medicare and Medicaid repeatedly issue waivers to States in "Public Health Emergency Declarations" which allow States to place individuals with disabilities directly into nursing homes from their own home or from hospital beds to make room for others who may need that bed, regardless of the needs of the individual for nursing home level care. This is in direct violation of the Americans with Disabilities Act and the Rehabilitation Act.

These waivers typically allow:

- waiver of the 3-day hospitalization requirement before eligibility for nursing home admission, because of "shelter needs" not the needs of the individual.
- permission to move acute care hospital patients to nursing homes based on the needs of other patients, not their own level of care needs
- placement of individuals who "need skilled nursing care as a result of the emergency", without any defining criteria to protect the civil rights of eligible disaster-impacted individuals with disabilities.

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[7] *https://www.phe.gov/Preparedness/support/medicalassistance/Pages/default.aspx.*
[8] *https://www.ada.gov/pcatoolkit/chap7shelterprog.htm.*
[9] *https://www.dhs.gov/sites/default/files/publications/notice-nondiscrimination-during-disasters.pdf.*
[10] *https://www.fema.gov/media-library-data/20130726-1831-25045-7316/fnss__guidance.pdf.*
[11] *https://www.fema.gov/media-library-data/20130726-1617-20490-6430/section689referenceguide.pdf.*

The Partnership filed a complaint with the Department of Justice, Department of Homeland Security, Department of Health and Human Services, and FEMA in September 2018. We were granted a "listening session" in November 2018. There has been no further action taken to address this conflicting guidance to States, and as recently as last week, another waiver was issued to Louisiana allowing nursing home placement of disaster-impacted people.[12]

Regardless of the Federal agency ultimately responsible for ensuring the rights of people with disabilities in disasters, at the heart of these violations of the rights of people with disabilities is a total failure on the part of FEMA to have its Congressionally-mandated Disability Coordinator implementing her responsibilities as defined in the Post-Katrina Emergency Management Reform Act of 2006. These responsibilities include:

- ensuring that the needs of individuals with disabilities are being properly addressed in emergency preparedness and disaster relief;
- consulting with organizations that represent the interests and rights of individuals with disabilities about the needs of individuals with disabilities in emergency planning requirements and relief efforts in the event of a natural disaster, act of terrorism, or other man-made disaster;
- ensuring the development of training materials and a curriculum for training of emergency response providers, State, local, and Tribal government officials, and others on the needs of individuals with disabilities;
- ensuring the availability of accessible transportation options for individuals with disabilities in the event of an evacuation;
- ensure that the rights and wishes of individuals with disabilities regarding post-evacuation residency and relocation are respected.

The Partnership and our member organizations have continually attempted, since she first assumed her position in 2017 to consult with and collaborate with the FEMA Disability Coordinator, without success.

We are the Nation's organizations that represent the interests and rights of individuals with disabilities about the needs of individuals with disabilities in emergency planning requirements and relief efforts in the event of a natural disaster, act of terrorism, or other man-made disaster. The Disability Coordinator has also stopped the FEMA Individual Assistance Directorate from collaborating with us, and it wasn't until Senator Casey reached out to FEMA that we were granted an invitation to meet with FEMA senior leadership. This meeting requested by one of our community leaders 3 months ago has not yet been scheduled.

We have heard from many of the FEMA Disability Integration staff that they have been directed not to speak with us, and disability leaders in disaster-impacted communities report a continual lack of local presence of FEMA-qualified disability integration cadre representatives. We have also been told that the Cadre has been discontinued and most of the trained and qualified disability experts have left the agency. Over a year ago, we were told by the Disability Coordinator that FEMA would be hiring Disability Integration Specialists in every State and training the entire agency to ensure qualified disability integration experts would be ensuring the rights of disaster-impacted people with disabilities would be protected by FEMA. However, it appears that only one Disability Coordinator has been hired in TX, existing training has been discontinued, and a contract to develop new training has not yet been awarded. Further, at least one of the Regional Disability Specialist positions, Region IV, remains unfilled after an 18-month vacancy—a region that has sustained repeated disasters over the past 2 years.

In its May 24, 2019 report to President Trump, *Preserving Our Freedom: Ending Institutionalization of People with Disabilities During and After Disasters* the National Council on Disability made the following recommendations:

- The Department of Justice (DOJ), the Department of Health and Human Services (HHS), the Department of Homeland Security (DHS), and the Department of Housing and Urban Development (HUD) monitor and enforce the Americans with Disabilities Act (ADA) Olmstead integration mandate and the Rehabilitation Act obligation to use Federal funds in such a way that people are served in the most integrated setting appropriate to their needs.
- All relevant Federal agencies engage with National, State, and local coalitions of disability-led organizations and stakeholders.
- DOJ assesses the equal access and non-discrimination civil rights compliance performance of the American Red Cross and other shelter and mass-care providers in relation to actions resulting in institutionalization of disaster survivors with disabilities.

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[12] *https://www.hhs.gov/about/news/2019/07/12/azar-declares-public-health-emergency-louisiana-tropical-storm-barry.html*.

- The Federal Emergency Management Agency (FEMA) explore ways to expeditiously modify its Individual Assistance registration process to curtail the incidence of institutionalization of individuals with disabilities.
- DHS/FEMA and HHS/Administration for Community Living (ACL) provide grant funds to support Independent Living Centers in supporting disaster-impacted people with disabilities in their community. (This funding should incorporate all 5 core services of Independent Living Centers, including their obligation to prevent and divert institutionalization of disaster-impacted people throughout disaster response and recovery.)
- Relevant Federal agencies integrate disaster-related services for veterans with disabilities with all other emergency and disaster services in order to address the current gap in coordination.
- Legislation be introduced and swiftly enacted to address all gaps in meeting the civil rights obligations to people with disabilities impacted by disasters.

In June 2019, the Government Accountability Office (GAO) released a report entitled, *FEMA Action Needed to Better Support Individuals Who are Older or Have Disabilities.*

The GAO report was requested by a bipartisan and bicameral group of 17 Congressional committee leaders to evaluate FEMA's disaster assistance for older Americans and individuals with disabilities.

The findings detail what the Partnership has attempted to address with FEMA since Hurricane Harvey made landfall in August 2017. Among these are FEMA's system-wide failure to ensure disaster-impacted people with disabilities and older adults are provided with equal access to FEMA assistance programs and critical needs services, such as food, water, and health care in the 2017 hurricanes.

The GAO findings also evaluate the 2018 restructuring of the FEMA Office of Disability Integration and Coordination (ODIC), which further dismantled critical supports to disaster-impacted people with access and functional needs, and the communities and responders serving them, without developing, implementing, or communicating a replacement plan.

The GAO report provides recommended actions and an agreed time line, stretching over a year into 2020, for FEMA to implement.

However, these plans are hollow due to the continued silence toward disability community leaders and key stakeholders from FEMA's Office of Disability Integration and Coordination, the Individual Assistance Division, and FEMA's Administrator.

Immediately after the GAO report was released, two bipartisan, bicameral bills were introduced by Senator Robert Casey, Senator Susan Collins, Congressman James Langevin, Congressman Chris Smith, Congresswoman Donna Shalala, and Congresswoman Jenniffer Gonzalez-Colon to address the urgent need to protect every citizen by meeting the Federal Government's obligations to underserved and multiply marginalized people with disabilities, older adults, and people who also have access and functional needs.

The Real Emergency Access for Aging and Disability Inclusion for Disasters Act (REAADI) S–1755 and HR–3208 and the Disaster Relief Medicaid Act (DRMA) S–1754 and HR–3215 will work together to provide solutions that help individuals maintain their health, safety, and independence before, during, and after disasters by:

- Funding research;
- Developing and delivering technical assistance and training;
- Creating a National commission with people with disabilities, older adults, experts on disability inclusive emergency management and Government and community stakeholders to provide guidance on disability and aging issues before, during, and after disasters;
- Providing uninterrupted access to Medicaid services when recipients must evacuate across State lines;
- Department of Justice review of ADA non-compliance settlement agreements in preparedness, response, and recovery efforts;
- Government Accountability review of Federal funds expended in disasters to ensure compliance with Rehabilitation Act requirements.

We call on Congress to quickly enact these bills into law before the next disaster strikes.

Despite years of planning, people with disabilities and older adults continue to pay the price for our collective emergency planning shortfalls. Many are still without the basic necessities to meet their independence, safety, and health maintenance needs. Many more have been denied their basic right to equal access to Federally-funded emergency programs and services.

The people most knowledgeable about the needs of the people in their own community are expected to volunteer their time, while Government and the disaster business giants get grants, donations, and tax-payer dollars to perpetuate strategies long proven to be bad for individuals and just as bad for communities.

The time to monitor and enforce the laws is overdue and effective practices for whole community inclusion must be led by experts in disability and aging inclusive emergency management.

It's time to stop admiring the problems. It's just not an option to fail again. The Partnership for Inclusive Disaster Strategies remains fully committed to working collaboratively with FEMA, DHS, HHS, and our Government to ensure that the rights and disaster-related needs of the 61 million Americans with disabilities, over 50 million older adults, and countless others who also have access and functional needs are no longer denied. Until we all join forces and work together—led by those of us with lived experience—our families, neighbors, and communities remain in harm's way as soon as the next flood, fire, tornado, hurricane, earthquake, terrorist attack, or other disaster strikes.

The Partnership and our allies from across the country are looking to Congress for your leadership and appreciate the opportunity to speak with you today.

Mr. PAYNE. The Chair now, in the interest of time, the gentleman from New Jersey—the Chair will defer and recognize the gentleman from New Jersey, Mr. Pascrell, for questions.

Mr. PASCRELL. Thank you, Mr. Chairman, for that courtesy.

Just good to be at Saint Peter's, a Jesuit institution. Having gone to Fordham myself, across the river, this is a good place to learn, and this is a good place to a hearing like this. They go together very nicely.

I am very, very concerned and have been particularly the last few years, Ms. Curda, of FEMA. On the Ways and Means Committee, we look at these budgets very, very carefully and what they ask for. You are the spokesman for FEMA today. I am not here to beat up on FEMA.

But the GAO did a report very specific to what you talk about, what you did talk about in a very, very reasonable way, I thought. But my concern is we see a pattern here, I see a pattern, and I want to ask you a very simple question at the beginning. Does FEMA have the resources that can address the very problems we are talking about today?

Of course, the GAO has some questions about that.

Ms. CURDA. Yes, we did not analyze whether they have an appropriate amount of resources. However, they do have a large deployable staff of people that could be sent out following hurricanes and disasters. They have this sort of new vision, which involves training all the staff to have disability competency and to be able to help people following disasters.

However, they haven't established training for those people yet, and so it is a little unclear to us how those deployed resources are going to be put to effective use.

Mr. PASCRELL. Well, we need people to do the very thing we are talking about here today. You don't have the people, you don't have the resources. There are so many vacancies that have not been filled. It reminds me of the rest of the administration.

So I know in a dictatorship, you have very few people to worry about in the administration because there is only one person making all the decisions. We are a democracy. So we need input.

You have heard from each of the people here today—in fact, I go to Major Bucchere in his statement, which says it all. Most importantly, he wrote and presented to us, we learned about the signifi-

cant challenges faced by some of our more vulnerable residents, but we also learned how to incorporate their experience, their expertise into the planning process.

I think that is a profound statement. After my many years in the Congress, I didn't see too many profound statements. So in other words, you are going to the very people who have the problems maybe, which we all do, by the way. But we are talking about particular problems here. We are asking them in our planning to protect them and provide safety. What do you think? What should be done? What didn't you have?

I don't see that in FEMA. Maybe I could be enlightened, or maybe we should be listening to these people there and be enlightened, hopefully. Because that GAO report is not a good one. You know which one I am talking about?

You don't accept that as the end product, then in other words, we have got—we can rest on whatever laurels we have. You don't believe that, do you?

Ms. CURDA. I am sorry. What is the question?

Mr. PASCRELL. You don't rest on the laurels of what has happened. You see the problem just as the GAO made a report about FEMA.

Ms. CURDA. Yes.

Mr. PASCRELL. We have had more hurricanes. We have had more natural disasters. It seems to me I see very little improvement in FEMA, to be very honest with you. I fought for every dollar for FEMA because I think it is necessary. But if the administration, whatever that administration may be and whenever it does exist, if they are not cooperating with us, if they are not cooperating with you and the folks that are here, what the heck—you know, what are we doing, you know? We are massaging each other.

We are talking about serious business here, Mr. Chairman, and this hearing today——

Mr. PAYNE. I recognize the gentleman for another 3 minutes.

Mr. PASCRELL. This problem today that we see is not going—you know, is not going to go away. So the Disability Integration and Coordination Office, can you recount how are special needs populations informed about transportation and shelter resources in an emergency evacuation?

Ms. CURDA. Those—the responsibility for the first response following a disaster rests primarily with State and local responders, such as the folks at the table.

Mr. PASCRELL. I am sorry?

Ms. CURDA. The responsibility for initial response following a hurricane rests primarily with the State and local providers, such as those here at the table.

Mr. PASCRELL. Then I will ask the Major then. Because you do have some responsibility according to the mission of FEMA. Let me ask the Major that same question.

Major BUCCHERE. So one of the main ways that we connect with the DAFN population is through technology, and we have NJ Transit has a link right to our Register Ready platform, and we can help provide, you know, access points, transportation, et cetera, for the vulnerable populations in an evacuation.

Mr. PASCRELL. Do you communicate with FEMA?

Major BUCCHERE. Yes.

Mr. PASCRELL. Are they cooperative?

Major BUCCHERE. Yes.

Mr. PASCRELL. Let me ask the next question. What would you suggest to help what we are talking about today, facilitate what we want to do, what the Chairman is anxious to do and has been working on day-in and day-out because he is an official Member of Homeland Security?

I am not there anymore. What would you suggest?

Major BUCCHERE. Certainly any resources by way of financial help that we can get would be beneficial. When you talk about FEMA staff being trained in a wide variety of areas, as opposed to subject-matter expertise in dealing with these vulnerable populations, you are asking a lot of that staff person in a disaster.

In addition to that, you know, FEMA has historically been very good at sending surge staff in after a disaster and staying on-board for a period of time. But what we see is that FEMA is very transient, and they come, they help for a while, and then they move on to the next disaster. With that movement causes an interpretation—you know, various interpretations in rules, policy. It creates hurdles at the State, county, and local levels.

So we would like not only additional training for FEMA staff on subject-matter expertise to help these populations, but embedded personnel to stay with the States and territories through a disaster to have consistency in interpretation of policy.

Mr. PASCRELL. We have had under Republican and Democratic administrations very excellent Directors for the most part. We had some problems back at Katrina, but that is yesterday. This is today.

I have asked on my own, Mr. Chairman, and I will conclude with this, 20 Congressman at random—Democrats, Republicans—only one was able to even tell me who the head of FEMA is now.

I yield. Thank you, Mr. Chairman.

Ms. PAYNE. Thank you, Mr. Pascrell. That is a tough question. I might have to think about that myself who the head of FEMA is these days.

But I would like to thank the gentleman for his questions. I will now move on to questions myself. I recognize myself.

Ms. Curda, in the 2017 storms, FEMA sent an average of 55 disability integration advisers to help with the response and recovery after the disaster. Now they start with an average of 5 whose leadership—who advise the leadership rather than go out into the field. Can you describe FEMA's rationale for this change, this drastic, dramatic change?

Ms. CURDA. All I can say is that what they have articulated to us is their view that rather than having specialized people in the field, they believe that they can serve more people if they have trained everybody, all deployable staff and all program staff in disability competency. That is what they have told us is their vision for this change.

Mr. PAYNE. But I mean going from 55 to 5 seems dramatic at best, drastic. Such a change, I mean, how are you able to sustain the same type of support with that dramatic a change in staffing?

Ms. CURDA. It is still unclear to us how that will—how effective that will be. We looked at the 2017 hurricanes and the response, and we did identify a lot of problems with the response and made 7 recommendations to FEMA to improve how they do this. But, so we have not yet evaluated how this new model is working.

Mr. PAYNE. I would urge you to definitely try to focus on that and come up with some type of response to that, please.

Ms. Roth, any comment you would like to make with respect to this?

Ms. ROTH. One of FEMA's biggest challenges began to be addressed a number of years ago by developing a qualification system to ensure that the folks who were being deployed by the Federal Government have the qualifications necessary to meet certain responsibilities. One of the Federal Government's primary responsibilities is to make sure that every Federal dollar that is either spent by the Federal Government or given to others to spend complies with civil rights obligations.

The responsibility that FEMA has is to make sure that qualified people are doing what's necessary to make sure that the protections of people with disabilities are assured throughout disasters. It is very difficult to understand how a generalized work force who doesn't have qualifications in the very things that FEMA set out to develop qualifications for could possibly meet those obligations.

We are talking about investments of billions of dollars that every dollar must comply with those obligations, and yet unqualified people are now dealing with life and death, life-saving, life-sustaining, and the futures of 26 percent of the population, people with disabilities.

Mr. PAYNE. And every dollar, well, good luck with that.

Major Bucchere, we have heard reports that the process to apply for FEMA aid is confusing and cumbersome and creates unnecessary hurdles for low-income individuals. Many simply give up before making it through the entire process.

After Sandy, did you hear from survivors that the process to apply for housing assistance was too onerous, and how would you recommend simplifying that process?

Major BUCCHERE. Yes, Mr. Chairman. I certainly would say it is onerous. It is cumbersome. In dealing with it at the State level, as an example, we are dealing with IT issues right now and FEMA rolling out new IT programs that aren't compatible with our own. So we are doing twice the work.

So now imagine you are in a disaster. You have lost everything, and now you are trying to navigate a system, and you are a low-income individual. So it is very tough.

One of the things that we would like to see FEMA take a look at in general is the individual assistance award amount. When you are talking about an individual assistance award of $34,900 with no cost-of-living adjustment, it is tough. Here in the Northeast, it is clearly more expensive to live here than it is in other areas of the country.

We would also like FEMA to take a look at separating out renters, you know, the cost of rent from this award. Because you have individuals that are spending every last dollar of an award on rent

and don't have the necessities that they need, like simple things like food and clothing.

You know, some of the other things that we would like to see, we would like FEMA to move ideally to a one-stop shopping experience. When you have multiple Federal programs, you have low-income individuals, it is tough to navigate the process. We would like to see us come to a day when an individual can come, log on, enter their personal information, and have that system tell them exactly what they are eligible for.

We understand there are challenges. These people have to be able to get to a computer. They have to be able to navigate the process. We have taken steps at our level, at the State level.

We have a State library initiative where we are pushing out information, working with the State library on personal preparedness, educating them on the programs that are available to our most vulnerable residents. They, in turn, are working with the county and local libraries to be a resource for that population where those individuals can come in, work with the library staff and navigate that tough, onerous system.

We also think that there should be an agreement and deadlines for these programs. Quite often, you have the SBA come in early on to offer loans and then are gone. You have people that are waiting to see what aid is available to them. Do they, do they not have insurance? Are they getting an insurance award? Then SBA has come and gone.

We would also like to see the SBA move to offer micro loans to low-income individuals to just help them rapidly get back on their feet.

Mr. PAYNE. You know, that is interesting you mention the availability of a one-stop type situation, and so you are saying that you work with the libraries in order to provide a portal for these individuals to come, or maybe even that would be a good idea for maybe in these circumstances to have FEMA set up a place where people can go to access the computer for that service?

Major BUCCHERE. Yes. This is a multi-pronged initiative. Certainly in the recovery phase, we would leverage that relationship with the State library who, again, then connects with the county and local libraries. We work with them on everything from individual preparedness to recovery on the back end.

What we are hoping is that, you know, those who may not have a computer—maybe they only have a cell phone. You can imagine navigating an application through a cell phone is not that easy. We would hope that they would make that trip to the library, right to the public library, and that connection that we are making—State, county, local—you know, that relationship building would ultimately benefit our residents.

Mr. PAYNE. Thank you.

Does the gentleman have another question he would like to pose before——

Mr. PASCRELL. No, I am good. Thank you.

Mr. PAYNE. You are good. OK. Let me ask Ms. Boyd, after Sandy, can you discuss the benefits in New Jersey of having FEMA's disability integration advisers on the ground-assisting disaster survivors?

Ms. BOYD. Sure. When Sandy hit in October 2012, my recollection is that the disability integration adviser program was fairly new at that time, and I was in the role then as chair of NJ GAINED, and I was able to interact with a small group of disability integration advisers and specialists who assisted New Jersey by working in the field, securing durable medical equipment, and sharing information and resources.

They also, for example, aided individuals and groups at senior living facilities when power was out and supplies were needed in other high-rise buildings and ultimately went on to work with the long-term recovery groups.

One of the individuals at that time who worked with me was already familiar with a lot of the projects we had and our partners because he attended the NJ GAINED meetings and kept in contact with me as different projects arose and still does to this day.

We continue to partner on various projects with both the disability integration specialists and adviser from FEMA Region 2. They have been helpful in pulling in other staff from FEMA, including the VAL, members of FEMA FIT, and others when we have needs or questions.

The one concern I had at the time was that some of the folks that were deployed were unfamiliar with the resources. So that is why I have worked very hard to maintain a close relationship with the staff that is currently working within the region, and they have partnered with me and other stakeholders to providing trainings to NJ GAINED members and other groups, especially the core advisory groups and the county AFN coordinators, and are currently working on a presentation and a toolkit to help the counties that are currently working on setting up CAGs better understand what that process is.

Then they will work with me to provide briefings to those who are spearheading the CAGs to get them off the ground and really brainstorm about the issues that need to be addressed. I also support the hiring of—for more funding so that folks can be hired at the local level to support emergency management, especially the vulnerable populations who might be affected by local emergencies and rely on the staff that is there before FEMA can get out to assist.

Mr. PAYNE. Let us see, Ms. Roth, as a former head of the Office of Disability Integration and Coordination, what are your thoughts on FEMA's outreach to advocacy groups such as yours in the wake of a disaster, and are they effectively leveraging the help of nonprofits to improve their response?

Ms. ROTH. The Partnership for Inclusive Disaster Strategies is a coalition of virtually all of the disability organizations across the country who focus on these issues. The partnership itself is an organization that focuses exclusively on disability and disasters before, during, and after disasters.

We have been trying since 2017 to continue working with FEMA's Office of Disability Integration and Coordination, and unfortunately, we have not been successful in that. We have had a couple of invitations. We have had a couple of opportunities for the disability coordinator to speak to groups, but we have had no opportunities for collaboration.

In fact, on a regular basis, I hear from FEMA employees that they have been specifically told not to work with the disability organizations. This is a tremendous missed opportunity. Our members have a footprint in virtually every community in the country. We have the ability to support local organizations immediately after disasters.

When disability integration advisers have worked with us until they have been told not to continue to work with us, together we have been very successful in meeting urgent and immediate needs of people who are counting on us the most to get this right.

Mr. PAYNE. Thank you. That is very troubling to hear.

Ms. ROTH. Yes.

Mr. PAYNE. For there to be some type of discouragement in working with organizations that are on the ground, doing the work, and have the information and can be a vital resource in moving these efforts forward, it just baffles me. But what is new with this organization? Just troubling.

But let me 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 expeditiously in writing to those questions.

Pursuant to Committee Rule VII(D), the hearing record will be open for 10 days. Without objection.

Hearing no further business, this subcommittee is in recess.

[Recess.]

Mr. PAYNE. I welcome our second panel of witnesses. Unfortunately, Mr. Dorian Herrell, who is the director of the Emergency Management and Homeland Security for the city of Newark, cannot be with us today. There was extensive flooding in the city of Newark last night, and he is attending to that emergency.

So I think this hearing is very timely. Next we have Mr. Luke Koppisch, who is the deputy director for the Alliance Center for Independence. Last, we have Dr. Laurence Flint, who is a representative of the New Jersey Chapter of the American Academy of Pediatrics and serves on the disaster preparedness committee for the organization.

Without objection, the witnesses' full statements will be inserted in the record. I now ask each of the witnesses to summarize his or her statement for 5 minutes, beginning with Mr. Koppisch.

STATEMENT OF LUKE KOPPISCH, DEPUTY DIRECTOR, ALLIANCE CENTER FOR INDEPENDENCE

Mr. KOPPISCH. Hello, and thank you for inviting me to testify at this important hearing.

Thank you to Chairman Payne and Congressman Pascrell for bringing attention to this important topic.

My name is Luke Koppisch. I am the deputy director of the Alliance Center for Independence. We are located in Edison, New Jersey, and we are a center for independent living. We are a 503(c) nonprofit organization, and we serve Union, Middlesex, and Somerset Counties in New Jersey.

The Alliance Center for Independence believes that emergency preparedness for people with disabilities is a civil rights issue. But we began working on emergency preparedness since 2011 during

Hurricane Irene. Since then, we have trained over 700 people with disabilities on emergency preparedness and disaster, organized 2 mock shelter exercises with people with disabilities as well as emergency planners. We have presented at many conferences and conducted many trainings to emergency planners, people with disabilities, parents, and other people involved with disasters and disability.

ACI first formed the core advisory group along with FEMA and has been working with emergency managers as well as FEMA, as well as New Jersey VOAD, and the American Red Cross.

ACI really encourages people to take responsibility for their own emergency planning. We teach individuals with disabilities how to prepare, how to communicate with emergency managers, as well as how to put emergency preparedness plans into place before a disaster hits. We also train people on preparing go bags and really to shelter in place, if that is something that is an option for people.

During Superstorm Sandy, we were called into action to provide assistance to people with disabilities, survivors of the storm in our catchment area. Our staff worked and called 3,000 consumers of ours and offered assistance, and the assistance ranged from financial assistance to where they go for help with FEMA, to who to call to get durable medical equipment.

We also volunteered our time to help with Portlight Inclusive Disaster Strategies to operate a hotline for survivors of Hurricane Harvey 2 years ago. So we have a lot of experience.

This work that we do is extremely important because 54 million people in the United States have a disability, including 3 million children. Sixty-one percent of people with disabilities have not made a plan to quickly and safely evacuate their homes. Only 24 percent of people with disabilities have made emergency plan preparations specific to their disability.

Two-point-four million people with a disability have medical equipment that require electricity. My power was out last night. So I can see—you know, it is still out. So I can see why this is such a huge need to get people prepared.

Currently, people with disabilities are 2 to 4 times more likely than nondisabled people to be critically or fatally injured during a disaster. These are all the reasons why our communities need to be prepared.

Emergency preparation and response and recovery fall under Title II and Title III of the Americans with Disabilities Act, as well as the Rehab Act of 1973. To quote Paul Timmons, president of Portlight Inclusive Disaster Strategies, "Right now, most planning occurs for people with disabilities and older adults, not with us. Moving forward, we need to ensure that there is substantial leadership and participation of people with disabilities during emergency planning."

That is really what our focus has been, our work has been. So I just want to go through some of the recommendations that we have through our work in our office. Some of the things that emergency planners need to consider is evacuation and training procedures that include people with physical, sensory, or intellectual disabilities, or who are autistic or experience anxiety or other mental health concerns.

Accessible transportation to evacuate older persons and people with disabilities. We have met with New Jersey Transit and suggested that their Access Link service, their main ADA transportation service for people with disabilities, that that service be available during a disaster. We have general population shelters are ready to accommodate people with disabilities and provide those services for people with disabilities that allow them to get those services in their shelter rather than going into a segregated, more costly shelter. Special needs shelter is not something that we would advocate for.

The other thing that we recommend is that planners utilize independent living centers like ours. We provide lots of different services. We are in touch with our constituents. We could provide counseling services. We can help alleviate social isolation. We could help fill out paperwork FEMA requires. We could set up hotlines. So we could be a resource.

We also want to increase the number of accessible emergency shelters, accessible meaning accessible bathrooms staffed by trained personnel, staffed by personal assistants. Accessible meals. A lot of MREs are not accessible for people with disabilities. Accessible communications. The list goes on.

Mr. PAYNE. Please finalize.

Mr. KOPPISCH. Really, we have other recommendations that are in my testimony, but I think there needs to be a close working relationship with American Red Cross and FEMA and other organizations involved with disaster preparation.

Mr. PAYNE. Thank you very much.

Mr. KOPPISCH. Thank you.

[The prepared statement of Mr. Koppisch follows:]

PREPARED STATEMENT OF LUKE KOPPISCH

JULY 23, 2019

Hello and thank you for inviting me to testify at this important hearing. Thank you to Congressman Payne for bringing attention to this important topic. My name is Luke Koppisch, I am the deputy director of the Alliance Center for Independence, a 501(C)3 organization located in Edison, NJ. ACI is one of 11 Centers for Independent Living in NJ and over 400 throughout the United States. ACI extends an open invitation to visit our Center.

The Alliance Center for Independence (ACI) began working on preparedness efforts during Hurricane Irene in 2011. Since then we have trained over 700 people with disabilities on disaster/emergency preparedness, organized 2 overnight emergency shelter simulations with people with disabilities and emergency managers and have presented at many conferences and webinars including 2 FEMA webinars. We also trained 100's of emergency managers and first responders on disability etiquette and assisting people with disabilities during a disaster. ACI formed the first Core Advisory Group (CAG) in NJ and have worked closely with emergency managers, FEMA, VOAD and the Red Cross. ACI encourages people to take personal responsibility during an emergency. We teach individuals with disabilities how to prepare, work with emergency managers in their communities, how to put a communication plan in place, create a Go Bag and to be ready to shelter in place.

During Super Storm Sandy we were called to action providing guidance and assistance to survivors with disabilities in our catchment area of Middlesex, Somerset, and Union counties in New Jersey. Our staff contacted 3,000 of our consumers and offer assistance. ACI staff volunteered their time to assist in operating a hotline set up by Portlight Inclusive Disaster Strategies, Inc. to assist survivors of Hurricane Harvey 2 years ago.

Our work is important because:

- 54 million people in the United States have a disability, including 3 million children with a disability.

- 61 percent of people with disabilities have not made plans to quickly and safely evacuate their homes.
- Only 24 percent of people with disabilities made emergency plan preparations specific to their disability.
- 2.4 million people with a disability have medical equipment that require electricity.
- Currently, people with disabilities are 2 to 4 times more likely than non-disabled people to be critically or fatally injured in a disaster. Our communities need to be ready in a disaster.

Emergency Preparedness Response and Recovery fall under Title II and Title III of the Americans with Disabilities Act as well the Rehabilitation Act of 1973.

According to Paul Timmons, President of Portlight Inclusive Disaster Strategies (PIDS), "Right now, most planning occurs 'FOR' people with disabilities and older adults, not 'WITH' us. Moving forward we need to ensure there is substantial leadership and participation during emergency planning."

To truly include Americans with disabilities, we recommend that emergency planners and others involved in disaster preparedness, implement the following:

- Current practices for communicating and broadcasting emergency warnings to the public are understood by persons with hearing challenges;
- Accessibility of all emergency response communications, including 9–1–1 and 2–1–1;
- Current evacuation and training procedures need to include people who require mobility support, sensory disabilities, intellectual disabilities, autism, anxiety and other mental health concerns;
- Trained personnel to implement plans that include people with disabilities;
- Current transportation is accessible to evacuate older persons and those with disabilities (We have met with NJ Transit and suggested that Access Link's NJ Transit ADA Required Transportation Service be deployed during a disaster);
- Transit personnel are trained to operate the vehicles and their accessibility features during emergencies;
- Access to food, water, medicine, and power;
- Information is available in accessible formats, including video with captioning, audio, and plain language formats;
- General population shelters are ready to accommodate and provide services to those with disabilities instead of sending them unnecessarily to segregated and more costly "special needs" or medical shelters;
- Utilize Centers for Independent Living to provide various services before during and after a natural disaster (these could include counseling services, to alleviate social isolation, filling out paperwork, setting up hotlines etc.);
- Shelters are accessible and have trained personal assistants, accessible showers and toilets, flexibility in meals (MREs are not accessible for many people with disabilities), and equal access to communication;
- Equal access to emergency registries operated by State, Federal, and nonprofit emergency programs;
- Improve current response time from the Red Cross, Office of Emergency Management and FEMA for critical and immediate needs from public
- Service animals are admitted to shelters under the ADA are shall not be separated from their owners;
- Health maintenance items/assistive technology stay with those who use mobility and communication devices, sign language interpreters, and personal assistants;

During Super Storm Sandy, there were 285 fatalities. According to EPA nearly 50 percent of the deaths were elderly or had disabilities.

If implemented our recommendations will no doubt save lives in future disasters. We hope that the pending REAADI for Disasters ACT legislation will address our concerns.

Mr. PAYNE. I now recognize Dr. Flint to summarize his statement for 5 minutes.

STATEMENT OF LAURENCE FLINT, M.D., NEW JERSEY CHAPTER REPRESENTATIVE, AMERICAN ACADEMY OF PEDIATRICS (AAP) DISASTER PREPAREDNESS COMMITTEE

Dr. FLINT. Chairman Payne, it is an honor to appear before you today at this important meeting to speak about the impact of disasters on children.

As noted, Laurence Flint. I am certified, a board-certified pediatrician working in hospital in New Jersey, both in general pediatrics and disaster medicine, and have served as the State representative to the American Academy of Pediatrics Disaster Preparedness committee since 2016.

Children make up 25 percent of the U.S. population and have unique medical and psychological needs. Although they fall under the umbrella category of "vulnerable" populations, they deserve attention that is customized to meet their specific needs. By considering which groups are at increased risk in a specific disaster, including those with disabilities, chronic illnesses, or who are economically or socially disadvantaged, advanced planning benefits all children.

Children differ from adults in their physiology, behavior, emotional and developmental capacities, in their responses to traumatic events, and they are dependent on others for their basic physical and emotional needs. They are more susceptible to physical, biological, chemical hazards and are at an increased risk of developmental problems as well.

Children often lack the cognitive ability to flee from disaster or to comprehend risk. Infants and young children cannot care for themselves and require access to age-appropriate foods, including human milk or infant formula, as well as assistance in feeding, hygiene, and dressing.

Security is a high priority, as children are much more susceptible to physical, emotional, and sexual abuse in the wake of disasters, particularly when they are separated from their families. Disasters not only put more stress on individuals caring for their children, but they also bring out criminal opportunists who use the cover of a disaster to prey on the most vulnerable, including our children.

After a disaster, children and their families are likely to experience a host of negative mental reactions, including stress, depression, anxiety, PTSD, behavioral regression, physical symptoms, and the worsening of preexisting conditions. Children are among those most at risk for psychological trauma and behavioral difficulties after a disaster.

Research has repeatedly confirmed that psychologically traumatic events in childhood can have significant life-long effects, such as increases in chronic disease and poor coping abilities. Children's limited ability to understand the nature of the disaster can also lead to stress, fear, anxiety, and an inability to cope, as well as an exaggerated response to media exposure. This is far worse in the age of social media.

It is important then to have established, trusted sources of information for families and communities. Pediatricians and other health professionals can help fill those roles. Partnering in advance of disasters is essential to optimizing community mental health. Psychological recovery is a multi-tiered process that begins with providing for the basic physical needs and the provision of psychological first aid and, later, more comprehensive counseling and mental health resources to support children in their communities.

Attention to the needs of children in disasters encompasses a continuum of pre-disaster preparation, delivery of care and services during a disaster, and follow-up services in the disaster recovery

period. Appropriate medical equipment, supplies, and medication specific to children of various ages and sizes should be readily available, as should medical and mental health providers with some degree of training in disaster-related concepts.

Disaster preparation extends to all places that work with children, including schools, shelters, day cares, camps, hospitals, and medical offices. In the daytime, children are often separated from their caregivers, and processes for prompt family reunification are a critical component as children clearly do best when with their families.

Post-disaster care and assistance is necessary to the effective resilience of children and their communities. The American Academy of Pediatrics has been at the forefront of addressing the needs of children in disasters through partnering with and advising State, local, and Federal agencies and by providing numerous resources to inform and educate professionals, parents, children, and administrators on topics including natural disasters, pandemics, economic emergencies, and terror events.

The Disaster Preparedness Advisory Council has more than 80 contacts, including myself, in all AAP State chapters. Some of the many collaborative efforts with Federal agencies include the HHS Office of Assistant Secretary for Preparedness Response, which is requiring pediatric annexes and is offering funding for pediatric centers of excellence, and the CDC, which has established its children's preparedness unit.

We believe that continuing to build pediatric capacity within all areas of government and public health is crucial and could be facilitated by connecting with the American Academy of Pediatrics nationally and/or through its local chapters. Increased inclusion of pediatric practitioners and groups involved in disaster field care, such as disaster medical assistance teams on the Federal level or State/urban search and rescue teams, would enable directly meeting the needs of children.

Finally, working toward centralized coordination and implementation of programs can help maximize delivery of care and standardizing of protocols and procedures on State and Federal levels.

Thank you for the opportunity to testify on this critical topic, and thank you for your leadership on this issue.

[The prepared statement of Dr. Flint follows:]

PREPARED STATEMENT OF LAURENCE E. FLINT, MD, FAAP

JULY 23, 2019

Chairman Payne, Ranking Member King, and Members of the subcommittee, it is an honor to appear before you today at this important hearing on the issue of emergency preparedness for underserved populations and to speak to you about the impact of disasters on children. I am Laurence Flint a practicing hospital-based pediatrician here in NJ with board certification in both General Pediatrics and Disaster Medicine and I have served as a State representative to the American Academy of Pediatrics Disaster Preparedness committee since 2016.

Children make up 25 percent of the U.S. population. They have unique medical and psychological needs.[1] Although they fall under the umbrella category of "at-risk" or "vulnerable" populations, children deserve attention that is customized to

[1] National Commission on Children and Disasters. 2010 Report to the President and Congress. AHRQ Publication No. 10–M037. Rockville, MD: Agency for Healthcare Research and Quality. October 2010.

meet their specific needs and these needs must be anticipated in the disaster planning process. By carefully considering which groups of children may be at an increased, or even highest, risk in a specific disaster, including those with specialized or chronic health care needs or children who are economically or socially disadvantaged, advanced planning will benefit all children and the population at large.[2] Children differ from adults in their physiology, behavior, emotional, and developmental capacities, in their responses to traumatic events and they are dependent on others for their basic physical and emotional needs. They are more susceptible to environmental dangers associated with disasters including physical, biological, and chemical hazards. These put them at increased risk of developmental problems as well. Children often lack the cognitive ability to flee from hazards and have a very poor comprehension of risk. Infants and young children cannot care for themselves and require access to age-appropriate foods including human milk/infant formula as well as assistance in feeding, personal hygiene, and clothing themselves.[3] Security is a high priority as children are much more susceptible to physical, emotional, and sexual abuse in the wake of disasters and particularly in the case of separation from their families. Disasters not only put more stress on individuals tasked with the care of their children, but they also bring out criminal opportunists who use the cover of a disaster to prey on the most vulnerable including our children.

After a disaster, children and their families are likely to experience a host of negative mental reactions including stress, depression, anxiety, PTSD, behavioral regression, physical symptoms, and worsening of preexisting conditions. Disasters also have the potential to cause short-term and long-term effects on children's psychological functioning, emotional adjustment, health, and developmental trajectory of children, which even may have implications for their health and psychological functioning in adulthood. As a group, children are among those most at risk for psychological trauma and behavioral difficulties after a disaster.[4] Adverse childhood experiences, or ACEs, have been a subject of intense study in the past few years and the research in this area has repeated confirmed that psychologically traumatic events experienced during childhood, particularly sustained ones, have significant life-long effects such as increases in chronic disease and poor coping abilities. Children's limited ability to understand the nature of the disaster can also lead to stress, fear, anxiety, inability to cope, and exaggerated response to media exposure. This is worsened in the age of social media which can convey gross misinformation and sensationalist hype. It is important, therefore, that there be established trusted sources of information for families and communities. Pediatricians and other health professionals can help to fill those roles. Awareness of and partnership between pediatricians and other sources of mental health support are essential to optimizing community mental health. Ideally, these partnerships should be established in advance of a disaster. Psychological recovery is a multi-tiered process that begins with providing for the basic needs of individuals affected by a disaster including food, shelter, safety, supervision, communication, and reunification with loved ones. With that should come the provision of psychological first aid in the short-term and this includes providing timely and accurate information, offering appropriate reassurance about the future, giving practical strategies to facilitate coping with distress, and helping people identify supports in their family and useful resources in their communities. Later, more comprehensive counseling and mental-health resources should be in place to support children and their communities. It is important to note that children's adjustment should not be expected before the restoration and stabilization of the home, school, and community environments and supports for children.[5]

Attention to the needs of children in disasters encompasses a continuum of predisaster preparation, delivery of care and services during a disaster and follow-up services to children and their families in the disaster recovery period. It is necessary to have access to appropriate medical equipment, supplies, and medications specific to children of various ages and sizes and we need to ensure that medical and mental health providers are available and have some degree of training in disaster-related concepts. This extends to any facility and their employees who work with children including schools, day cares, camps, hospitals, and medical offices. Security needs

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[2] American Academy of Pediatrics. The Youngest Victims: Disaster Preparedness to Meet Children's Needs. Elk Grove Village, IL: American Academy of Pediatrics; 2002.

[3] Ensuring the Health of Children in Disasters, Disaster Preparedness Advisory Council and Committee on Pediatric Emergency Medicine, Pediatrics 2015;136;e1407.

[4] Providing Psychosocial Support to Children and Families in the Aftermath of Disasters and Crises. DJ. Schonfeld, T. Demaria and the Disaster Preparedness Advisory Council and Committee on Psychosocial Aspects of Child and Family Health. Pediatrics 2015;136;e1120.

[5] Ibid.

are a major concern in these locations and in any area that children may go to in a disaster such as a shelter or hospital. In the daytime, children are often separated from their caregivers while being at school and day care, and it is critical to keep these children safe and accounted while they are not in the care of their families. Processes for prompt family reunification are a critical component as children clearly do best when with their families. Post-disaster care and assistance is necessary to the effective resilience and thriving of the children individually and to their communities as a whole.

The American Academy of Pediatrics (AAP) has been at the forefront of addressing the health and emotional needs of children in disasters through partnering with and advising State, local, and Federal agencies and by providing numerous resources to inform and educate professionals, parents, children, and administrators across a broad spectrum of topics including natural disasters, pandemics, economic emergencies and terror events. The Disaster Preparedness Advisory Council (DPAC) has more than 80 contacts including myself in all AAP State chapters. Some of the other many collaborative efforts with Federal agencies include the Department of Health and Human Services (HHS) Office of Assistant Secretary for Preparedness & Response (ASPR) which is requiring Pediatric Annexes and is offering funding for Pediatric Centers of Excellence, and the Federal Emergency Management Agency (FEMA) which has a National Children's Advisor. Additionally, the AAP was very pleased that the Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAI) was signed into law last month. This law focuses on the Nation's medical and public health preparedness to respond to disasters and strengthens readiness and recovery efforts including provisions to ensure children and adolescents are prioritized before, during, and after disasters, reauthorize and expand the HHS National Advisory Committee on Children and Disasters, and establish the Children's Preparedness Unit (CPU) at the Centers for Disease Control and Prevention (CDC) which serves as the agency's leading source for children's needs in public health emergencies. The AAP Children and Disasters website provides links to its partnership efforts, the Academy's on-going disaster-related projects and many resources to assist practitioners, parents and others.[6]

The AAP believes that continuing to build pediatric capacity within all areas of Government and within public health agencies is key to better disaster preparedness for children. This can be facilitated by connecting with the AAP nationally and/or its local chapters. Also a greater engagement with, and inclusion of, pediatric practitioners in groups involved in direct on-the-ground disaster relief such as Federal Disaster Medical Assistance Teams (DMATs), Medical Reserve Corps (MRC), or Urban Search and Rescue (USAR) teams would be useful in better directly meeting the needs of children. Finally, working toward centralized coordination and implementation of programs is also an important step in maximizing delivery of care and standardizing protocols and procedures on State and Federal levels. For example, here in New Jersey we have over 600 school districts, all of which operate independently by municipality which makes it more challenging to implement programs on a State-wide basis.

Thank you for the opportunity to testify on this critical topic and thank you for your leadership on this issue.

Mr. PAYNE. Thank you for your testimony.

Now I recognize myself for questioning.

Mr. Koppisch, can you discuss your collaboration and relationship with the State and FEMA, and do you see room for improvement? Or do you believe this is a model for other States?

Mr. KOPPISCH. Yes. We have collaborated with FEMA over the last several years. We work with the FEMA office, Jim Flemming, who is the integration specialist there. He helped—we worked with him to set up the first CAG, core advisory group, which is really an effort of emergency planners and people that are supposed to come together to really work on planning for the next disaster. The idea is that is to include people with disabilities in the planning process.

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[6] *https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/default.aspx.*

So FEMA, we work closely with FEMA on this effort. We have worked with the Red Cross. We have worked with the Office on Emergency Preparedness. I mentioned in my testimony about two shelter simulations that we did, and those could not have been done without the work of the Office of Emergency Management in the counties that we had those mock exercises in.

So could we do more? There was a lot of work that we could be doing to educate especially OEM about the accommodation and the needs of people with disabilities in a shelter and in a disaster in general. But the work is still going on, and we are happy that we formed partnerships with these organizations. But there is always work that needs to be done as far as information sharing, as far as learning about, you know, people's disabilities and what accommodations they need during these disasters and even before disasters.

Mr. PAYNE. Thank you.

Dr. Flint, we are increasingly seeing children exhibiting signs of mental health distress after disasters. In Florida after Hurricane Michael, Puerto Rico after Hurricane Maria, and elsewhere, children continue to suffer long after the storm passes. Researchers also found that after Sandy, children with damage to their homes were over 4 times as likely to be sad or depressed and over twice as likely to have problems sleeping compared to children from homes with no damage.

What do you think the Federal Government can do better to alleviate this distress?

Dr. FLINT. Thank you.

Clearly, the mental health component in children and disasters is a big one, and it is one of the long-term issues that needs to be addressed to be able to have these kids get back into doing their normal routines.

As with anything in disaster planning, it is the idea of that multi-tiered process of both planning and preparedness, disaster response, and then post-disaster recovery. So the mental health aspects would go across that spectrum as well.

So in terms of the planning process where we could use help is identifying the people in the areas that would have particular special needs, whether that be non-English speaking or communities with different cultural. So those identification of needs. Identification of providers and training of those providers.

Also one of the things that personally I think is great is bringing in training on disaster preparedness to kids themselves. So things like the Teen CERT Program where children are actually brought into—are trained in disaster response. I think that is not only enriching the communities, but also empowering those kids as well. Ultimately, you know, having that ability is going to make them more resilient.

Then in terms of the disaster response itself, as I mentioned in my testimony, the first part is providing the basic needs. No amount of counseling or mental health care is going to replace the security that is brought about by providing families with safety, shelter, food, and other basic physical needs that they need.

Secondary to that is to have providers that are trained in psychological first aid, and that is the idea that these are the first people

that are going to be addressing mental health concerns in a disaster situation. So those folks are going to give people access to resources. They are going to give them some reassurance. They are going to give them information on the disaster itself so that they have a little more to work with.

Then, finally, in the post-disaster phase is going to be where the long-term counseling. So providing mental health services across the spectrum, which can, as noted, go on for a long ways. So I think that is where the help can be. Any of those areas where you could be of assistance is going to impact that.

Mr. PAYNE. So it would appear that—and I could be wrong—that it would be very difficult to be prepared for the psychological or the mental aspects of the trauma. Until trauma happens, there is no real way to, you know, prepare young people like, you know, "There is a storm coming."

Dr. FLINT. I think that is a fair statement. But I also think that the idea of getting more—and as disasters are seeming to become more—happen more and more, bringing the education of kids just so at least that way, they have an understanding, an idea, and like I said, even disaster preparedness training. I think the idea of personal responsibility and training in disasters is a really good one.

Like I said, I think bringing that into the community is a very empowering thing. I think that certainly helps with mental resilience.

Mr. PAYNE. But making sure that once the disaster does happen that, you know, in those first responders there are people that can talk to the mental health aspect——

Dr. FLINT. Absolutely.

Mr. PAYNE [continuing]. As opposed to, you know, a week into it, but be on the scene and the initial response to it would be helpful.

Dr. FLINT. Certainly those with pediatric training as well. Just one more point. You know, I think with kids, especially, the most important thing is that return to structure. So getting basic services, including schools, up and running again.

Even though it is not going to be the old normal, at least it is a new normal, and it is going to put them back in that structure. That goes a long way to mental resiliency.

Mr. PAYNE. Thank you.

Let us see, this is to both of you. You have, you know, shared so much with the subcommittee today, and I really appreciate you being here. Are there ways that Congress can be more helpful to you and your organizations?

Mr. Koppisch.

Mr. KOPPISCH. Sure. I think we talked a lot about funding and money and how I think it is the same for independent living centers. When I say we are nonprofit, we are very nonprofit. So we struggle with—we are asked to do more for little dollars. So we would love to do more with emergency preparedness if there is funding attached to it.

We see a lot with talk about mental health services. We see it during Superstorm Sandy. It is hard for me to say, but we saw a lot of people with—adults with mental health really—really being affected by the storm, not knowing where to go, not trusting who to go to, really are in need of counseling.

Organizations that were set up to provide counseling, we were told were only there for people affected by the storm and were not set up to help people who had mental health concerns before the storm. So that is just one area where our center at least has been working more on, and we could use more training. We could use more funding. We could use more resources to help those individuals.

A lot of the people that we work with with mental health concerns have their primary concern may be a physical disability or a cognitive disability, and so we are working with them on that, but also the mental health may be a secondary. But we work with all disabilities. When you say how can Congress help, we could use more money.

Mr. PAYNE. OK. Thank you.

Dr. Flint.

Dr. FLINT. I would echo many of the sentiments that Mr. Koppisch had said, just substitute "children" in there. You know, I think just the idea of partnering with pediatric services, pediatric organizations. We have done a lot, you know, collectively to do that.

Certainly any legislation that is disaster-related, just to keep in mind the pediatric component and to bring in those that can speak to that to help with that legislation I think goes a long way.

Mr. PAYNE. Thank you.

We are seeing climate change increase the frequency and severity of these natural disasters. You know, we are having 100-year climate issues every 5 years now, and the vulnerable and underserved often suffer those effects disproportionately. What steps need to be taken so underserved populations aren't disproportionately affected?

Mr. Koppisch.

Mr. KOPPISCH. I think some of the recommendations that I went through briefly in my testimony would help alleviate the vulnerable populations being affected disproportionately. But I think the key is any emergency planning should include people with disabilities. That is a must. It has to be done.

What better resource in organizing emergency preparedness for people with disabilities than people with disabilities themselves? I want to address something that was said prior about registering for FEMA services or other services on-line. A lot of the people that we work with don't have access to the internet, cannot afford it. There is a great digital divide.

So there needs to be a way to get information to those individuals who are not connected. We need to not forget about the old school of communicating with people. So that is something that is important.

Other ways, accessible formats for people who are hearing impaired or visually impaired. A lot of people just are not getting information, and it is because it is not in an accessible format. I have a statistic here about the number of fatalities during Superstorm Sandy, 285 fatalities. According to the EPA, 50 percent of those were people who were elderly or people with disabilities.

Now I don't know how many of that included people who just did not know where to go for resources or go for help, but I can probably guess that there is a lot of people who just weren't aware, and

maybe the information was not accessible to them. So that is really important.

Equal access to emergency registrations operated by State, Federal, and nonprofit emergency providers. Again, alternate format. So different ways rather than the printed way, rather than the digital way.

So health maintenance items and accessible technology, that is important for people, especially those who use mobility, who have mobility concerns. They need to stay with them during a disaster. A lot of times we have heard about wheelchairs being separated from people or communication boards being separated from people during a disaster.

Or deploying personal assistants to help individuals during a disaster. So I know the State has done that in the past, but there needs to be a better effort. People rely on others for assistance—walking, bathing, eating, getting around. That is really important to have those available during a disaster and especially in a shelter.

Mr. PAYNE. Thank you. Dr. Flint.

Dr. FLINT. Yes, unfortunately, vulnerable populations, including underserved, do bear the brunt of a lot of these disasters just simply because the resources aren't there for them to be able to recover with that.

I would say for me three things would be important to increasing the services there. I think, first, it is identifying the barriers to access within those communities and addressing them. I would also say that prioritizing them in disaster response simply because they are going to have long-term effects that are going to go beyond other communities who may have greater capacity for resilience.

Then, third, I would say that when we have new disaster planning procedures, I would prioritize them in terms of rolling them out in those communities. Certainly the responses are going to be more difficult in those communities, and I think overall we are going to gain a lot more information and education about rolling out different processes and procedures by going to those communities first and identifying the major problems that are there.

Mr. PAYNE. Well, thank you very much. I really appreciate you being here and providing testimony, which on this subcommittee and in Homeland Security, we really use this testimony in order to formulate better practices by FEMA and different organizations and also creating legislation that would be helpful in these areas.

So thank you. I want to thank you for your valuable testimony, and the Members for their questions, which was me.

[Laughter.]

Mr. PAYNE. The Members of the subcommittee may have additional questions for the witnesses, and we ask that you respond expeditiously in writing to those questions.

Pursuant to Committee Rule VII(D), the hearing record will be open for 10 days. Without objection.

Hearing no further business, this subcommittee stands adjourned.

Thank you.

[Whereupon, at 11:44 a.m., the subcommittee was adjourned.]

APPENDIX I

STATEMENT OF DORIAN HERRELL, EMERGENCY MANAGEMENT COORDINATOR, NEWARK, NEW JERSEY

INTRODUCTION

Thank you Chairman Thompson, Ranking Member King, and Members of this subcommittee for holding this hearing today. I am Dorian Herrell, the coordinator of the Office of Emergency Management Homeland Security and Preparedness for the city of Newark, New Jersey. I am honored to be here to address the concerns of emergency preparedness for the needs of the underserved populations in an emergency.

As we examine the concerns surrounding the underserved population during an emergency I want to first commend the responders of my jurisdiction for their dedication and due diligence in collaborating with partners, training, and exercises for greater enhanced capabilities. I will direct my attention to the concerns of emergency preparedness and the civilians that fall within the underserved population, the children, low-income individuals, and those with access and functional needs. I feel the following actions are critical to managing the responsibility of planning for our vulnerable groups.

First; Outreach.—The populations at risk must be involved within the planning process so that they can be aware of the threats that are under way and become more knowledgeable about what is expected of them under these conditions. The community needs to know what is likely to happen in a disaster and what emergency organizations that may have available and/or immediate resources in assisting. The Community Emergency Response Team (CERT) training is a free program designed to educate citizens about how to prepare for emergencies that might impact their area and trains them in basic disaster preparedness skills, such as fire safety, light search and rescue and disaster medical operations. CERT members are vital to a community in time of crisis, especially when professional responders are not immediately available. Also, in creating a better-informed and prepared community, by providing information through social media, as well as schedule speakers to discuss Emergency Preparedness will help citizens in being better prepared. Seminars and/or presentations are free of charge and are conducted year round during day and evening hours.

Training.—Emergency drills and exercises provide a setting in which the adequacy of the Emergency Operations Plan. Multifunctional exercises also produce publicity for the broader emergency management process, which informs community leaders and the public that disaster planning is under way and preparedness is being enhanced.

Resources.—FEMA—Get Ready Now—is a guide on how to plan and prepare to protect your family in the event of any emergency. It instructs you how to build an emergency survival kit. This guide also speaks on Disabled and Special Needs Citizens, Senior Citizens, and Hurricane survival guidelines. With an Emergency Alert System in place to notify the community of emergencies is essential.

The support received from the State and Federal Government is vital and greatly appreciated. However, by increasing funding into these much-needed communities, will help expand awareness throughout the city and State and with having an adequate stock-pile of supplies readily to serve the community in the event of a major, natural, man-made disaster or terrorist incident is paramount.

I would like to thank you for your attention and time and look forward to answering any questions you may have.

APPENDIX II

QUESTIONS FROM CHAIRMAN DONALD M. PAYNE, JR. FOR ELIZABETH H. CURDA

Question 1. In its May 2019 report, GAO found that FEMA implemented changes to disability integration before it had offered its staff minimal training on its new approach to disability integration. Can you describe what the lack of more complete and comprehensive training might do to FEMA's ability to respond to underserved populations after a disaster?

Answer. As noted in our May 2019 report, FEMA had no written plans—including milestones, performance measures, or a plan for monitoring performance—for developing new comprehensive disability integration training for all FEMA staff beyond the basic and just-in-time training available when FEMA was implementing its new deployment model. We reported that, according to FEMA officials, more training is necessary for FEMA to accomplish its goals related to inclusive emergency management. We also reported that officials and others we interviewed in Florida, Puerto Rico, Texas, and the U.S. Virgin Islands said that FEMA staff did not always effectively communicate with and assist individuals who are older or have disabilities in completing the on-line registration-intake form. We continue to believe that such comprehensive training will better equip all deployed staff to identify and assist these individuals after a disaster.

Question 2. GAO's May 2019 report documents how FEMA's new approach to disability integration lacked clear objectives or outcomes to measure success. Please explain to the subcommittee why having objectives and measureable goals is important when changing a program structure so substantially.

Answer. As we reported in May 2019, FEMA began implementing changes to its disability integration approach without articulating objectives or desired outcomes for the approach. Each of FEMA's 10 regions operates relatively independently and may be affected by different circumstances, such as the type of disaster they are likely to face. To address these differences, Regional Administrators across the regions may determine a unique staffing structure, so a lack of common objectives for FEMA's new disability integration approach, which involves new positions, roles, and responsibilities, could result in inconsistent implementation across its regions. Without defining and communicating objectives in measurable terms, FEMA risks not meeting those objectives as an agency.

Question 3. In GAO's May 2019 report, GAO found that nonprofits working with people with disabilities could not get information from FEMA about disaster survivors. Please explain why such information would be important, especially in the face of worsening storms and a FEMA that has been stretched thin in recent years.

Answer. Our May 2019 report explained that information that FEMA collects from registrants, such as names and addresses, can be helpful to FEMA's non-Federal partners because it can help the partners, including nonprofits working with people with disabilities, identify disaster survivors who remain in need of assistance. For example, in Puerto Rico, representatives of a disability nonprofit explained that they had donated goods available, but could not effectively distribute them because they did not know who had already requested similar items from FEMA. In addition, data showing who has registered for and received Individual Assistance can facilitate non-Federal entities in identifying individuals in the community, including those who are older or who have disabilities, who have not applied for FEMA assistance. These entities can use this information to target individuals who may need help with FEMA's registration process. This may be especially important for parts of the registration process that are confusing or complicated, such as the disability-related questions we highlighted in the report. FEMA has acknowledged this by establishing a strategic goal of reducing the complexity of the agency, which it describes in its 2018–2022 Strategic Plan as delivering "assistance and support in as simple a manner as possible."

Question 4. What do you believe is the No. 1 issue FEMA needs to address immediately to better meet the needs of older Americans and people with disabilities during a disaster?

Answer. We made 7 recommendations based on findings in our May report, addressing such disparate issues as data sharing, communicating disability-related information across FEMA programs, and delivering training to FEMA staff to better equip them to work with survivors with disabilities. We are encouraged that FEMA has already made progress addressing some of these recommendations. However, FEMA's current approach to communicating registrants' disability-related information across FEMA programs stands out as being the most important issue for FEMA to address to ensure individuals with disabilities receive the assistance they need, since this can have a direct impact on services. Our recommendation to improve this communication was the only one the Department of Homeland Security did not concur with, stating that FEMA lacks specific funding to augment the legacy data systems that capture and communicate registration information in registrant files. However, as we noted in our report, the recommendation was not solely focused on system changes, and there are other cost-effective ways that are likely to improve communication. For example, FEMA could revise its guidance to remind program officials to review case file notes to identify registrants' disability-related needs.

Another area that stands out as being critical to FEMA's success in meeting the needs of disaster survivors who are older or have disabilities is the agency's plan for delivering training to FEMA staff that promotes competency in disability awareness. While the Department of Homeland Security agreed with our recommendation on this issue, we do not believe FEMA's proposed solution is sufficient to address the lack of comprehensive disability integration training available to deployed FEMA staff. FEMA's plan is to include a disability integration competency in the position task books for all deployable staff and to hire new staff to focus on disability integration before implementing training. We continue to believe that a plan for delivering training that includes milestones, performance measures, and how performance is monitored will better position FEMA to provide training to all staff that achieves its intended goals.