

**PREPARING FOR DISASTERS:
UNIQUE CHALLENGES FACING
OLDER AMERICANS**

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Wednesday, May 14, 2025

U.S. SENATE
SPECIAL COMMITTEE ON AGING
Washington, DC.

The Committee met, pursuant to notice, at 3:33 p.m., Room 106, Dirksen Senate Office Building, Hon. Rick Scott, Chairman of the Committee, presiding.

Present: Senator Scott, McCormick, Johnson, Moody, Gillibrand, Warnock, and Kim.

OPENING STATEMENT OF SENATOR RICK SCOTT, CHAIRMAN

The CHAIRMAN. The U.S. Senate Special Committee on Aging will now come to order. Today, we're gathered to highlight the importance of disaster preparedness. Natural disasters do not discriminate: It doesn't matter how old you are, how much money you have, or how smart you think you might be. If you aren't prepared, nothing else matters.

While being prepared is vital for everyone, it is especially important for seniors who often have different and more complex needs than their younger neighbors and friends. As a senior senator from Florida, I'm no stranger to disasters. During my eight years as Governor and six years serving Floridians in the U.S. Senate, I've seen the destruction left behind by multiple devastating hurricanes in the sunshine State. If there's one lesson I've learned, it's that preparedness saves lives.

There is no alternative to getting prepared and having a disaster plan. When disasters strike, the things around us can be replaced, but if you don't protect your life, there is no second chance. I tell Floridians constantly during hurricane season: you can rebuild your home, but you cannot rebuild your life. I cannot tell you how many Floridians I have talked to that barely survived hurricanes and wish they would've done more to be prepared. I've also talked to heartbroken families that lost a loved one who didn't take these storms seriously.

I'll never forget talking to a young man in Mexico Beach, which is in our Panhandle, the day after Hurricane Michael made his devastating landfall there in 2018. He was frantically searching for his elderly mother, who had stayed in her home on the beach to ride out the storm because he said he tried to get her to evacuate,

but she said, oh, I've lived here forever, and nothing's going to happen.

Unfortunately, that young man wouldn't find his mom until days later. She had been swept away by the massive storm surge and didn't survive. It breaks your heart to hear these stories. She should still be alive today.

My hope is that our hearing today will motivate older Americans to take disaster preparedness seriously. Hurricane season is just weeks away and being prepared saves lives. Being from Florida, it's no surprise that most of my experience with disasters has come from responding to hurricanes, but it's not just storms that folks need to prepare for. We all have seen devastating wildfires, tornadoes, earthquakes, and other natural disasters impact our country. We have to remember that disaster can strike at any moment.

That is why being prepared and having a plan is so important, especially for our aging population who face unique challenges. Older Americans are disproportionately affected by natural disasters. In Florida, nearly 60 percent of the deaths from Hurricane Ian were seniors.

If you're a senior, if you have loved ones who are seniors or anyone watching this right now, go to ready.gov and see what you need to be prepared to make a plan. That includes having an evacuation plan and knowing what to do if you must leave your home. You should also make sure to stock up on emergency supplies like food, water, and first aid supplies. For our seniors especially, a really important part of this is making sure to have medications. You have to make sure you have a plan that ensures you have enough medicine to last a week.

There are so many things to think about, but when you have a plan in place, you can get prepared in advance, it's so much easier and less stressful than trying to get everything done with a storm barreling through the Atlantic or Gulf of America.

I'm so glad to have the witnesses before us today and have them share their expertise and experience, listen to them. It could very well be the difference in saving your life should disaster strike. Don't put your family and your loved ones at risk. Don't wait to take action. Get prepared today.

Now, I'd like to recognize Ranking Member Gillibrand for her opening statement.

**OPENING STATEMENT OF SENATOR
KIRSTEN E. GILLIBRAND, RANKING MEMBER**

Senator GILLIBRAND. Thank you, Chairman Scott for calling today's hearing. This is an urgent and important issue and one that our State knows really quite well.

Natural disasters are dangerous for everyone, but we know they're especially dangerous for older adults and people with disabilities. Research shows that people with disabilities are up to four times more likely to die in a disaster than the general population, and that older adults are more likely to die in a disaster than any other demographic.

When Hurricane Sandy struck New York in 2012, nearly all the fatalities were people over the age of 65. In February 2021 when a winter storm struck Jacksonville, Texas, 60 percent of the 246

deaths were people over the age of 60. We know the risks, and we know the statistics, and it's our responsibility to plan accordingly.

Older adults are much more likely to have a disability than the general population, which may impact their mobility, sensory processing, or cognitive function. We must develop accessible shelters and transportation, accessible alerts in multiple languages, and plan for relocating people who live in long-term care facilities before disaster strikes, not after.

That's one of the reasons why I introduced my Strategic Plan for Aging in the 118th Congress, and I plan to reintroduce it again in this Congress. My bill would create a new nationwide grant program under the Older Americans Act, to incentivize and support states' efforts to create their own strategic plans for aging, which would include disaster preparedness as part of it.

In addition to planning, we have to also make sure that state and local governments are properly resourced to build accessibility into their disaster recovery and response. That means safeguarding federal resources like those provided through FEMA or the Administration for Community Living.

I look forward to hearing from our witnesses about solutions to improve outcomes for older adults and people with disabilities during disasters. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Ranking Member Gillibrand. I'd like to welcome our witnesses here today, all of whom bring important perspectives on the challenges facing the elderly when it comes to preparing for a disaster. First, I'd like to recognize Sheriff Chris Nocco from Pasco County. In 2011, when I was Governor of Florida, I appointed him to serve as Sheriff, who was elected to the position in 2012, then reelected without opposition in 16, 20 and 24. That all of them 12, 16, 20. When I was Governor, I had the opportunity to appoint a Sheriff if there was an opening and I think Chris was the first one I got to.

When it comes to disaster preparedness, the Sheriff is an expert. Just last year, the Gulf Coast of Florida was severely hit by hurricanes. The Sheriff and I have worked closely in response last year and throughout my years as Senator and Governor to make sure the residents of Pasco County are safe, prepared for anything that may impact them. The Sheriff and his deputies are always working to make sure their community is prepared for any emergency and ready to respond if disaster strikes.

Thank you for being here today and look forward to hearing your testimony. Go ahead.

**STATEMENT OF HONORABLE CHRIS NOCCO, SHERIFF,
PASCO COUNTY SHERIFF'S OFFICE,
NEW PORT RICHEY, FLORIDA**

Mr. NOCCO. Thank you, Chairman Scott, Ranking Member Gillibrand, and members of the Special Committee on Aging for inviting me to speak before you today.

My name is Chris Nocco, and I have the distinct honor of serving as a Sheriff of Pasco County, Florida, a county just north of Tampa Bay on Florida's Gulf Coast, with the population of roughly 750,000, with 22 percent of that population being 65 years or older.

I'd be remiss if I did not note today as the senator said, that Senator Rick Scott appointed me, Sheriff. Senator Rick Scott, when he

was Governor of Florida, guided our State through unprecedented storms and hurricane seasons and the impact he left on preparedness, execution, public private partnerships, and emergency response is still saving lives and property in Florida today.

I'd also be remiss to not note the outstanding partnership that we had with another one of your Committee members, Senator Ashley Moody, who was Florida's attorney General. Senator Moody was a leader in scam prevention, price gouging, unlicensed contracting, and other issues that impacted all Florida citizens, but especially our senior population as they both prepare and recover from hurricanes.

With that, over the last year, our Pasco County community faced in short succession, the threat of hurricanes Debbie, Helene, and Milton. With more than 24 miles of coastline, Pasco County has unique challenges from the storms, even though none of them made direct landfall in Pasco County.

As Debbie and Helene moved north through the Gulf of America, within 100 miles of Pasco County's coast, storm surge was pushed ashore, greatly impacting the more than 50,000 residents of Pasco County who live west of US19. This area of our county is home to many seniors and has direct impact on them.

The overnight hours of September 25th and 26th, as hurricane Helene moved north just off of our coastline, I joined members of our Sheriff's office along with Pasco Fire Rescue, and we conducted active water rescue. We were also joined by the Florida National Guard and Florida State Guard, whose assistance was invaluable.

In those overnight hours, we were able to rescue more than 100 people from a rapidly rising storm surge, which ultimately crested at near record levels. Anecdotally, we were told by the National Guard that they had a vehicle rated for 18 feet of water that was unable to pass any further after encountering water in one of our neighborhoods.

I myself witnessed individuals who had climbed on roofs to avoid the rapidly rising storm surge. In one instance, a female, her small child, and elderly relatives, had climbed to a roof of a three-story multifamily housing unit and were awaiting rescue. This speaks directly to the need to follow local emergency management officials and orders, such as evacuation, especially for the most vulnerable among our community.

That is furthered by another example of a water rescue call for service we received in a hurricane in 2023, and when we responded to the elderly couple with a boat to rescue them from the rapidly flooding house, they were not prepared and still needed to gather various medications and their family pets.

We encourage everyone, if you do not heed local evacuation orders, be prepared to go when you make the decision, or risk your life as well as the lives of first responders. Waiting for preparation to occur with rapidly rising floodwaters is not feasible for any party involved.

In these instances, our first priority is life and safety and rescue. As you can imagine, all resources we have become involved in these rescue operations. Even with that, without the support of the National Guard, Coast Guard, Florida State Guard, and Florida Fish and Wildlife, we would not have been as successful as we were.

The resources that the state and federal partnerships such as the National Guard and Coast Guard can bring with them to these disasters? Response situations is invaluable for local communities such as Pasco County.

Hurricane Milton, which impacted our community in October of last year, presented a different challenge, as Milton made landfall south of Tampa Bay. We did not immediately see large impacts, however, as Milton moved through the center of our State in a northern direction, dropping rain on already saturated rivers and other bodies of water, riverine, flooding became a significant issue.

Several days after Milton made landfall, and facing record levels of flooding on several rivers in Pasco County, we were called for several rescues, especially in the neighborhoods in Wesley Chapel. Again, with the assistance of our state and federal partners, this rescue operation would not have been as successful.

Let me say this, in my opinion, that law enforcement and emergency response must continue to advance and embrace rapidly evolving technologies. Items such as drones provide invaluable benefits to disaster preparedness, response, and recovery. Our partnerships with Skydio and with Axon have led us to believe that drone technology is assisting us and helping to save lives in our community.

With that being said, I know my information is going into the record. I appreciate your time, but I most importantly want to thank our citizens for all their support. The first responders in Tampa Bay, all the people that are out there, power linesmen, those that are in the gas supply industry, are critically necessary.

The last thing, and most importantly, is our Lord Jesus Christ and ask him to protect us in this hurricane season.

The CHAIRMAN. Thanks, Sheriff. The Sheriff has—the way what they've done in Pasco County, which is just north of Tampa, but also the whole area, the Sheriff's departments, the police departments, the fire departments, the all the first responders, they do an unbelievable job of coordinating all their activities and sharing resources, and you guys do a great job. Thank you, so, congratulations.

Next Red Cross. I had the opportunity to work with Red Cross. When I was Governor, I had four big hurricanes, I had flooding, I had tornadoes, so I had it all, and what's great is, if the Red Cross shows up, they've helped us. They helped us with our shelters. They fed a lot of people. They opened up healthcare facilities, the name. They've just done an unbelievable job.

Our next witness is Jennifer Pipa, Vice President of disaster programs for the American Red Cross. Prior to this role, Mrs. Pipa served as CEO of Georgia's Red Cross, and previously served as the Regional Executive for the Red Cross of Central Florida. Her Red Cross career began in 2004 when she was four years old, when she joined the Disaster Action Team in Raleigh, North Carolina as a volunteer.

Thank you for being here today. I look forward to your testimony.

**STATEMENT OF JENNIFER PIPA, VICE PRESIDENT
OF DISASTER PROGRAMS, AMERICAN
RED CROSS, WASHINGTON, DC**

Ms. PIPA. Thank you for the age adjustment. I appreciate that, Senator. Good afternoon, Chairman Scott and Ranking Member Gillibrand and distinguished members of the Committee. Thank you for the privilege of being able to testify before you today on behalf of the American Red Cross. We commend the Committee on holding a much-needed hearing on the unique challenges that face older Americans and how to help them prepare better for disasters.

Amongst the most significant challenges the American Red Cross encounters in our disaster work, is meeting the needs of older Americans that are impacted by disasters. Nearly 20 percent of Americans are in that 65 and older age group, and the current growth population shows that just growing more and more as we continue on.

This increase in population and older Americans comes at a time when we are having more frequent and more costly disasters, so, when this is happening and that's becoming our new normal, and we're seeing this age demographic and this maturity population, the intersection of these two are absolutely a critical moment in time.

I want to share a personal experience I had actually in Florida after Hurricane Ian. I was out after the first couple of days driving around. We were making sure people knew where our shelters were, that we had meals, that they could connect with us so that we could help them navigate the complex recovery environment, and as I drove by, there was this woman, she was in her home kind of sifting through things, and when you looked in through the windows, it was like someone had taken her home and just shaken it up, so, the refrigerator was in the middle of the kitchen, the couches and the bookcases were piled on the side, and she was going through her stuff.

She was trying to move stuff; she was trying to find stuff, so, I went inside, I introduced myself to her. Her name's Jackie, so, she was a retired home economics teacher from Upstate New York, and once she had retired, her and her husband chose to move down to Fort Myers, Florida.

She had done everything right. She had listened to the warnings, she was weather aware, when the officials told her to evacuate, she and her husband evacuated, but she still lost her home, and when she returned and I was talking to her, I was asking her about her neighbors because she was so proud of the neighborhood and everyone that she knew in it. This was her entire life. This was her social fabric at that moment in time.

What she told me was there were some people who chose not to evacuate. In fact, one of her neighbors unfortunately lost his life because he hadn't.

She's this incredibly intelligent, well-articulated woman, and you know that she's got a road here ahead of her that's going to be really tough, but she's one of those folks where you think, I know she's going to be able to do this. I have faith that she's going to be able to navigate this. In continuing to talk to her in the days and weeks afterwards, here's what Jackie reminded me of. The disaster never

lets her forget that she was now a victim of it. That her life is immeasurably changed because of the impact of that disaster.

Simple things that you and I take for granted every single day, like what grocery store to go to, or I need to make an appointment with my local doctor or my local bank. She's forced to make new decisions. It's not a choice she made. It is a choice that was forced upon her, and now she has to renegotiate what the rest of her retirement is going to look like with her husband, because she unfortunately was impacted from a disaster.

We know folks, as they get older, they rely on that repeatable, sustainable, stable infrastructure so that they can continue to live independently, but still be able to take care of themselves, and what disasters do, is they strip our population of that ability. It takes away that autonomy. It takes away the empowerment to make those choices and forces them down a road that was not of their choosing.

We see this in older Americans time and time again after a disaster happens that they struggle, that they were fine before, but that navigation afterwards, when the systems are upset and you don't know where everything is that you need it to be, they really, really struggle with that, and so, we know that's an important population that we have to continue to keep track of and support as they make those tough decisions about what their next steps are.

In times of disaster the American Red Cross stands as a beacon of hope, and we rely on that hope and compassion to take care of every American that gets impacted because of a disaster, and we're equally committed to supporting our older Americans.

In fact, 40 percent of our volunteer population is over 60. That's neighbors helping neighbors. That's the best outcome you can have because they understand the hard and difficult road ahead and as a volunteer, they can speak with credibility and help understand and identify and empathize with those families as they begin their recovery effort.

Their service reflects the value and the dedication of our organization, and our older Americans they aren't just recipients of our help here. They actually help and facilitate and empower our communities to help ourselves.

On behalf of the American Red Cross, first of all, thank you again for the opportunity to talk about this important issue, and thank you to our donors and our volunteers who show up every single time we call to go out and deliver that Red Cross mission.

Thank you.

The CHAIRMAN. You have to raise money to do a lot of this, right? Ms. PIPA. Yes, sir. We do.

The CHAIRMAN. Thank you, and thank you for what the Red Cross does. Next, I'd like to recognize Ranking Member Gillibrand to introduce the next witness.

Senator GILLIBRAND. Thank you, Chairman Scott, I want to introduce our final witness, Mr. Luis Vance Taylor. Mr. Taylor is the Chief of the Office of Access and Functional Needs at the California Governor's Office of Emergency Services. In this capacity, Mr. Taylor works to ensure that older Californians and Californians with disabilities are not left behind during disasters by striving to guar-

antee their inclusion during the emergency planning process. Thank you for being with us Mr. Taylor.

**STATEMENT OF L. VANCE TAYLOR, SUBJECT
MATTER EXPERT, INCLUSIVE EMERGENCY
MANAGEMENT, RANCHO CORDOVA, CALIFORNIA**

Mr. TAYLOR. Thank you very much for having me. Chairman Scott, Ranking Member Gillibrand, members of the Committee, it is my honor to testify today. I do so not on behalf of any government agency, but as a subject matter expert in the field of emergency management, who lives with a disability and uses a power wheelchair.

As has been said, we are in an era of increasingly frequent and severe disasters. As the scope and scale and devastation associated with those events grows, it's critical that we recognize that wildfires, earthquakes, hurricanes, they strike without regard to geography or politics—they consistently and disproportionately however, impact older adults and people with disabilities.

One reason why we see that disproportionate impact, is because well-intentioned emergency managers who can walk and see and hear have oftentimes developed plans in isolation without input from the full spectrum of the communities they serve.

I activate in response to major disasters.

One time, while visiting an emergency shelter, I saw survivors and they were there on the worst day of their lives. It was hot, muggy, ash from the air clung to their sweat. It formed a thick grime that covered their skin. Because the jurisdiction hadn't integrated the provision of portable accessible showers, when older adults and people with disabilities arrived, they couldn't bathe, and I'll never forget the look on their faces when I had to tell them that they had no choice but to sit in their own filth until we could bring in the appropriate resources for them.

Experiences like this should serve as a call to action to embrace inclusive planning. As a best practice, forward-leaning emergency management agencies are ending the practice of planning for the community, and instead, they're choosing to plan with the community. One vital step is creating Access and Functional Needs Advisory Committees that ensure better outcomes for the whole community.

Inclusive planning leads to press conferences with a ASL interpreter, posting of critical updates in accessible formats, the provision of accessible evacuation resources, and shelters that are physically and programmatically accessible. When the whole community is involved in planning, the result is a system that hears and sees and serves everyone, and more than that, it's a system that literally saves lives.

California leads the Nation in inclusive planning, and yet I'll be the first one to say the work is far from done. We have resources to develop innovative practices and training, and we share those resources freely with states across the country, but as valuable as those tools are, when disasters strike, what communities truly need is sustained support from federal partners like FEMA, ACL and ASPR.

They need funding for the full range of federal resources required to respond to and recover from events that overwhelm local capac-

ities. Cutting or eliminating those agencies would have devastating consequences, especially for older adults and people with disabilities, whose safety, independence, and survival often hangs in the balance.

Senator Scott, Ranking Member Gillibrand, and members of the Committee—you have an opportunity to affirm that the mission of inclusive emergency management is one of the most human responsibilities we share, to show that Washington can be counted on, to empower emergency managers in the whole community, to lift the hands that hang down, to reduce human suffering, to prevent the needless loss of life among older adults and individuals with disabilities.

Doing so is a reflection, of course, of who we are—not as Republicans or Democrats, but as Americans, and it's a lift, but you don't have to lift alone. Federal agencies will lift with you. States across the country will lift with you. I will lift with you, and as we lift together, the communities we serve will ascend.

Thank you.

The CHAIRMAN. Thank you, Mr. Taylor. Now we're going to go to questions, and first Senator Moody.

Senator MOODY. Thank you, Chairman Scott, Ranking Member Gillibrand. I have to commend our Chair again. He always seems to be on top of timely issues as it relates to our seniors, and once again, I mean, we have dealt with everything from opioids and now we're dealing with disasters for seniors.

Thank you so much for having the energy and the diligence to follow through on making sure we're delivering on this topic. It's so important, especially to our State. We have such a large senior population. In fact, in my former role as Attorney General, I went to a field hearing where Senator Scott hosted in the villages of Florida and that was such a great event, and who would've ever thought that as the newest U.S. Senator that we would be sitting here as colleagues discussing aging and issues related to older Americans.

Thank you so much for your support since I've been here and for your remarkable leadership as the chair of this Committee, and thank you for the two Floridians that came all this way to join us for the hearing. Very much appreciate that. As Attorney General, I was a fierce fighter for our seniors. I went so far as to set up a senior protection team, enlisted the help of law enforcement and our civil lawyers.

One of the things and—certainly law enforcement does a remarkable job of communicating with our seniors as a disaster or as a hurricane is approaching, or a threat is approaching our shores, making sure we're evacuating them, those that will evacuate. Law enforcement coordination and proactive leadership is just incredible in Florida, and I thank you Sheriff Nocco.

One of the other things I commend Florida law enforcement for, and I want to make sure that we're doing this across the Nation, is recognizing that the seniors after the storm passes and the crimes that occur oftentimes, you have to be specially trained. You have to be aware that when a contractor comes in and demands cash payments from our seniors and they willingly hand over large amounts of money, and then they never return to do any work, or

when someone gets a senior to sign a power of attorney and then takes their benefits without ever doing anything in the best interest of that senior, I mean, to some extent what used to be, I think thought of in law enforcement as a contractual or civil issue, we are now bringing around law enforcement in Florida to say no, in many of these instances, this isn't a contractual dispute. This isn't whether a contract term was delivered on, or we followed through on a specific agreement as we agreed upon. This is outright theft, and law enforcement in Florida has really taken that on.

It's important that yes, there are going to be contractual disputes in recovery process. Anytime you're going through a large recovery process like we've seen in Florida, that will happen, but in many instances, it's these fly by-night scam artists, criminals. I had a sheriff call me frantically one time talking about how someone had demanded \$30,000 to trim a senior's tree, and they were about to hand it over, but the Sheriff had to come in and go after those folks, so I appreciate the proactive leadership.

Sheriff Nocco, you have been at the helm and leading your county admirably through these storms, protecting seniors. Have you seen similar crimes like that? Is there anything that you think we can do federally to encourage law enforcement when it is a crime and its outright theft of being more proactive in the aftermath of a disaster?

Mr. NOCCO. Thank you, Senator, and appreciate it. First time officially saying from Attorney General to Senator, so congratulations on your new position, so, you hit a very good point. The fact that, and it goes a lot of things that what people are talking about, is that senior citizens, when they come to Florida, they move from all over the country. They're used to snow storms or anything else, but they move to Florida and they're not used to hurricanes, and the fact that the family, you know, may be out of state, and so there's a lot of things that the family can do to prepare their loved ones for hurricanes.

You know, we always tell them, make sure they have a plan in place. You know, make sure you tell your loved ones where they are, but what's often forgotten is what you brought up is the fact afterwards, what happens when there is a tree in their yard? What happens when you have electrical damage, things that happen, so, you make a great point.

One of the things that within the Pasco Sheriff's Office, we're blessed with great members. We do unlicensed contractors stings. In those unlicensed contractor stings right after the storms, we'll do them too, because we recognize and we know that people come in from out of states and different areas of the state to prey on these senior citizens, so, it's the education piece that we can do.

From the federal level, you know, we're always happy when federal partners come in to assist us because the one problem that we see from a local level, is that we may be overwhelmed, whether the lights around different areas and providing security you know, the linesmen from different power companies are coming in and so we're providing security for them, but the more it frees up the local Law enforcement to protect the senior citizens or any citizens from these unlicensed contractors, that would allow us to be more

proactive out there, rather than responding because we're being reactive to the storm and the issues that occurred from the storm.

Senator GILLIBRAND. Thank you so much.

The CHAIRMAN. Thank you, Senator Moody. Senator Gillibrand.

Senator GILLIBRAND. I'm going to defer my time to Senator Kim.

Senator KIM. Thank you. I believe we have Mr. Taylor virtually. Is that correct? Well look, thank you all for joining up here. You know, this is something that I've thought about a lot. You know, one night before I came into the Senate, I was over in the House of Representatives, but I represented a district at part of the Jersey Shore, but also had some of the largest retirement communities in the country, folks that probably spent half the year down where the chairman lives with the snowbirds.

It was very, very important to really recognize both the issues in terms of disaster preparedness and response but be able to tailor that in particular to an older community and understanding what their needs are.

Mr. Taylor, I just wanted to start with you. If you can hear me, in your work with the California Governor's Office, can you share about the importance of involving older Americans and individuals with disabilities in our disaster planning? How important is that? What was it from your own experience that you can shed light on for the rest of us to consider?

Mr. TAYLOR. Absolutely. That's a great question, Senator. Thank you, so, you really hit the nail on the head about the need to involve not just older adults, but people with disabilities in the way we plan, so, the emergency management is bigger than any one group, organization, or agency. The fact is that in order to help the whole community, we have to include the whole community.

One of the practices that we see being most effective is the development of what we call AFN Advisory Committees. These are groups that have community-based organizations, advocacy groups, community representatives that all come to the table to plan with emergency managers.

Emergency managers can find out about how well do our plans--when we're discussing things like communication, sheltering, evacuation, response, or recovery--how well do those actually meet the needs of the community? The perspective is invaluable, in part because we're having a diversity of lived experience.

I use a power wheelchair. Anytime I enter a room, I'm scanning that room for access. Are there ramps, are there stairs? Can I get around? Chances are, if you walk into that same room, you probably aren't looking for those same things, and that's okay. It's not that one's good and the other's bad. It just means that, based on our individual lived experiences, we each have a different perspective, and so, we can look at the same thing and see it differently.

Bringing these Access and Functioning Advisory Committees together with emergency managers makes sure that we end up with a better product.

Senator KIM. These are advisory committees that would sit down or meet with the emergency managers to be able to give feedback into that, and then what is the loop back? You know, like how does then information get back to the larger community of seniors, people with disabilities? Because that's one of the harder things I felt

like we saw in terms of just getting that information out there and best to be able to communicate. I don't know if you have any best practices, Mr. Taylor?

Mr. TAYLOR. Absolutely. One of the challenges that emergency managers have is we don't know everybody in the whole community, but when we partner, let's say for example, with Centers for Independent Living, that are serving individuals with disabilities, when we partner with area agencies on aging that are serving older adults, they're able to take these plans that get developed and help make sure that water gets to the end of the row. Because you can have the greatest plan, but if the end user doesn't know how to utilize it, then it's a missed opportunity for safety, security, and independence.

Senator KIM. No, that's right, and, one thing, I know my time's running out, but you know, we had with FEMA before, they provide courses on inclusive emergency management. We've seen this both in person and online, and we've seen just over the years, the in-person courses stopped and now the online trainings have stopped.

I think that we should be revisiting some of these types of tools available for people to understand how to put their safety and security. First, how to be able to be connected in and I think this Committee could potentially shine a light on these different tools to be able to get the word out, and with that, I'll yield back.

The CHAIRMAN. Thanks Senator Kim. Sheriff, how has your personal experience, as well as the state's experience with disasters made your department better equipped to prepare for senior focused emergencies?

Mr. NOCCO. Thank you, Senator. I believe with the experience that we've had throughout the years, unfortunately we've had a lot of hurricanes, a lot of issues where we had emergency management, have to respond to these calls. I think with our senior population, there's numerous things that we are consistently—you know, it's a messaging through TV or through the radio where we're constantly going out there.

I think one of the best things we do is we send our deputies into neighborhoods. When you send your deputies into the neighborhoods, and you start talking neighbor to neighbor to say, hey guys, please get out of here. It's time to leave. It gives them a personal perspective to understand, because I get it, it takes a lot to have to evacuate.

There are misnomers of shelters. They all think it's Katrina again. They think they're going to the Superdome, and they believe that's what they're going into and they're fearful of that. They don't want to go into that. It's not until it's too late that they say we have to leave and get out of the situation.

I think it's going out there personally, having deputies just walk through the neighborhoods, talk to people, tell them, hey, look, we have deputies at the shelters. This is where you can go. That has been the greatest impact because we can get on TV, we can say what we want, it doesn't matter. We can get on the radios, we can say things, get those messages out there. It doesn't matter. It's not until you're face to face with somebody and you explain to them,

and then you tell them the stories of—let me explain to you, and I'll tell you, Senator, a very quick story.

When that water in 2023, as it mentioned in the notes, the water was flowing super high, it was coming up in this house. It's one story, Florida house, and you've seen numerous of them as we go through after the storm, the water was rushing up super high. I'm going in there, it was us and fire rescue, going house to house, knocking on doors, getting in there, and there was a husband and wife, elderly couple, and then, you can see the water rising over the kitchen table as we're in there and we're like, we got to go. We got to get out of here.

They're like, well, I need my medicine, I need this and then I need my cat. Where's the cat? There's a cat jumping on top of the refrigerator over here. I mean, it's almost—if it wasn't sad, it was almost comical seeing law enforcement and firefighters trying to grab this animal. Because We knew they would not leave without their pet and we were going to get them out of there.

We finally get them out of there, but I tell you that story and the fact that we tell those stories to people that do not want to evacuate and say, look, you can stay where you are, and you have that constitutional right and the God-given right to stay in your house, but we are warning you if you stay in your house, we may not be able to respond quick enough to save you.

The CHAIRMAN. Yes. Mrs. Pipa, what unique needs of older Americans does the Red Cross prioritize during disaster preparedness and response?

Ms. PIPA. Thank you for the question, Senator. There's a couple of areas that we focus on. One, and I think we've hit on this a couple times, is meeting the older Americans where they are, and making sure that you have readily accessible and easily consumable training to help them prepare themselves.

Unfortunately, in a lot of places, we find that folks are not open to preparedness messaging until they've been impacted by a disaster. They tend to be much more receptive to it after that, which is an unfortunate circumstance, and so, we do want to capture them and if we've had five hurricanes in Florida over the last couple of years, it's important to then take that opportunity.

The same point - it is sharing stories. It's helping folks understand it's also older Americans teaching older Americans, right? If I send a 23-year-old in to do a preparedness for older Americans, I don't know that that's going to land as well as if it's a fellow older American who speaks with authenticity and credibility there, so that's a major part of it.

It's also really important that we know that there are caregivers out there. We want to make sure that the caregivers are well prepared, that they can take care of themselves and they can take care of the patient in their charge.

Too often we see folks dropped off at American Red Cross shelters that might have had home healthcare, but they're then presented at a shelter and they don't have any of that support that comes along with them, right? Making sure that we get them connected back into their communities, but thinking about the caregivers and the burden and the pressure that they feel as well to

take care of these older Americans if they have to evacuate, thinking through that process and helping them plan for that.

Then the most important thing is talking to older Americans and asking them how they want to be prepared. How can we best communicate this message? How do we get at the last 10 yards? Sometimes it's brute force, it's door to door, convincing people to take good preparedness actions. Sometimes it's somebody sharing their own personal experience to help prepare people so that they are not impacted in the same negative way.

The CHAIRMAN. Thank you. Ranking Member Gillibrand.

Senator GILLIBRAND. Thank you. Mr. Vance Taylor, I've been working on a Strategic Plan for Aging for a while in the last Congress. My bill amends the Older Americans Act, to require the Assistant Secretary for Aging to award grants to states, Indian tribes and tribal organizations, to create or implement strategic plans for aging and aging with a disability.

In 2024, it was reported that 10 states have a strategic plan for aging. Six states have authorized a multi-sector plan for aging. Twenty-one states are interested in or actively planning multi-sector plans for aging. California's plan was introduced in 2021, and California has the fourth largest economy and has financial resources that other states do not have.

Can you talk a little bit about how the California Plan for Aging has helped ensure that disaster preparation considers the needs of older adults and people with disabilities and functional needs? Also, do you think that other states need federal support to implement their own strategic plans for aging since they don't necessarily have the same resources that you do?

Mr. TAYLOR. Yes, absolutely, so, as you know, a core aim of any master plan for aging is really to ensure that older adults and people with disabilities can live independently in the communities that they choose, but reaching that goal really does require more than the traditional public health approach, right? It demands a disaster preparedness strategy reflects today's threat landscape.

California's master plan takes a whole community approach, engaging state and local agencies alongside community organizations to integrate safety and independence into inclusive emergency planning at really every level. While California provides a strong model, many states, to your point, lack the resources, staffing, or technical capacity to follow suit.

Without federal support, they simply cannot build or implement strategic plans for aging that meet these critical needs, so, every state has older adults, every state has people with disabilities and every state faces disasters. This really is about safety and dignity and independence, and it requires sustained local and federal investment.

Senator GILLIBRAND. Thank you. Can you talk a little bit about some of the challenges for older Americans or people with disabilities who have language access issues? One of our challenges in New York State—where's the camera? Where should I be looking when I'm addressing Mr. Taylor? Do we know? I feel like I'm not looking at him, so, do we know where the camera is?

Mr. TAYLOR. I see you, Senator.

Senator GILLIBRAND. Oh, I see where you are now. Good, so, we had a lot of trouble during one of the natural disasters in New York when there was massive flooding, and because we didn't have enough communication in multiple languages, a lot of the senior citizens died because they didn't evacuate from basements where they were sleeping or they just didn't get out in time. Just as you described Sheriff and how this happens.

I've advocated for the expansion of language access for the wireless emergency alerts. Can you speak about the importance of ensuring the alert systems are accessible to older adults and people with disabilities and functional needs?

Mr. TAYLOR. Yes. That's huge, right? If you don't know what's coming, then you can't run, you can't prepare, you can't be safe. You can't be secure, so, we had one incident where, it's the middle of the night, there's a wildfire, a big debate about, hey, should the jurisdiction alert or not alert? They don't want to create panic. They don't want to congest the evacuation zone. Ultimately, they chose not to.

What got lost in that discussion was what the impact was going to be for individuals in that jurisdiction who were deaf. When deaf people go to sleep at night, they put their phone under their pillow or on their body. That way, if an alert comes in, it vibrates and they wake up, but the alert didn't go out, so the phone didn't vibrate, and so they slept as fires raged around them. For some of them, by the time family and friends were able to reach out, it was tragically too late.

At the end of the day, this issue about accessible alerting and formats and languages is about whether people live or die. Whether they're safe or left behind. They have to know what's coming or they don't have a chance.

Senator GILLIBRAND. Well, thank you Mr. Taylor. Thank you, Mr. Chairman.

The CHAIRMAN. All right. Senator Warnock.

Senator WARNOCK. Thank you, Chair Scott, and Ranking Member Gillibrand, for holding this important hearing. Ms. Pipa, I want to start by thanking you for your service at the Red Cross. In your roles with the Red Cross, is it your experience that older adults face unique risks during disasters, particularly related to evacuation, medical care, and communication?

Ms. PIPA. Thank you for the question. Absolutely. Here's what we see a lot of times. Folks tend to believe that they can rely on their family that's local to help them as well. That is not always the case. There have been experiences that I've had, where I've visited an older American in a shelter and I've asked him how he's doing, and he said he's okay. I said, well, how's your family? Where is your family? Well, they're local too? Well, were they impacted? They were, how come you're here at the shelter and your family is not? They didn't have enough room for him.

That's a heartbreaking situation, both for that older American and for his family. They're all trying to recover, and so, we know that older Americans look to their families, look to their neighbors, look to their friends to help as well, and they want to return back to the home that they came from, and sometimes that's possible and unfortunately, sometimes that's not.

When you're reliant on a standard schedule or a repeatable day-to-day activity and a disaster takes that away from you, it challenges you from a cognitive, from a physical standpoint, and so, we see older Americans really struggle to make better decisions after for their recovery, to put them in a place where they can access the resources they need.

We all know that recovery is a long, long journey. It is complex and there are lots of pieces to it. To be able to knit that together for yourself and help yourself navigate through that is something we see older Americans struggle with. That's where we use our case work and our volunteers to walk alongside them, to make sure that they've connected with their doctor and gotten an emergency refill on their medication. If they had a medical assistance device, how do we help them acquire that again and get them back to the independent living that they so desire at that moment in time?

Understanding that critically pairing them with medical professionals that help make those decisions and help them navigate that situation as well as our caseworkers is something we do, and we're seeing it happen more and more and more, and we're seeing more older Americans turn to us to help us navigate that system, because their families sometimes cannot.

Senator WARNOCK. Given that experience, would you agree that robust investment in disaster preparedness can make the difference, maybe even between life and death, especially in communities with aging populations?

Ms. PIPA. Absolutely. I think sometimes folks take for granted that they can evacuate quickly. We have to be thinking about older Americans, about access and functional needs, and about what they need in terms of support to actually heed that evacuation order when it comes or when it's a notice that they have to evacuate quickly that they're able to, it's critical.

Senator WARNOCK. Yes. Well, hurricane Helene killed nearly 200 Americans, and I've fought so hard to secure over \$600 million in federal funding for Georgians and their communities to help us recover, rebuild, and better prepare for the next storm. These storms are coming more frequent, they're getting stronger and stronger.

That's why I'm so alarmed by this administration's plan to gut FEMA and federal programs that help older Americans prepare for disaster strikes. These aren't just budget choices, they're in fact as your experience bears out, a matter of life and death. Just last month, the Trump Administration canceled a \$30 million flood reduction grant for my hometown of Savannah, Georgia, that would've saved 180 million in post-disaster recovery costs, but they killed the program or canceled a \$30 million grant because they said it was too focused on the climate, even as we see these storms get stronger and stronger.

That means senior citizens in Savannah, including my mother, are now less protected from deadly floods just because Donald Trump doesn't believe in climate change. Ms. Pipa, in your experience at the Red Cross, when seniors are isolated during a flooding disaster like the flooding Savannah was trying to prevent before the Trump Administration canceled their funding, how does that isolation amplify the unique risk seniors already faced during a disaster?

Ms. PIPA. Seniors count on their social network and their connectedness to their neighbors and their families, and if that is torn away from them, and if they're left in isolation, we do see them struggle. Simple day-to-day tasks like taking your medication on time or things like that.

Even when they come to an American Red Cross shelter, we see the same thing. We have disrupted their lives. They are not prepared for what is coming, and this is absolutely critical that we help position and educate these folks so that they are the absolute best prepared and that their community members are educated so that they can step in and help as well. Because it doesn't just have to be the American Cross Red Cross. It has to be all of our non-profit partners who can step up to the table to help.

Senator WARNOCK. Thank you for all of your work in disaster preparedness and working with our seniors.

The CHAIRMAN. Thank you. Senator Warnock. Sheriff, Nocco, what are the biggest challenges law enforcement faces when evacuating or assisting older adults during a disaster?

Mr. NOCCO. Thank you, Senator, so, the nice thing is partnerships, especially at the local level. I will tell you; fire rescue Pasco does a phenomenal job. If there's somebody who cannot get on public transportation and public transportation will go to people's houses.

When you're talking about emergency situations, you're talking about preparedness, the local government is the heart of where it happens at. We're blessed to have partners like the Red Cross and everybody to come in, but your local government is the one that really does it. Because we know the community, we know what's going on, so, you know, when there's people that want to be evacuated, fire rescue will go out there. Or if they can walk and they can move on their own, then pass through public transportation.

The thing for law enforcement is that we go into secure neighborhoods. We'll make sure we're safe. Because that's the other thing, especially we see that with our senior population, they are so scared to leave because they think people are going to break into their houses, and so that is something that, from our standpoint, from law enforcement, you know, we start shifting our deputies to start working what we refer to as Alpha Bravo, which is 12-hour shifts, because we understand a big part of evacuation is a big part of leaving, is that peace of mind. That peace of mind, that their house is going to be safe.

Another great lesson learned is, especially in all our populations, is to turn your power off when you leave that house, but I can't stress enough, you know, we talk up here and I appreciate from a federal standpoint, how can you help? The biggest thing from us is that we emphasize that emergency management starts at the local level.

We know where places are, we know where people need help, and we can speak to them from a common language because we live there, and I will tell you from an example of recovery of search and rescue, where when you bring in federal partners, they're great to have, but at the same time, they don't know our community.

The National Guard was deploying on their vehicles, going out to different areas, and we are telling them, you need us in the

trucks with you because if we don't ride with you, we can't tell you where the low-lying areas are, where the flooding areas are, so, I can't emphasize that enough.

As you talk about emergency management, as you talk about federal assistance and federal help, and how can the Federal Government assist us, it's by supporting the local government. Because we know what we're doing. We've done enough and we know our communities.

The CHAIRMAN. Can you give me an example of how local partnerships, for example, churches or veterans groups or community centers help protect seniors during the storm?

Mr. NOCCO. Senator, that is a great point. When you talk about the partnerships, especially with the faith-based community, we always talk about the word trust. You know, they trust a deputy, they trust us to go out there when we tell them it's time to evacuate, they'll trust fire rescue. They'll especially trust their church, the members of their church to say, shelter here.

If we want to look into the future about where we can spend federal resources, it's strengthening shelters, the schools, but even the churches, because the churches can make great shelters. They just need generators; they need hurricane impact windows. They just need to be built up a little bit, but you want to talk about that trust that they will say, I will leave my house because I trust the law enforcement will protect it, but I trust my church. I'm a part of my church.

You know what, they're going to get support. Because that is a heartbreaking story when you hear that somebody's in a shelter and their family lives down the street, but they're not going to have them. Well, the other part of their family is their church, and if they are there with their church or there with their synagogue, they're there with people that they trust, that's going to allow them to leave. Because it's almost like a community meeting together, and they're going to support each other, they're going to love on each other. They're going to help each other through this disaster.

The CHAIRMAN. When we've opened up shelters in Florida, has it been successful to have the National Guard there on top of local law enforcement and the Red Cross and others?

Mr. NOCCO. Yes, Senator. The more we can bring resources into those shelters, the better off we are. The National Guard is even more successful when they're deployed with us because we put deputies into shelters. I will tell you; those shelters turn into little cities. The Pasco school district does a great job feeding them, housing them, law enforcement's there to protect them. Fire Rescue started this program where they stay in there too, so they have medical assistance, and when the Red Cross and everybody's there to support them, it's great because it, it builds that community, and so it's a great point.

The National Guard, we thank them for their services, coming down to assist us when the storms occur. We love it when they're more flexible because the—sometimes, and this becomes a bureaucratic issue. They are on mission. If their mission changes, it becomes a whole storyline to try to get them to help you to do something because they have to change their mission.

You talk about one of the things that beyond, and I know it's not on this Committee, but this affects all of us in law enforcement, fire rescue, emergency first responders. It's the reimbursement policies from the Federal Government. FEMA reimbursements, I will tell you, is a disaster, and that is an issue that we consistently deal with and it goes back to the local levels. How can you support us on a local level? It's streamlining operations, getting that funding there quicker and allowing us to help those shelters. Like you said, the more we can make those shelters more desirable to go to, the better off we are.

The one thing too is, I know people want to leave that shelter immediately as soon as the storm's over. They can't—or the wind's down, can we leave yet? We tell them, we got it, but let us go back and make sure it's safe to go back to where you came from.

The CHAIRMAN. Thank you. Ranking Member.

Senator GILLIBRAND. Thank you, Mr. Chairman. Ms. Pipa, you know, we've heard a lot of stories about what happens during the disaster, and I've met so many older New Yorkers who just have lost everything. What do we do for them after they've lost everything? How do we try to make sure they can have independence if they've lost their home, as you've said, if they've lost their church, as you've said, if they've lost their animals, if they've lost their medicine or their license or their credit cards? Like just existing without all the things that keep you in your home and independent is very difficult, what advice do you have for this Committee about assuring these seniors can have independence after a disaster?

Ms. PIPA. Part of it is making sure that as you move from that response to that recovery kind of continuum, is that there is an infrastructure in place that can help support them and move forward. We see folks present a lot of times at our shelters. If the healthcare system has been compromised, it may not be that they can't stay in their home, but access to medical professionals and supplies and personnel is something that drives them actually to show up in an American Red Cross shelter, not that they can't stay in their home anymore.

As we move them through that continuum, and we help them find their next step on that recovery journey, making sure that they're reconnecting with the work and the folks that were helping them beforehand, because they tend to get disconnected and they have a hard time reconnecting with that person or that entity to help continue to move them forward.

That could be social service entities, it could be faith-based entities that help. It could be a local senior center right, that they come to and they report to. We have to understand the makeup and the fabric of that community and then work with those specific entities, either local government or nonprofit, to make sure that they're robust enough and they're stable enough that they're ready to take care of those folks as they continue to move forward.

We will take care of them and walk with them through their response and recovery journey, but we're not experts in all those fields. We have a well-defined mission. There's so much more beyond that that these folks need. We need to make sure that we are not leaving before that infrastructure is in place so that they can

continue their recovery. They don't slip through the cracks as they continue their journey.

Senator GILLIBRAND. Have you ever used or heard of, for either the Sheriff or Ms. Pipa, of before a disaster, asking older Americans, or anyone frankly, to create a plan? Like, you know, when you're about to deliver a baby, you pack a bag and the bag has everything you're going to need for three days.

Do we ever tell older Americans or people with disabilities "pack a bag, have it ready, have all your medicines in it, have it all your phone numbers in it, pack your wallet, pack your identification, pack your passport, or whatever IDs you have, put them in a go bag by the door, so if there needs to be evacuation, you're ready." Like, does that ever happen before a hurricane or before big storms where they think there might be flooding?

I mean, I've tried to help my parents, particularly my father who's in Florida, who doesn't want to leave his home before a hurricane. He wants to ride it out every time, and obviously that creates enormous anxiety for his family who are trying to get him to leave, but in those instances, when he doesn't leave, is there a way to get them prepared before?

Ms. PIPA. That is my lived experience with both my in-laws and my parents as well. They—and to the sheriff's point, it's about even if their home is destroyed, they want to get back afterwards to protect whatever might be recoverable. They just want to understand.

I think for us, it's really important to make sure that they've got that kit. For some folks, that's a financial burden, right? If you're asking them to put three days of food aside and water and excess medication, and so, what we also try to do is kind of incrementally chunk it out to say, you don't have to build your go bag today, but let's have a plan over the next four months that helps you acquire the pieces of that bag so that you're not experiencing that financial burden of putting the go bag together.

The other thing we do a lot of nowadays, and I actually do this myself and my go bag, is I have a list of things that might expire, and so, they may not sit in my go bag, but that list sits at the very top of my go bag, and that is the first thing I look at to make sure I have to pull those items in and put them in the bag.

Senator GILLIBRAND. You are super prepared. Sheriff, what are your thoughts on that? Then Mr. Taylor, I'm going to ask you the same questions.

Mr. NOCCO. Thank you, Senator, so, it is a great point and lessons learned throughout the storms, so, I understand that many Americans have routines in their lives and especially as they get older, the routines, that's what they live by, is my routine, and so, to disrupt that routine, to say have a go bag ready to go, may make them feel uncomfortable as we explain them saying the needs for it, but we actually do that. It's a great point because we do that before the storm.

The nice thing about hurricanes at least, is we usually get several days? notice that they're coming, so that's what gives us the ability to start saying things, and so, we say build that go bag up, go to the pharmacy, the pharmacy will usually give you the extra drugs because they understand that, you know, during the storm,

right after the storm, those convenience stores, the drug stores may be down, so, we say, go get your extra drugs.

The one thing which we often tell people and make sure you do not forget, because they always will, and it's their lifeline, is their charger. They'll remember their phone, but they'll forget the charger, so, we say, make sure you bring your charger, make sure you have several days of clothes. Make sure you have those phone numbers.

The biggest thing that we also tell people is make sure you tell your loved ones where they are. Such as in your case, you know, having your father in Florida, you're out of state, is that this is where I'm going to be. One thing that we face, and I can imagine the shelters face this later on after we get the calls, is they don't know where their loved ones are. They may have gone to a shelter. Well then, the first thing they do is they call for a welfare check.

They call the sheriff's office up, you know, during the storm, right after the storm and say, I can't get ahold of my loved one, where are they? Even if the winds are high, even if we can't get out there, it's how we are and what we're built of, to go out there into those worst-case scenarios to find people, so, you're putting people lives, first responders lives at risk by not telling them where you're going.

That's actually part of the kit that doesn't go into the kit, but it's part of your planning process to tell people where you are at all times. Because people are nervous, they're stressed, they're out of state, and I can imagine they watch the news, which makes them even more stressful, so that's part of the go kit.

A hundred percent, it's one of those things where we're out there pushing that message. Because I go back to stories where water starts rising, we don't have time, and we just say, have credit cards, cash medicine, and your charger, let's roll, and then we take them out the door, and those are the situations that make it better for first responders if people had those go kits ready.

Senator GILLIBRAND. Mr. Taylor, if you could answer both the questions. The first one was how do people with disabilities and older Americans reestablish their independence after a storm, what are the tried-and-true practices that you've seen that work?

Then how do we engage our seniors to prepare better before a storm? If they are being rescued in the middle of the storm because the water's rising, they have the key things they need, like their phone, their charger, their medicine, the phone numbers they'll need to call someone.

Mr. TAYLOR. Yes, so, if we're talking about after a disaster, how do they get their lives back together? I think we have to look at the incredible role that partners like FEMA, the ACL play in that capacity, right? Because it's when they go to a disaster recovery center and they're able to apply for those programs that are going to benefit their lives. Not just in terms of things like perhaps rental assistance or other needs assistance, but it's really their first major step to getting into that recovery process and system, so that's absolutely essential.

If we're looking at before the disaster strikes, then we're going to look at things like training, right? Because you're exactly right. People forget their chargers. You know what charger they forget?

Their wheelchair charger. I can't tell you how many times I go to a shelter and people say, I don't have my wheelchair charger, because of course they're leaving and there's no time to think of everything, so, we have to engage them beforehand, and that comes through training.

One of the things that we see, is when we train with the whole community on these specific items, that message gets socialized. Everybody does better, but not every jurisdiction is well resourced, and so that's when things like grants, especially from federal partners, play a really key role because there are tried and true ways to empower older adults. There are tried and true ways to empower individuals with disabilities, but it oftentimes requires a certain level of investment, that not all jurisdictions can bear on their own.

I think promoting those best practices is essential. I think part of it is just having a bold goal, right. It's 2025, so we're no longer going to accept that people are going to die in their homes simply because they lack the capability or capacity to run for help.

Senator GILLIBRAND. Thank you. Thank you, Mr. Chairman.

The CHAIRMAN. Mr. Vance Taylor, what tools or techniques or technologies do you use to reach older adults who may not be digitally connected?

Mr. TAYLOR. Yes, it's interesting when we talk about technology, I would not traditionally consider myself to be an older adult, but if you talk to my daughters, they will say, based on my technology challenges, I'm absolutely in that category. We have to understand that there's such thing as a digital divide.

First off, not everybody has access to a smartphone and internet and apps and everybody's ability to use those effectively is going to be different as well, and so, in order to make sure that we close that divide, we absolutely have to meet people where they are.

A big part of that is working with community-based organizations that serve older adults and serve people with disabilities. Help them navigate these processes to put things together in plain language, to develop not just online trainings, which are great, but in-person deliveries as well.

To support the communities through everything from CERT-type programs where we're conducting local trainings and knocking on doors, and for example, FEMA, when there's a major declaration, they'll actually go out and canvas neighborhoods, right? They'll go out and they'll literally meet people where they are to make sure that they get the information that they need in order to be safe and secure and resilient.

We have to take a multi-pronged approach, and take as many bites as we can on that same apple, in order to move the needle in what I feel is a very meaningful way.

The CHAIRMAN. Thank you. Ms. Pipa, are there any Florida specific initiatives or partnerships that Red Cross uses to assist our state's large senior population?

Ms. PIPA. We're working directly in Florida with a couple of different—I'm sorry, Senator, will you repeat the question again for me?

The CHAIRMAN. Is there anything specifically you do with our senior population in Florida that just—is our State any different? Do you have anything that Red Cross is different in Florida?

Ms. PIPA. Unfortunately, given that Florida's been visited by several hurricanes over the last couple of years, we've had the opportunity to refine some of ours and add some new pilots. One of the pilots we just added post Hurricane Ian is we have a program that allows us to install free smoke alarms in homes if they need them, in order to save a life or prevent injury due to house fires.

We know that the 10 minutes we get in that person's living room is gold in terms of education, and while we want to educate them on how to evacuate their home during a house fire, because that's our most frequent disaster, we now combine that with in-person education about the most likely disaster that that family is going to experience, and in Florida, it's disasters.

There's a special kind of, think of it as a curated piece of that program that is specifically directed toward families based on the type of disaster that they're most likely going to have. We developed that as an outcome of some of the findings we had in Florida with the feedback that we got from the communities about how to better prepare, and now we're not only using that there, but we're using that along all of our hurricane states to help better prepare our families there.

The CHAIRMAN. Thanks. Ranking Member, do you have anything?

Senator GILLIBRAND. Do you want me to do my closing statement or do you want more questions?

The CHAIRMAN. Yes, you can do yours and I'll do mine.

Senator GILLIBRAND. Well, I just want to thank you all for this excellent testimony. We have a lot of work to do. I feel like we have covered a huge amount of topics. I want to thank you for the hearing, Chairman Scott. I think we learned about the importance of inclusive disaster preparedness strategies and how to improve outcomes for older adults and people with disabilities.

We also discussed the importance of safeguarding federal resources that allow states and localities to create and enact robust and inclusive disaster response.

Our current trends cannot continue. We have to do better, and I know we will do better, especially with the information we gleaned from this hearing. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Ranking Member. I want to thank everybody for being here today. I want to thank our witnesses. I look forward to working with our members across the aisle. If any Senator has additional questions for the witnesses or statements to be added, the hearing record will be open until next Wednesday at 5:00 p.m. I want to thank everybody for being here today, and this was very informative. Thanks.

[Whereupon, at 4:45 p.m., the hearing was adjourned.]

APPENDIX

Prepared Witness Statements

U.S. SENATE SPECIAL COMMITTEE ON AGING

"PREPARING FOR DISASTERS: UNIQUE CHALLENGES FACING OLDER AMERICANS"

MAY 14, 2025

PREPARED WITNESS STATEMENTS

Chris Nocco

My name is Chris Nocco and I have the distinct honor of serving as the Sheriff of Pasco County, Florida, a county just north of Tampa Bay on Florida's gulf with a population of approximately 750,000, with 22% of that population being 65 years of age or older.

I would be remiss if I did not note today that I was first appointed Sheriff in 2011 by your fantastic Chairman and Florida's Senior Senator, Senator Rick Scott. Senator Scott, when he was our Governor in Florida, guided our state through unprecedented storms and hurricane seasons and the impact he left on preparedness, execution, public private partnerships, and emergency response is still saving lives and property in Florida today.

I would also be remiss to not note the outstanding partnership that we had when another one of your Committee members, Senator Ashley Moody, was Florida's Attorney General. Senator Moody was a leader in scam prevention, price gouging, unlicensed contracting and other issues that impact all of our citizens, but especially our senior population, as they both prepare and recover from hurricanes.

With that, over the last year, our Pasco County community faced, in short succession, the threat of Hurricanes Debby, Helene and Milton. With more than 24 miles of coastline, Pasco County has unique challenges from these storms, even though none of them made direct landfall in Pasco County.

As Debby and Helene moved north through the Gulf of America, within 100 miles of Pasco County's coast, storm surge was pushed ashore, greatly impacting the more than 50,000 residents of Pasco County who live west of US19. This area of our county is home to many seniors and has a direct impact on them.

In the overnight hours of September 25 and September 26, as Hurricane Helene moved north just off of our coastline, I joined members of the Pasco Sheriff's Office and Pasco County Fire Rescue as we conducted active water rescues. We were also joined by the Florida National Guard and Florida State Guard, whose assistance was invaluable.

In those overnight hours, we were able to rescue more than 100 people from rapidly rising storm surge which ultimately crested at near record levels. Anecdotally, we were told by the National Guard that they had a vehicle rated for 18-feet of water that was unable to pass any further after encountering water in one of our neighborhoods.

I myself witnessed individuals who had climbed on roofs to avoid the rapidly rising storm surge. In one instance, a female, her small child and elderly relatives, had climbed to the roof of their three-story multifamily housing unit and were awaiting rescue.

This speaks directly to the need to follow local emergency management officials and orders, such as evacuation, especially for the most vulnerable amongst our community.

That is furthered by another example of a water rescue call for service we received from a hurricane in 2023 and, when we responded to the elderly couple with a boat to rescue them from their rapidly flooding house, they were not prepared and still needed to gather various medications and family pets.

We encourage everyone, if you do not heed local evacuation orders, to be prepared to go when you do make that decision, or you risk your life as well as the lives of first responders. Waiting for preparation to occur with rapidly rising floodwaters is not feasible for any party involved.

In these instances, our first priority is life safety and rescue, as you can imagine, all resources we have become involved in these rescue operations. Even with that, without the support of the National Guard, Coast Guard, Florida State Guard and the Florida Fish and Wildlife Commission, we would not have been able to be as successful as we were with everyone rescued and no lives lost.

The resources that the state and our partner federal agencies, such as the National Guard and Coast Guard, can bring with them to these disaster response situations is invaluable for local governments, many of which, Pasco County included, do not have the funding available to purchase these response capabilities ourselves.

Hurricane Milton, which impacted our community in October of last year, presented a different challenge. As Milton made landfall south of Tampa Bay, we did not immediately see large impacts. However, as Milton moved through the center of our state in a northern direction, dropping rain on already saturated rivers and other bodies of water, riverine flooding became a significant issue.

Several days after Milton made landfall, and facing record levels of flooding on several rivers in Pasco County, we were again called in for water rescues as rivers began pouring out of their banks into communities, especially in the Enclave neighborhood in Wesley Chapel, in eastern Pasco County.

Again, without the assistance of our state and federal partners, this rescue operation would not have been as successful as it was.

Through the duration of all three of these storms, we, along with state and federal partners, were able to respond to more than 300 flooding related calls for service and rescue more than 500 people from rising flood waters and storm surge.

However, it is my opinion that law enforcement and emergency response must continue to advance and embrace rapidly evolving technologies. Items such as drones provide invaluable benefits to disaster preparedness, response and recovery while also providing local governments with efficiencies.

For example, the Pasco Sheriff's Office is proud of the partnerships we have established with both Axon and Skydio, two companies leading the way in emerging technology for drones and law enforcement. With drones, pre-storm and post-storm mapping can be done in a matter of hours in a much more cost-efficient manner than the old method of flying a helicopter.

In addition, with numerous drones, we can evaluate multiple situations at the same time which allows us to make faster and more accurate decisions to save lives.

Helicopters, by the sheer nature of their fuel consumption and maintenance costs, are significantly more expensive to operate than drones. As local governments are faced with tough financial decisions, drones can be more beneficial and cost effective when used for emergency preparedness and response, especially when it comes to pre- and post-storm mapping and the monitoring of flood waters.

A prime example of this occurred during the riverine flooding caused by Hurricane Milton that I discussed just a bit ago. Through drones, we were able to actively monitor river gauges and levels upstream, which allowed us to relay this information to communities downstream and warn them of what was coming.

This information provided by drones allowed us to prepare our community and, I believe, again, saved lives.

There will always be a need for helicopters for rescuing individuals but the combination of our use of drones with our aviation unit has proven invaluable.

I would be remiss if I did not thank the outstanding men and women of the Pasco Sheriff's Office, the first responders and medical personnel in Tampa Bay and the state of Florida, along with the other agencies from across the country that came in to assist. Make no mistake, when things are at their worst, public safety in Florida is at its best.

With little sleep and in miserable conditions, they persevere through numerous storms to ensure the safety of our citizens.

To our citizens, their support and cooperation with public safety is an understatement. We know that their safety is paramount, along with providing them a sense of relief that there are brave women and men prepared to protect them and their families when times are catastrophic.

I also want to thank our own Pasco Sheriff's Office volunteer units for their assistance and look forward to the future as we continue to build out these units with more prior military, law enforcement, fire rescue and other citizens who have unique skill sets that will provide us with greater capabilities to address emergency situations.

For the power company employees in the great state of Florida and those that travel in, along with those in the gasoline and diesel supply chain, thank you. They are unsung heroes, but without them we cannot get back to the quality of life that makes public safety's job that much easier.

And last, but most importantly, is our thanks to our heavenly Lord, Jesus Christ. Through Him all things are possible, and we pray and ask for His protection in this upcoming hurricane season.

With that, I thank you for allowing me to present here today and I look forward to your questions.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"PREPARING FOR DISASTERS: UNIQUE CHALLENGES FACING OLDER AMERICANS"

MAY 14, 2025

PREPARED WITNESS STATEMENTS

Jennifer Pippa

Good afternoon, Chairman Scott, Ranking member Gillibrand and distinguished members of the Committee. Thank you for the privilege of testifying before you today on behalf of the American Red Cross. We commend the Committee for holding this much-needed hearing on the unique challenges facing older Americans and how to help them prepare for disasters.

My name is Jennifer Pippa, and I serve as the vice president of Disaster Programs for the American Red Cross. In this role, I oversee our national preparedness, response, and recovery programs.

Among the most significant challenges the American Red Cross encounters in our disaster work is meeting the needs of older Americans impacted by disasters. Nearly 20 percent of Americans are in the 65-and-older age group, and the current growth of the population ages 65 and older is unprecedented in U.S. history. This increase in the population of older Americans comes at a time when more frequent and costly disasters are becoming the "new normal" in the United States. The intersection of these trends an aging population and significantly more disasters should concern all of us.

Recent research has found that older adults are more vulnerable and experience more casualties after natural disasters compared to other age groups. In 2020, members of the American Red Cross Scientific Advisory Council and the American Academy of Nursing Policy Expert Round Table on Emergency/Disaster Preparedness for Older Adults produced a report entitled "Closing the Gaps: Advancing Disaster Preparedness, Response and Recovery for Older Adults." Among other findings, the report documents a growing demand for services among older Americans due to the increased prevalence of chronic health conditions, living in social isolation, and experiencing declines in cognitive and physical functioning. It is imperative that we continue to understand the growing needs of our aging population and create services and programs to meet older Americans where they are and help them to continue to prepare for any disaster.

Following Hurricane Sandy in 2012, the New York Times reported that nearly half of those who died because of the storm were age 65 or older. Sadly, many of those who lost their lives, drowned at home, or died from storm-related injuries. The 2018 Camp Fire, which burned for 18 days in Paradise, California, resulted in 85 deaths. Many of the victims were elderly or had disabilities. The average age of those who died was 72. In 2023, more than two-thirds of the 102 confirmed victims of the 2023 Maui fires were over the age of 60. Last year, Hurricane Helene caused at least 250 deaths in the United States, with many being elderly individuals. The storm's impact was particularly severe on older adults. In North Carolina, for instance, two out of every three deaths from Hurricane Helene were among adults aged 60 or older.

As part of the world's largest humanitarian network, the American Red Cross is called to help communities prepare, respond, and recover from disasters. We make a vital difference for families and communities in the United States and around the world who are coping with the impacts of disasters, including more frequent and intense storms, heavier rainfall, extended droughts, extreme heat, and devastating wildfires.

The American Red Cross works actively alongside partners at all levels, including state and federal government, to execute our mission of alleviating human suffering in the face of emergencies. This includes our role in delivering national response and preparedness programs across all 50 states and territories, and our efforts every day within local communities, to ensure those who need us the most are best prepared.

Over the course of our nearly 145-year history, the American Red Cross has adapted to meet the changing needs of the people we serve, but the mission of the American Red Cross continues to be driven by the mobilization of the power of volunteers and through the generosity of our donors. Red Cross volunteers and staff work to deliver vital services every day across the country to help individuals, families, businesses, and schools be better prepared for life's challenges. Each year we

respond to more than 60,000 disasters, a vast majority of which are home fires, as well as the recurrence of the more extreme-weather events such as wildfires, extreme heat, hurricanes, and flooding. We also collect and distribute about 40 percent of the nation's blood supply; teach lifesaving skills; and provide more than 240,000 services to veterans, military members, and their families annually. Whether the need is large or small, the American Red Cross will be there.

The increase in frequency, and impact from disasters is challenging the American Red Cross to think differently around the way we fulfill our mission. This challenge has created an environment of opportunity to innovate and adapt the way we deliver our existing services and programs. Our ability to engage and empower communities before, during, and after disasters is central to our success. One of the keys to that success is community mobilization. At the American Red Cross, we support communities and work alongside them to build resilience by empowering community members to prepare for disasters and support one another when disasters occur.

As we see a growth in the number of older Americans across the United States, we need to understand that the effects that disasters have on older Americans, do not end when the storm is over. People over 65 make up nearly 10 percent of American Red Cross emergency shelter populations after disaster evacuations have lifted. Our responders often encounter elderly disaster survivors living in badly damaged homes or in dwellings without power and water. These survivors regularly express fear that they will lose their homes and property if they leave, and, in some cases, we encounter older survivors who have not been able to manage the task associated with getting to a shelter or finding safer temporary housing.

I have sadly experienced many disasters. However, one experience in Fort Myers Florida has really stayed with me. In the days after Hurricane Ian had made landfall, the American Red Cross was out serving the communities by opening shelters, providing hot meals, as well as care and comfort to the thousands who had been impacted. I was driving around the Ft Myers area delivering water and snacks to people who were cleaning up and came across this wonderful elderly woman, Jackie who was in her completely destroyed manufactured home, searching through all of her personal items to find a few irreplaceable items that she treasured. Jackie was a retired home economics teacher who had moved from upstate NY to the Ft Myers area with her husband when she retired.

Jackie and her husband had done everything right -- they were monitoring the weather and listening to local and state officials and following their directions. They knew that a hurricane was coming, and they heeded the evacuation orders and moved inland to make sure that both she and her husband would remain safe, and they did not return to their home until they were told it was safe to do so. When I spoke to Jackie, one of the things she shared with me was that she was missing her neighborhood friends and grieving the loss of one of her neighbors who had chosen not to evacuate and had lost his life.

Jackie shared with me one of the most difficult things she was struggling with was the loss of her social network, and the likelihood of never seeing those neighbors that she cared for so deeply. Jackie reminded me when we connected later that week, that her life had immeasurably changed because of a disaster. Every day Jackie is reminded she is a survivor of a disaster by the simple little things that she used to take for granted, things like going to the grocery store (it was destroyed in the hurricane), stopping by the local branch of her bank (again destroyed by the hurricane), and the most important to her was finding a new doctor, after her current doctor decided not to come back to Fort Myers to rebuild.

We know that individuals and families typically have better outcomes when they have prepared for disasters before they happen, and while Jackie was making great strides in her recovery, she is an example that even the best prepared of us may still struggle after a disaster. This is where the Red Cross plays a vital role in ensuring individuals, families, and communities are better prepared for what disasters they may face.

We have numerous preparedness programs to help communities become better prepared for disasters, including:

- Be Red Cross Ready - a national, standardized, free preparedness education curriculum for adults taught by a certified presenter. Uses a whole community approach to preparedness education, by providing safety information for older adults and individuals with disabilities, access, or functional needs. This aims to reduce the perceived barriers to taking preparedness actions by focusing on a step-by-step approach that is manageable, action-oriented, and affordable.

- Home Fire Campaign Home Visits - through these preparedness visits we serve all clients, but especially for older adults there are recommendations to keep mobility devices, hearing aids, medications, etc. nearby the sleeping area to grab

and go with egress from a fire, or suggestions to move their master bedroom to the lower level of the home if stairs pose a significant challenge. We also offer accessible fire safety equipment (smoke alarms) for people who are deaf or hard-of-hearing and people who lose upper registry hearing as they age, so many older adults take advantage of this offering within the program framework.

- Caregivers Preparedness Checklist - people who care for others have a unique role in preparing both themselves and the ones they take care of. In collaboration with AARP, Red Cross developed this checklist to help caregivers plan for and respond to disasters and to ensure their family members are supported during a disaster.

- Building Your Support Network - the Red Cross recommends that older adults create a personal network made up of multiple individuals who will check in on them in an emergency, to ensure their wellness and to provide assistance if needed. This checklist contains a list of seven important items for folks to consider.

- Emergency App - the app uses three questions to provide customized content to those individuals who state that they have an older adult in their household for the hurricane and wildfire planning sections.

In times of disaster, the American Red Cross stands as a beacon of hope and strength, grounded in compassion and service. From emergency response and recovery to blood services and our support of the armed forces, our impact is both immediate and enduring. We are equally committed to supporting older Americans, providing reliable resources and assistance when needed and offering meaningful ways to give back through volunteer service.

More than 40 percent of our volunteers are over the age of 60. These individuals are not only helping their communities prepare for and recover from disasters - they are leading the way. Their service reflects the values of dedication, responsibility, and neighborliness that strengthen our country in times of crisis. Older Americans are not just recipients of help; they are central to our ability to deliver it.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"PREPARING FOR DISASTERS: UNIQUE CHALLENGES FACING OLDER AMERICANS"

MAY 14, 2025

PREPARED WITNESS STATEMENTS

L. Vance Taylor

Chairman Scott, Ranking Member Gillibrand, Members of the Committee, my name is L. Vance Taylor.

It is an honor to be asked to testify at this hearing today. I do so, not only as a subject matter expert in the field of emergency management, but as someone who lives with a disability and uses a power wheelchair.

We're in an era of increasingly frequent and severe disasters. As the scope and devastation of these events grow, it's critical to recognize that while wildfires, earthquakes, tornadoes, and hurricanes strike without regard for geography or politics, they consistently and disproportionately impact older adults and people with disabilities.

One reason why is because, well-intentioned emergency managers who can walk, see, and hear have developed plans in isolation, without input from the full spectrum of the communities they serve.

As chief for the Office of Access and Functional Needs at the California Governor's Office of Emergency Services, I activate in response to major disasters throughout the state.

While responding to one wildfire, I visited an emergency shelter. There, I saw survivors on the worst day of their lives. It was hot and muggy, and ash from the air clung to their sweat, forming a thick grime on their skin.

Because the jurisdiction hadn't integrated the provision of portable accessible showers, when older adults and people with disabilities arrived, they couldn't bathe. I'll never forget the look on their faces when I had to tell them that they had no choice but sit in their own filth until we could bring in the appropriate resources for them.

Experiences like these should serve as a call to action to embrace inclusive planning.

As a best practice, forward-leaning emergency management agencies are committing to end the practice of planning for the community. Instead, they are choosing to plan with the community.

A vital step is establishing state and local Access and Functional Needs (AFN) Advisory Committees to ensure better outcomes for the whole community.

Inclusive planning leads to press conferences that include American Sign Language interpreters, the posting of critical updates in accessible formats, the provision of accessible evacuation resources, and shelters that are both physically and programmatically accessible.

When the whole community is involved in planning, the result is a system that sees, hears, and serves everyone. It is also a system that literally saves lives.

California leads the nation in inclusive planning.

And yet, I'll be the first to say: the work is far from done.

We have the resources to develop innovative best practices, guidance documents, and training curricula and we share them freely with states across the country.

But as valuable as those tools are, when disaster strikes, what communities truly need is sustained support from federal partners like the Federal Emergency Management Agency (FEMA), the Administration for Community Living (ACL), and the Administration for Strategic Preparedness and Response (ASPR).

They need funding for the full range of federal resources required to respond to and recover from large-scale events that overwhelm local capacity.

Cutting or eliminating these agencies would have devastating consequences- especially for older adults and people with disabilities whose safety, independence, and survival often hang in the balance.

Chairman Scott, Ranking Member Gillibrand, Members of the Committee- you have an opportunity to affirm that the mission of inclusive emergency management is one of the most human responsibilities we share.

To show that Washington can be counted on to empower emergency managers and the whole community to lift the hands that hang down. To show up for one another. To reduce human suffering and prevent needless loss of life among older adults and individuals with disabilities.

Doing so is a reflection of who we are-not as Republicans or Democrats, but as Americans.

And yes, it's a lift.

But you don't have to lift alone.

Federal agencies will lift with you. States across the country will lift with you. I will lift with you.

And as we lift together, the communities we serve will ascend.

Thank you.

Questions for the Record

U.S. SENATE SPECIAL COMMITTEE ON AGING

"PREPARING FOR DISASTERS: UNIQUE CHALLENGES FACING OLDER AMERICANS"

MAY 14, 2025

QUESTIONS FOR THE RECORD

L. Vance Taylor**Senator Kirsten Gillibrand****Question:**

Please discuss the barriers that older adults and people with disabilities face when attempting to evacuate and also discuss what solutions federal, state, and local governments should consider to ensure their safety during disasters?

Response:

Older adults and people with disabilities continue to face significant and often life-threatening barriers when attempting to evacuate during disasters. These barriers are not theoretical—they are real, recurring, and devastating.

During one wildfire, I received a call from an older woman in tears. She and her husband, who uses a power wheelchair, were trapped on the second floor of their apartment. The elevator wasn't working, the fire was closing in, and 911 had told them to "wait patiently"—because no accessible transportation was available. She refused to leave her husband behind. While speaking with her, I could hear propane tanks exploding in the background as the flames approached their building.

I rushed to coordinate a rescue with law enforcement, and then I waited. Time crawled. Finally, she called back—this time crying tears of relief. "They got us," she said. "Police officers carried my husband down the stairs. We're in a squad car. The apartment is engulfed in flames, but we made it."

As grateful as I was that the call ended well—it never should have come to that.

It's time for jurisdictions to move from intention to execution by implementing specific, inclusive evacuation strategies that truly serve older adults and individuals with disabilities. The following best practices offer a clear roadmap for building inclusive evacuation systems that provide effective operational support when it matters most:

- Utilize an Access and Functional Needs (AFN) Advisory Committee. These committees play a critical role in broadening, enhancing, and validating evacuation and transportation strategies. They provide direct input from disability and aging communities, ensuring that plans are shaped by lived experience, not assumptions.

- Develop a Standard Operating Procedure (SOP) for Accessible Transportation. In partnership with the AFN Advisory Committee, every jurisdiction should have a clearly defined SOP that outlines how individuals with access and functional needs can request and receive accessible transportation before, during, and after disasters. This SOP should be widely disseminated and regularly tested to ensure usability.

- Maintain a central list of transportation agreements. Emergency Operations Centers (EOCs) should maintain an up-to-date inventory of all transportation and evacuation agreements with providers and vendors. This list should be immediately accessible to operations staff and used to activate resources in real time.

- Establish formal, signed agreements with accessible transportation providers. These agreements should exist not only within the jurisdiction, but also with surrounding jurisdictions to enable resource sharing during large-scale evacuations. Critically, these agreements should contain provisions to provide on-demand, 24/7 availability and services at no cost to evacuees. Anything less risks delay—and in an emergency, delay can be deadly.

Inclusive evacuation planning saves lives, strengthens community trust, and ensures that no one is left behind simply because they move, communicate, or experience the world differently.

Question:

Can you discuss the need for communities to bolster their infrastructure against future disasters? What impact will the loss of BRIC grants have on local communities, including older adults?

Response:

FEMA's Building Resilient Infrastructure and Communities (BRIC) program is one of the most powerful and forward-thinking tools available to local governments working to strengthen infrastructure before disasters strike.

Whether it's elevating flood-prone roadways, retrofitting emergency shelters, upgrading stormwater systems, or hardening electrical substations-BRIC enables communities to build smarter, stronger, and safer. These are essential investments in the safety and stability of our most vulnerable residents.

For older adults and individuals with disabilities, infrastructure isn't just about convenience-it's about survival. They rely on functioning roads to reach dialysis clinics, on uninterrupted power to run ventilators and charge wheelchairs, and on accessible shelters when evacuations are necessary. When those systems fail, it's these community members who suffer first and most. The loss of BRIC funding would eliminate a viable path jurisdictions have to make infrastructure improvements that directly protect lives, especially for those who depend on it every day.

The need for proactive infrastructure mitigation has never been more urgent. Disasters are intensifying in frequency and severity, placing increased strain on already aging and underfunded systems. Across the country, communities are confronting rising seas, more intense wildfires, prolonged heat waves, and devastating storms-all of which endanger the systems people count on for safety and daily living.

Without BRIC, under-resourced communities will be left without realistic options to fund large-scale mitigation projects. That vacuum would inevitably lead to greater human suffering, longer recovery times, and increased federal disaster spending.

Mitigation doesn't just save lives-it saves money. Every dollar invested today reduces the need for multiple dollars in recovery tomorrow. BRIC funding ensures that local governments aren't forced to choose between acting responsibly and acting affordably.

Losing BRIC would mean stepping backward-at the exact moment we need to be moving forward.

Now is the time to double down on inclusion, resilience, and preparedness-not retreat from it. Protecting and expanding BRIC is not just sound public policy-it's a moral and fiscal imperative.

Question:

Can you speak to how the dismantling of the Administration for Community Living and eliminating States' Long-term Care Ombudsman Program will harm people with access and functional needs during disaster situations?

Response:

The Administration for Community Living (ACL) plays a vital and irreplaceable role in ensuring that older adults and people with disabilities are not just cared for-but included-in their communities and in emergency planning efforts at every level of government.

Dismantling the ACL would mean losing a key federal partner specifically tasked with advancing cross-agency coordination and inclusive disaster planning. That coordination is a lifeline. In disaster situations, it can literally mean the difference between life and death.

The ACL serves as a critical link between emergency management systems and the aging and disability networks that possess the trust, credibility, and community reach needed to effectively engage older adults and individuals with disabilities-populations most at risk during disasters. Their work helps ensure that evacuation plans account for mobility needs, that communication strategies are accessible, and that recovery services are designed to reach people who might otherwise be left behind.

Equally devastating would be the elimination of the State Long-Term Care Ombudsman Program. Ombudsmen are consistent, independent advocates for residents in nursing homes and assisted living facilities. They play a critical role in disaster preparedness and response by:

- Identifying gaps in facility emergency plans;
- Ensuring residents understand their rights and options during a crisis;
- Advocating for essential needs during evacuations or shelter-in-place orders;
- Providing oversight when family and community access is restricted, as we

saw during the COVID-19 pandemic.

Without ombudsmen, residents in long-term care settings-many of whom have significant access and functional needs-would be left without a voice, without oversight, and without a safety net when disaster strikes.

Dismantling the very programs designed to protect those most vulnerable to negative outcomes in emergencies would not only weaken our disaster response systems-it would actively place lives at greater risk.

To build inclusive, resilient communities, we must preserve and strengthen-not eliminate-the structures that safeguard coordination and care in times of crisis.

Question:

Can you speak about how cuts to the Federal Emergency Management Agency's funding and staff will hamper disaster preparedness and recovery efforts as well as the debilitating effect that eliminating FEMA entirely would have on those same efforts?

Response:

I want to clarify that I'm responding in my capacity as a subject matter expert in emergency management-not on behalf of any government agency.

FEMA is the backbone of federal disaster preparedness, response, and recovery. Dismantling the agency-or significantly reducing its workforce and funding-is dangerous, particularly for underrepresented communities, which include older adults, and people with disabilities.

FEMA plays a central role in coordinating federal assistance, deploying resources, supporting local and state governments, and ensuring communities have the tools and guidance they need before, during, and after disasters. Without FEMA's leadership, local and state disaster response efforts would collapse under the weight of complexity and insufficient resources.

The agency is already under strain. With layoffs and voluntary buyouts underway, FEMA enters this hurricane and wildfire season significantly understaffed and overstretched. These cuts come at a time when disasters are becoming more frequent, more severe, and more expensive.

Until January, I served on the President's National Infrastructure Advisory Council. In December 2024, the Council unanimously approved a report that made it clear: FEMA needs more support, not less. The report called for increased funding, workforce stabilization, and enhanced cross-government coordination. These weren't abstract recommendations-they were urgent warnings based on the realities emergency professionals are facing in the field.

The consequences of ignoring these warnings will fall hardest on those who are already most vulnerable: older adults, people with disabilities, low-income families, and underserved communities.

When FEMA is weakened, the burden shifts to local systems that are often under resourced for catastrophic events. That shift results in slower response times, longer recoveries, and more lives lost.

This is not the time to weaken FEMA. It is the time to reinforce it-so that when the next disaster strikes, we're ready to respond with speed, strength, and inclusivity.

Question:

Given the role of NOAA's National Weather Service in weather forecasting, can you speak about how the Trump Administration's cuts to this Agency will harm disaster preparedness efforts?

Response:

Accurate, timely forecasting is a key element of effective disaster preparedness-and that foundation begins with NOAA's National Weather Service (NWS). The data, models, and alerts produced by the NWS inform major decisions emergency managers make: when to issue evacuation orders, where to open shelters, the most effective places to pre-position resources, and how to keep the public safe.

Weakening that system through funding cuts is a direct threat to public safety.

States and local jurisdictions depend on NOAA's forecasts to time emergency declarations and deploy resources. Without that critical lead time, communities have fewer options and far less time to act. For people with access and functional needs-such as individuals who rely on accessible transportation, powered medical equipment, or in-home caregiving services-losing even a few hours of notice can mean the difference between safe evacuation and life-threatening delay.

Older adults and people with disabilities often need more time and support to take protective action. Shrinking the warning window decreases their chances of reaching safety in time.

Cuts to NOAA don't just reduce the accuracy of forecasts-they compromise the entire chain of preparedness. You can't prepare for what you can't see coming, and gutting the Weather Service is like turning off the headlights just before a sharp curve in the road. We're not just dimming our vision-we're increasing the risk of a deadly crash.

Preserving and strengthening NOAA's National Weather Service is an investment in readiness and lives saved.

Question:

Can you speak about the importance of the Social Services Block Grant to older adults and people with disabilities and include examples of how eliminating this funding will impact States' ability to respond to, and recover from, disasters?

Response:

The Social Services Block Grant (SSBG) is a lifeline for older adults and people with disabilities, particularly in times of disaster.

When emergencies strike, vulnerable populations often face unique and urgent challenges: disrupted access to caregiving services, communication barriers, and the need for accessible sheltering and transportation. SSBG allows states to meet these needs in real time. Its flexibility, speed, and broad eligibility make it an effective tool for addressing the human side of disaster response.

Unlike many federal disaster programs, SSBG is available year-round and can be deployed immediately, without red tape. That agility is critical when minutes matter and bureaucratic delays can cost lives.

States have used SSBG funding in powerful, practical ways, including:

- Relocating survivors with mobility-related disabilities;
- Deploying personal care attendants in shelters to support older adults and individuals with disabilities;
- Providing accessible communication tools to help the whole community understand evolving emergency information;
- Supporting in-home services that keep older adults and people with disabilities safe when transportation and infrastructure are compromised.

Eliminating this funding would strip states of a critical, adaptive resource and force them to rely on programs that are slower, more rigid, and often not designed to meet the diverse needs of people with access and functional considerations.

Without SSBG, older adults and individuals with disabilities will be left without the services they need to stay safe, secure, and healthy in the face of disasters.

Question:

Is there anything related to this hearing topic that was not discussed that you think Congress should consider?

Response:

An impactful step Congress can support is encouraging every state to create an Office of Access and Functional Needs (OAFN) with a clear and focused mission: to identify the needs of individuals with access and functional needs before, during, and after disasters and to integrate those needs into all aspects of emergency management. An OAFN should operate with dedicated executive-level leadership and the authority to influence state-level planning, training, operations, and policy.

Through this model, California has been able to:

- Embed disability integration across all phases of emergency management;
- Develop nationally recognized guidance and best practices;
- Provide technical assistance and training to thousands of local and state officials;
- Build durable partnerships with disability and aging advocates;
- Respond to real-time disasters with dedicated, AFN-specific knowledgeable.

Without centralized leadership and accountability, inclusive planning efforts often become fragmented, inconsistent, or entirely absent. Vulnerable populations are left relying on individual champions rather than system-wide safeguards.

Establishing an Office of Access and Functional Needs in every state would foster consistent collaboration between state and federal partners and ensure local jurisdictions have a clear point of contact for guidance and support.

Congress can play a critical role in advancing this recommendation by:

- Providing technical assistance and funding incentives for states to establish an OAFN;
- Creating national guidance or minimum standards for these offices;
- Encouraging FEMA and other federal agencies to coordinate with state-level OAFN leads.

By institutionalizing this work at the state level, Congress can help ensure it becomes a standard part of how emergency managers plan, train, respond, and recover every time, everywhere.

Statements for the Record

U.S. SENATE SPECIAL COMMITTEE ON AGING

"PREPARING FOR DISASTERS: UNIQUE CHALLENGES FACING OLDER AMERICANS"

MAY 14, 2025

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AARP Statement

AARP, which advocates for the more than 100 million Americans age 50 and older, appreciates the opportunity to comment for the record on the Senate Special Committee on Aging's hearing to discuss the unique disaster preparedness needs of older adults.

Tragically, older adults represent a disproportionate share of the fatalities in disasters. Older adults often have conditions that make them especially vulnerable during natural disasters, such as chronic illnesses, functional and mobility limitations, or disabilities. In addition, they may be socially isolated, and lack both access to transportation and the financial means to prepare for disasters or relocate.

Disasters are increasing in number and severity, and no region of the country is exempt from disastrous weather events. The impacts on older adults are clear. Nearly three-quarters of the victims in the Lahaina fire were over the age of 60. Similarly, approximately three-quarters of those killed in Hurricane Ian were age 65 and over and 60 percent of deaths in the Texas winter storm were persons age 60 and over.

These tragic outcomes are not inevitable. Agencies and communities that possess a clear understanding of the unique needs of older adults in disaster events, including an understanding of the impact of extreme weather on the health and well-being of older adults, are better equipped to keep them safe.

For several years, AARP has worked through our state offices to promote a better understanding of older adults and their needs related to disasters and to educate older adults and their families in the hopes of creating truly age-friendly, resilient communities. Towards this end, we released a publication that provides guidance to local and state leaders on developing strategies to reduce risk and the impacts of disasters on older adults. The AARP Disaster Resilience Tool Kit, developed together with the Federal Emergency Management Agency (FEMA), explores the unique needs of older adults when disaster strikes. In addition to the toolkit, AARP has also provided comments on Centers for Medicare and Medicaid Services' proposed regulations regarding emergency preparedness and nursing homes participating in Medicare and Medicaid.

Greater collaboration and establishing clear lines of communication in advance of a disaster is key to protecting the health and safety of vulnerable populations. It is essential to make the right connections and build relationships across the fields of emergency managers and advocates for older adults - particularly given that they tend to operate with a distinct set of terminology and language that can impede mutual understanding. It is also critical that localities know where older adults reside, and which communications means are most effective, including low-tech options, to ensure that people get timely updates and news. Further, the perspectives of all affected populations is essential in disaster planning.

Recommendations

The challenges to preserving the safety and well-being of older adults when disasters occur are great. The solutions must be multi-pronged. AARP urges the following specific actions:

- FEMA should take a leadership role with states and localities in planning for and mitigating potential natural hazards with comprehensive disaster plans. This planning should specifically address the needs of older adults, people with disabilities, and their caregivers, in different settings. should also involve these individuals in the development of the plans. Efforts should include disaster-resistant building codes, design regulations, and infrastructure plans and preventing development in high-risk zones.

- The federal government should also take a leadership role in working with states and localities to regularly plan, execute, and evaluate outreach and education activities to equip all residents to shelter in place or evacuate safely. This includes older adults, people with disabilities, people of color, people who do not speak English, low-income persons, and other difficult-to-reach populations.

- FEMA should have specific and detailed protocols that address the needs of older adults and vulnerable populations in disasters. FEMA should study the breakdowns in assistance that occurred in previous disasters and use these lessons to guide the development of new emergency response protocols.

- The federal government should engage in post-disaster recovery efforts that reach all populations, including older adults, people with disabilities, and their caregivers. This includes providing technology infrastructure that enables rapid communications and easy, transparent access to necessary information. Disaster relief assistance and funding should be distributed equitably, fairly, and expeditiously.

- Evacuation orders should specifically address the needs of older adults, people with disabilities, and their caregivers, as well as others who may need to remain in the community due to special medical needs or other reasons. These orders should be backed by pragmatic evacuation plans that provide sufficient shelter space, including special needs shelters.

- Rebuilding and recovery efforts at all levels of government should promote livability and resilience by encouraging:

- a diverse housing supply;

- a wide range of mobility options;

- access to safe, accessible, and sustainable public spaces; and

- proximity to necessary services.

- Federal and state licensing standards should require that nursing facilities and assisted living/residential care facilities have well-developed, feasible, and practiced emergency plans for residents, as well as adequate numbers of well-trained staff to carry out such plans.

Thank you for the opportunity to provide AARP's views on this vital issue. We look forward to working with you to ensure the safety of older adults in all disaster events.

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AFGE Statement

On behalf of the American Federation of Government Employees, AFL-CIO which represents over 800,000 federal and D.C. government employees including employees who work at the Federal Emergency Management Agency I write to express deep concern for the recent attacks on FEMA employees including the terminations and attacks on federal employee benefits and rights.

The Trump Administration has engaged in illegal, indiscriminate, and unfair terminations of FEMA employees which will make it more difficult for the agency to achieve the mission of protecting Americans from national disasters. Many of these employees had significant institutional knowledge and many were veterans. The defamatory justification that these employees were not performing up to par with their performance plan is simply untrue. No employees who were terminated had any documented poor performance. There was no communication or collaboration with the union nor any coordination to determine what positions needed to be dissolved for efficiency.

These firings create significant issues for FEMA employees' ability to deliver response and recovery services to the American public. Put simply, people will suffer because of these indiscriminate firings of FEMA workers as it will directly impact overall response recovery mitigation and national preparedness. Every part of FEMA will be impacted including response and operations. FEMA employees who deliver critical services to Americans in the midst of disaster including water, power, food, shelter, energy, transportation and communication. FEMA workers are a lifeline in times of crisis. They work to minimize the impacts of disaster and stabilize communities in times of need. They work to bring communities back to normal. We cannot support any termination of probationary employees. We cannot support the termination of our Cadre on Call Response Employees (CORE) who were hired under the Stafford Act.

Disaster roles are critical to ensure the safety, security and well-being of the American public. A total of 186 employees have been fired. FEMA employees save lives and communities and, AFGE strongly urges the Committee to uplift AFGE's cry to immediately halt any further termination of any FEMA employees. AFGE continues to be concerned that communities are going to fail, and more people could die if Congress and the Administration does not prioritize the hiring, staffing and immediate halt of terminations of FEMA employees.

The agency must collaborate with the union to ensure employees have comprehensive access to information to be able to adequately perform the mission of the agency. FEMA cannot be more efficient in delivering services to the American public if the Administration continues to create a culture of fear, uncertainty and shattered morale among employees. Both probationary and Article two employees have been fired which is deeply concerning because these employees are simply performing the mission of the agency ensuring disaster victims receive the services, they need to continue their lives as they recover.

These arbitrary and unjust firings of GS-9 low level grants managers and employees does not improve efficiency in FEMA; it simply creates more barriers to FEMA being able to successfully perform the mission of the agency. These employees were not masterminds of illegal money manipulation. They were administering Congressionally approved grant money, adjudicated by the City of New York.

The Federal workforce is made up of 30% veterans, FEMA included. These veterans served our country through the terrible horrors of war and conflict around the world. They go to sleep at night dreading the dream of those conflicts. Now, they wake up not as the heroes they are, but as the Federal workforce villains they are perceived to be. They fought, literally, for their education and they fought, literally, for their Federal Civil Service positions. They went to war with the promise of a better life afterwards. That promise has disappeared as they lose their jobs in these indiscriminate firings. This Union, this Agency, this Nation owes them better.

Both the Union and the Agency have the same mission - to save lives and communities. We work together to ensure that our functions are staffed, trained and equipped. Now we face this great distraction and a threat to our critical mission in

staffing, resourcing and training shortfalls. We are caught in a self-defeating cycle. The less resources we have, the more our mission fails. The more our mission fails, the more resources are taken away. The more our mission fails, and so on.

FEMA and AFGE 4060 count our successes in American lives saved and communities restored. The American people need this Agency to succeed. This Union needs this Agency to succeed. In order to do that, we need our workforce to be fully staffed, trained, equipped, and capable of focusing on our mission.

We look forward to your responses and look forward to continuing to work with you to ensure the efficiency and productivity and success of FEMA. For questions or more information please contact Fiona Kohrman.

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Alliance for Home Dialysis Statement

The Alliance for Home Dialysis appreciates the opportunity to contribute a statement for the record in connection with the Senate Special Committee on Aging's hearing: Preparing for Disasters: Unique Challenges Facing Older Americans. We are encouraged by the Special Committee's interest in this important issue, which is a top concern for patients with End-Stage Renal Disease (ESRD), especially those on home dialysis.

The Alliance is a coalition of kidney dialysis stakeholders representing individuals with kidney failure, clinicians, providers, and industry. We have come together to promote and advance policies to facilitate treatment choices in dialysis care while addressing systemic barriers that limit access for individuals with kidney failure and their families to the many benefits of home dialysis. We believe that every patient—regardless of age—should be given the opportunity to pursue home dialysis if that is what they have decided alongside their care team.

About 815,000 Americans are currently living with kidney failure, and about 555,000 are on dialysis, whether in a dialysis center or on a home dialysis modality.¹ Kidney disease falls within the top ten causes of death in US. According to the United States Renal Data System (USRDS), ESRD incidence is significantly higher among older age groups, particularly those aged 65 and older. In addition, the data shows that incidence of comorbidities like diabetes, heart disease, and other diseases, also rise with age.

Home dialysis is an increasingly valuable treatment option for many older Americans. According to the USRDS, the rate of new home dialysis patients aged 75+ almost doubled over the last decade from 6.1% to 11.6%—a significant leap. While some potentially age-related factors like cognitive decline and frailty can impact whether a patient is suited for home dialysis, the benefits of home modalities are often striking and include reduced travel burden to the clinic, performing sessions in a familiar and calm environment, better health outcomes, and increased freedom to pursue social activities, hobbies, and retain independence. Further, prescriptions can often be tailored to be more appropriate for older adults or options for assisted dialysis or care partners can be explored.²

Performing home dialysis requires specific medical supplies, like dialysis fluid, needles, tubing, and a dialysis machine, which are delivered to the patient's home at set intervals. In addition, home dialysis requires access to safe water, electricity, and ideally, the internet to allow for contact with the care team. Natural disasters can impede access to all of these things and negatively impact a patient's ability to perform their treatment. Sometimes this means patients have to go in-center to perform dialysis during the time of the disaster; other times, this is not even an option due to impossibilities in travel, challenges due to evacuations, and more.

In fact, during last year's Hurricane Helene, Baxter, a major manufacturer of both IV and dialysis solutions (and Alliance member) was significantly impacted by flooding. The factory was ultimately closed for a number of days. While Baxter moved quickly to get production lines back up and running, immediately collaborated with FDA and other agencies, and took other action to address the devastating damage, this experience serves as a good reminder that disasters are unpredictable, can directly impact patients, and must be prepared for as best as possible.

We also want to share specific insights with you from home dialysis patients who have been impacted by natural disasters:

- Martine from California explained to us that she experienced a time when her local drinking water was unsafe to use. Due to this, she had to switch the type of fluid bags that she used for her treatments. When the water became safe again, she had a very difficult time switching back to her preferred supply option and received thousands of the incorrect item to her home.

- Shameka from Florida told us that she has lived through two hurricanes performing home dialysis with both flooding and a loss of power. No one could get to

¹ <https://www.kidneyfund.org/all-about-kidneys/quick-kidney-disease-facts-and-stats>

² <https://pmc.ncbi.nlm.nih.gov/articles/PMC9972827/#bib3>

her neighborhood to deliver her home dialysis supplies and she was even forced to go in-center for treatment.

•Pedro from South Carolina said that he has been impacted by the saline shortage due to Hurricane Helene and has also had a difficult time accessing needles.

Thankfully, there are options to address many of these challenges, and Congress is in a position to do so. One major item would be federally incentivized programs to increase buffer stock, or an inventory surplus of key home dialysis supplies that manufacturers or retailers would keep on hand to meet unexpected need during emergencies. Buffer stock can meet critical gaps during supply chain disruptions and provide a lifeline for patients who want to continue their treatments as prescribed.

In addition, the Alliance is supportive of vendor managed inventory contracts between suppliers and the federal government, which would help manufacturers respond immediately to natural disasters and ensure that access to critical supplies is not disrupted. Because it is difficult to physically stockpile fluids and other necessary home dialysis supplies, due to expiration dates, these contracting arrangements can be particularly helpful as they allow suppliers to ramp up production to meet agreed upon targets at exactly the right time.

We commend your commitment to safeguarding the health and dignity of older Americans, particularly in times of crisis. The Alliance for Home Dialysis stands ready to collaborate with the Aging Committee to advance policies that prioritize the needs of all patients, but especially older Americans, with kidney disease.

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Alzheimer's Association and Alzheimer's Impact Movement Statement

The Alzheimer's Association and Alzheimer's Impact Movement (AIM) appreciate the opportunity to submit this statement for the record for the Senate Special Committee on Aging hearing "Preparing for Disasters: Unique Challenges Facing Older Americans." The Association and AIM thank the Committee for its continued leadership on issues important to the millions of people living with Alzheimer's and other dementia and their caregivers. Among other issues, this statement highlights strategies to ensure individuals living with Alzheimer's disease and other dementia are adequately supported before, during, and after public health emergencies.

Founded in 1980, the Alzheimer's Association is the world's leading voluntary health organization in Alzheimer's care, support, and research. Our mission is to eliminate Alzheimer's and other dementia through the advancement of research; to provide and enhance care and support for all affected, and to reduce the risk of dementia through the promotion of brain health. The Alzheimer's Impact Movement is the Association's separately incorporated advocacy affiliate, working in strategic partnership to make Alzheimer's a national priority. Together, the Alzheimer's Association and AIM advocate for policies to fight Alzheimer's disease, including increased investment in research, improved care and support, and the development of approaches to reduce the risk of developing dementia.

Over seven million Americans aged 65 and older are living with Alzheimer's dementia in 2025. Total payments for all individuals with Alzheimer's or other dementias are estimated at \$384 billion in 2025 (not including unpaid caregiving). Medicare and Medicaid are expected to cover \$246 billion - or 64 percent - while out-of-pocket spending is projected to reach \$97 billion. Total payments for health care, long-term care, and hospice for people living with dementia are projected to rise to nearly \$1 trillion by 2050. These mounting costs threaten to bankrupt families, businesses, and the health care system. Unfortunately, our work is only growing more urgent.

Improved Response Coordination

People living with Alzheimer's and other dementias are uniquely vulnerable during disasters and public health emergencies. While there is a need for greater coordination between federal, state, and local officials, there must also be clear lines of responsibility between these offices during public health emergencies. Congress must clarify who is in charge, and these roles and responsibilities must be clearly communicated to states and local governments so they can include this information in their own preparedness planning.

The Alzheimer's Association and AIM recommend that each state designate one specific point person on long-term care issues to liaise with the federal government in times of crisis. Oversight for separate long-term care settings falls to different federal and state agencies, which can make it difficult to coordinate efficiently during a public health emergency. If states were to establish one long-term care point person in charge of communicating with the federal government during times of crisis, it would lead to a more coordinated, tailored response in long-term care communities.

Improved federal and state response coordination would also help ensure sufficient stockpiling and equitable distribution chains of essential testing, personal protective equipment, and vaccines, when available. These supplies and distribution chains should also include caregivers and home- and community-based care providers.

Public Health Preparedness and Response

Public health professionals play a critical role in minimizing the negative impacts of public health emergencies. Public health officials are able to tailor the federal, state, and local response to address the special vulnerabilities of people living with Alzheimer's and their caregivers. During a pandemic, this not only saves lives but also protects the larger community and may reduce strain on health care systems.

The Alzheimer's Association and AIM recommend that each state public health department have an internal expert with deep knowledge of the unique needs of

people living with Alzheimer's and other dementia. The lack of a senior career staff director with expertise in Alzheimer's and other dementia in many state public health departments affected the ability of those departments to effectively tailor the COVID-19 emergency response for those with cognitive impairment.

To help ensure that local and state preparedness and response plans address the particular vulnerabilities of people living with dementia, public health agencies must elicit insights from people living with dementia, caregivers, and experts on cognitive impairment. Emergency responders and shelter staff would also greatly benefit from specific training about the signs and symptoms of dementia and other cognitive impairments. To accomplish this, the Alzheimer's Association and the Federal Emergency Management Agency (FEMA) have collaborated on several fronts, including the Association moderating a panel for FEMA during their 2023 Disaster Preparedness and Older Adults Summit: "Coordinating With & Training Law Enforcement & First Responders to Help People With Alzheimer's & Dementia" session. This Summit brought together community-based organizations, federal agencies, and emergency management professionals to discuss disaster preparedness resources, programs, and services for older adults, as well as the unique challenges, needs, and capabilities of older adults in emergency preparedness to strengthen federal response efforts.

We also recommend that the Centers for Disease Control and Prevention ensure there is a full-time gerontologist or geriatrician within the Infectious Disease National Centers who is able to liaise on emergency preparedness and response. This will help ensure readiness in how to respond to the unique needs of seniors and people with Alzheimer's and other dementia when a new threat arises.

Access to Telehealth

Emergencies, disasters, and crises can result in difficult care transitions - moving from one location of care to another - for people living with dementia, especially due to evacuations or hospitalizations. The Alzheimer's Association and AIM also support the inclusion of provisions to expand access to telehealth. As noted above, Medicare beneficiaries with Alzheimer's and other dementias are more likely than those without dementia to have other chronic conditions. Overall, 2.7 times more Medicare beneficiaries with Alzheimer's or other dementias have four or more chronic conditions (excluding Alzheimer's disease and other dementias) than Medicare beneficiaries without dementia. Telehealth is critical in helping better manage these conditions, especially for vulnerable populations in uncertain times.

Most people with dementia also develop at least one dementia-related behavior like hallucinations and aggression, and a significant percentage of these individuals have serious associated clinical implications. Improved access to virtual and telehealth services allows people with dementia to avoid unnecessary visits or travel that could further compromise their physical health, and also provide strained caregivers help managing medical needs or behaviors in the home.

The Alzheimer's Association and AIM also supported the expansion of Medicare and Medicaid coverage for certain telehealth services in response to the COVID-19 pandemic. The Centers for Medicare & Medicaid Services (CMS) temporarily expanded coverage for numerous codes that are beneficial to people living with Alzheimer's and other dementia, and we appreciate the flexibilities CMS implemented to reduce the risk of beneficiaries' exposure to the virus and ensure regular access to quality care.

In addition, the ability to receive care in the home decreases visits to unfamiliar places that may cause agitation in people with dementia and can ease some burden on caregivers. This increased flexibility can reduce interruptions in access to this kind of quality care. We also support and thank Congress for its leadership in procuring CMS' permanent expansion of licensed practitioners, such as nurse practitioners and physician assistants, who can order Medicaid home health services. Twenty-seven percent of older individuals with Alzheimer's or other dementia who have Medicare also have Medicaid coverage, compared with 11 percent of individuals without dementia. We also encourage CMS to support innovative efforts to increase access to telehealth and telemedicine for Medicare beneficiaries for whom access to broadband or technology is problematic.

Conclusion

Again, we thank you for your commitment to advancing issues vital to the millions of families affected by Alzheimer's and other dementias. We look forward to working with the Committee in a bipartisan way to address the critical challenges facing the dementia community during public health emergencies.

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American Red Cross Statement

This letter is in response to Chairman Scott's question regarding partnerships during times of disaster in the state of Florida. We are submitting the following for the record:

The American Red Cross works closely with community partners and emergency responders in the state of Florida, to care for all those affected. Responding to disasters is a team effort by many organizations to meet the needs of those affected. This is a list of frequently engaged partners during disasters doing important work in this space.

- AME Church 11th Episcopal District
- Redlands Christian Migrant Association
- NAACP Florida State Conference
- Catholic Charities
- Salvation Army
- Feeding Florida
- Church of Scientology
- Big Dog Ranch Rescue
- Center of Independent Living
- MIRA USA
- Church of Jesus Christ Latter-Day Saints
- Tzu Chi
- Florida Department of Emergency Management

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Daintry Bartoldus Statement

Thank you for the opportunity to submit this statement for the record. I serve as the Executive Administrator of the Hawai'i State Council on Developmental Disabilities, where I work to ensure that individuals with intellectual and developmental disabilities (I/DD) are fully included in policy and emergency planning at the state and community level.

Disaster preparedness must be inclusive by design-not as an afterthought. In Hawai'i, where geographic isolation, limited infrastructure, and natural disasters intersect, individuals with disabilities and older adults often face disproportionate risk and barriers to evacuation, shelter, and recovery resources. These vulnerabilities are not inevitable-they are the result of planning that has historically excluded people with access and functional needs.

Inclusive disaster preparedness means:

- Embedding people with disabilities in all phases of planning-from community drills to state and county-level emergency management meetings.
- Expanding public alert systems to reach individuals with sensory, cognitive, or communication barriers. Programs like Smart911 must be promoted and tailored to disability communities.
- Training caregivers and emergency personnel on disability etiquette, access needs, and culturally responsive communication.
- Ensuring accessible shelters and transportation before an emergency strikes-not after.
- Supporting local partnerships between aging and disability networks to build resilience, not just response.

Hawai'i has taken important steps to address these gaps, including creating disability-specific shelter-in-place guidance, hosting "Feeling Safe, Being Safe" trainings, and advocating for improved alert systems like the Silver Alert for individuals with cognitive impairments, but we must go further-and federal support is critical.

I commend the Committee for highlighting these issues at a national level and for seeking input from diverse stakeholders. Our voices must be part of the solution-not only for our safety but because we bring valuable expertise to the table.

Thank you for your leadership and for including this statement in the Congressional Record.

Respectfully submitted,

Daintry Bartoldus
Executive Administrator
Hawai'i State Council on Developmental Disabilities

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Disability Rights New York Statement

People with disabilities are disproportionately subject to harm when emergencies strike. During and after emergencies, they are uniquely vulnerable to loss of life, removal from their homes, separation from their assistive technologies, and placement in inaccessible and unsafe shelter systems. These events, and the trauma created by them, aggravate existing physical, mental and emotional conditions.

The data regarding their disparate exposure to harm is alarming. Analysis of January 2023 U.S. Census data reported by the Partnership for Inclusive Disaster Strategies establishes that of U.S. adults who require personal assistance for daily care, 31% were forced to evacuate their homes after a disaster, whereas only 1% of those who do not require such care were forced to evacuate. Once they were evacuated, most people with disabilities reported never being able to return to their homes. People with disabilities reported multiple unique barriers to emergency services including the following: lack of available information about existing accessible services; absence of properly trained emergency responders to assist with services; inability to obtain emergency services because they were located too far away from their residences; emergency services were not physically accessible; and service providers could not communicate with or understand them.

Since 2022, Disability Rights New York has conducted comprehensive interviews with people with disabilities and allies who have established themselves as national leaders in the fight for disability justice in emergency management. Those interviewed were unanimous in their position that significant changes in our national approach to emergency planning and response are required. They were also unanimous in their assessment that recent failures of federal, state and local systems to meet the needs of people with disabilities during emergencies can be traced in large part to the absence of people with disabilities as critical players in emergency planning discussions.

The onset of the COVID-19 pandemic revealed a range of disability discrimination concerns demanding immediate attention by advocates worldwide. These concerns have stimulated new analysis of public health policy and its impact on people with disabilities. They have also ignited critical communication among a diverse group of people from various disciplines, including medical providers, social workers, and bioethicists, about ethical and civil rights implications when emergency response is inequitable. Of particular concern was the pandemic's impact on people with disabilities in congregate care settings, who faced death, protracted illness, and exacerbation of previously existing chronic conditions.

All sound models for disaster mitigation suggest integration of self-advocacy strategies to be used by people with disabilities before, during and after emergency events. These strategies encourage people with disabilities to make personal safety plans for themselves and their families. DRNY strongly recommends that Congress provide leadership in providing emergency programming that calls for comprehensive advanced personal planning, including the creation of emergency kits for use during quick evacuations, engagement of identified support networks, and the making of advanced arrangement for ongoing access to medications and disability benefits. DRNY also implores Congress to ensure that emergency planning discussions always elicit information from people with disabilities about their personal experiences when disaster struck.

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Erika Felix Statement

My life and my family of origin has been shaped in incalculable ways by my father's service to his country in the Vietnam war, which he volunteered for a day after turning 18 in 1968. The impact of war lasts generations in families, not only by the scars of the war itself, but by how our government and public supports its veterans. Much of my childhood and early adult years (1980s and 1990s) were characterized by my father trying to heal and facing enormous barriers from the Veteran's Administration (VA) in place at the time. To me, it seemed to be the battle of his lifetime to get the full disability benefits he deserved for the physical and emotional wounds that were inflicted on him.

Although his years of advocacy and appeals eventually brought him the justice of being recognized as 100% disabled, it took an emotional toll on him and all of us. At one point, I recall him being so frustrated and disillusioned with the VA system at the time that he refused to seek healthcare there anymore, and instead relied on my mother's good health insurance from being a teacher.

I do not know what changed, but in the last 10 years he returned to the VA, and has been receiving quality and supportive services as a home-bound veteran. He enjoyed the adult day services and ability to connect with other veterans. The VA helped my parents get the mobility devices he needs to get downstairs in their home and provided critical healthcare at home. The support and care of the VA took on a whole new meaning to us with recent wildfires.

I work in the field of disaster mental health. Over my career, I have read and heard stories from numerous families with a disabled loved ones about their challenges in evacuating during a disaster, finding appropriate places to evacuate to, and concerns about what will happen to them and their health needs while out of their home. This affects the whole family's decision and ability to evacuate.

On November 6, 2024 the Mountain Fire broke out in Somis and Camarillo, CA. Fueled by strong winds, it quickly threatened the neighborhoods surrounding my parents' home. I pulled up fire maps and saw that most of the neighborhoods near my parents' home were ordered to evacuate, but at that time, my parents were still in an evacuation warning zone. I am the family member who lives closest to them and was an hour drive away, and I was stressed wondering how we would get my father out of the house in a timely manner. My father falls easily and when that happens, my mom (who will be 75 years old this year) sometimes has to call paramedics to help move him. Even though my parents had a stair lift installed, just getting him to the stair lift, then on and off, and into a car safely is an extreme challenge. I was wondering how I or my partner could get down there to help, which would involve driving into a disaster-zone. Or, if my friends who live locally, could go over and help, but they were in an evacuation order zone and were moving their pets and kids to safety.

When I spoke to my mother, I learned that the VA Home-Bound Veteran's program had proactively called my father early that morning to determine what assistance he would need given the unfolding disaster. I was shocked in the most grateful way. In my years working in disaster mental health, I had not heard of this. I recall my mom saying that day that they asked if he needed help evacuating. Much to my chagrin, my mother declined that assistance, as they did not know if evacuation was really going to be necessary or where they could go with my dad.. We spent a stressful few days continually monitoring the fire map, but thankfully, although they were surrounded by evacuation order zones, they remained in an evacuation warning zone, perhaps due to their close proximity to the local hospital. Even though we did not use the VA service, the fact that they called showed the care and concern that our veterans deserve.

Two months later, the devastating LA wildfires broke out, and numerous news reports in the aftermath document the disproportionate number of deaths among the elderly and disabled. This highlights the need for programs for our aging and disabled veterans that can help them in emergencies, so that they do not have to rely on overtaxed first responders and public safety personnel in an emergency.

I am highly concerned and do not know if the budget cuts facing the VA will affect the Home-Bound Veteran's program, or other needed services for all veterans and their families. The VA has greatly improved in the last few decades, and I do not want to see it return to what my father experienced upon discharge in 1968 through the 1990s. If anything, we need more funding to help disabled veterans and their families, and one consideration should be helping them to evacuate and be housed safely in a disaster.

My father gave his youth and his health to serve his country. He lost people he loved. We as a family have dealt with the lifelong cost of war, which is always felt for generations. Helping the elderly and disabled during emergencies is one of the best uses of our tax dollars, as it helps whole families stay safe. The VA can be a leader in designing and implementing systems to help our veterans in community emergencies.

Thank you for considering this. Erika Felix, Michael W. Felix, and Joy Felix

U.S. SENATE SPECIAL COMMITTEE ON AGING

"PREPARING FOR DISASTERS: UNIQUE CHALLENGES FACING OLDER AMERICANS"

MAY 14, 2025

STATEMENTS FOR THE RECORD

Justice in Aging Statement

Justice in Aging appreciates the opportunity to submit this statement on how to better support older Americans during and after disasters. We thank the Special Committee on Aging for its attention to this important issue.

Justice in Aging is an advocacy organization with the mission of improving the lives of low-income older adults. We use the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources. We focus our efforts primarily on advocating for people who have been marginalized and excluded from justice, including women, people of color, LGBTQ individuals, and people with limited English proficiency.

Older Adults at Risk

Older adults can be particularly at risk from disasters. The reasons are many. Increased age can bring with it physical and/or mental disability, or a more generalized frailty. Older adults are more likely to rely on others for assistance with daily activities, as well as meals, transportation, and other needed items and services. Also, in many cases, older Americans daily lives depend upon a routine and service system that may have been developed over months or years.

During and after disasters, older adults are more likely to suffer death or injury. In Hurricane Sandy (New York area, 2012), for example, half of all deaths were persons age 65 or older.¹ Likewise, in Hurricane Katrina (New Orleans, 2005), persons 75 years old or older comprised half of the persons who died.² In the Camp Fire (northern California, 2018) 71 of the 84 total deaths occurred among persons of age 60 or older.³ In the 2021 disaster in Texas caused by an ice storm and statewide power outage, 60 percent of the deaths were suffered by persons of age 60 or older.⁴

Virtually every disaster has this same disturbing through line. Whether it is a hurricane in the Southeast, fires in California or the Pacific Northwest, or a period of brutal cold in the central United States, older adults are by far the most likely persons to suffer death, injury or other hardship. They in general are less physically prepared to respond to emergency situations, and more likely to fall through the cracks in any large-scale evacuation.

Furthermore, the risk of death constitutes only a fraction of the overall risk facing older adults. Following a disaster, older adults are more likely to encounter challenges in any transition. Physical limitations may hamper their ability to navigate temporary shelter environments, with the problems being exacerbated by the likelihood that they may not have access to the assistance (hands-on and otherwise) that they have relied upon prior to the disaster. Also, these same types of problems will hamper older adults in subsequent efforts to transition into permanent housing with necessary assistance and services.

Availability of Federally-Funded Services and Agencies

As described in more detail below, it is essential, both during and after disasters, that older adults have access to coordinated services. By and large, these are not services provided by for-profit organizations. Rather, the services are provided by federal and state agencies, along with nonprofit agencies. In many instances, the work of the state or nonprofit agency may rely significantly on federal funding.

At the time of this hearing, in mid-May 2025, much of the federal infrastructure for necessary services is under threat. Driven in part by the Department of Government Efficiency, the current Administration has made or proposed significant cuts to the Federal Emergency Management Agency (FEMA), which is (as the name sug-

¹ Mapping Hurricane Sandy's Deadly Toll, N.Y. Times, Nov. 12, 2012, available at <https://archive.nytimes.com/www.nytimes.com/interactive/2012/11/17/nyregion/hurricane-sandy-map.html>.

² Joan Brunkard et al., Hurricane Katrina Deaths, Louisiana, 2005, Table 2: Demographic Data for Katrina-Related Deaths: Louisiana, 2005, Disaster Med. Public Health Prep., vol. 2, no. 4, pp. 215-23 (Dec. 2008), available at <https://pubmed.ncbi.nlm.nih.gov/18756175/>.

³ AARP, Disaster Resilience Tool Kit, at 10 (2022).

⁴ Tex. Dep't Health and Human Servs., February 2021 Winter Storm-Related Deaths Texas (Dec. 31, 2021).

gests) the principal federal entity to respond to disasters. The Administration also has proposed the elimination of the Administration for Community Living (ACL), which is the principal federal entity to fund and coordinate services for older adults. Furthermore, as this statement is submitted, the House of Representatives during the budget reconciliation process is proposing cuts of over \$700 billion to federal Medicaid funding, which would necessarily have a significant negative impact on the ability of older adults to access necessary services, particularly the home and community-based services that fund assistance with activities of daily living.

All of these proposals, if implemented, would harm older adults. Any discussion of disaster response must acknowledge the immediate need to reject or reverse the various Administration-initiated program cuts. The explicit goal of this hearing to better protect older adults cannot be meaningfully addressed while simultaneously eliminating or defunding entities responsible for providing or coordinating the essential services older adults depend on.

Planning

Disaster planning is essential at multiple levels. FEMA should develop and improve relationships with ACL (or entities to which ACL responsibilities have been delegated), the Centers for Medicare & Medicaid Services (CMS), and other federal agencies that administer programs for older adults. Similar coordination should occur at the state level for example, between the state health agency (responsible for coordinating Medicaid services) and the state aging agency (responsible for administering ACL-funded services).

Similar planning should occur at local levels among agencies and service providers. Because disasters are not part of a daily routine, it is essential that planning consider how a disaster might affect persons and services, and that the various entities consider the work that would be necessary and how that work could be coordinated and performed.

This coordination should include the managed care plans which (among other things) are now responsible for coordinating health care for a large percentage of Medicaid-eligible older adults. CMS should develop and implement standards to ensure that such coordination occurs.

The planning process should incorporate older adults and persons with disabilities, since they will have better intuition about potential challenges. Witness Lance Taylor during the hearing spoke of the usefulness of functional needs advisory committees, as used by several states in planning for emergencies.

Forethought and planning are also important at the individual level for older adults, their families and friends. Testimony during the hearing raised important issues for example, the importance of evacuating with necessary medication, and making plans among various members of a family. Local agencies should provide training for older adults and their families, utilizing such resources as preparation checklists. The checklists might include both items needed in case of an evacuation (a "go kit") and items needed to shelter in place (a "stay kit").⁵

To reach more people, state and local agencies can coordinate with community organizations, faith-based entities, and other organizations or settings with ongoing relationships with older adults and their families. To reach persons with limited English proficiency, this training should be provided in all the community's commonly used languages.

Notices and Evacuations

Older adults in many ways are less likely to be prepared for evacuation, or to be able to evacuate in an orderly and reasonably efficient way. One initial issue is the effectiveness of warnings and evacuation notices. All warnings and notices should be made not just in English but in other languages common in the community.

Also, as mentioned by Mr. Taylor during his testimony, notices to the community should not overlook persons with hearing impairments. They may not be able to hear even high-decibel warnings in the neighborhood, and instead depend on text messages announced by vibrations from their cell phones.

During the recent Eaton fire in the Los Angeles area (2025), at least two women were initially forgotten during evacuations of their senior living facilities.⁶ To avoid this problem, all communal residences should be required to develop evacuation procedures and conduct drills.

⁵ AARP, Disaster Resilience Tool Kit, at 5 (2022).

⁶ Grace Toohey, 97-Year-Old Woman Left Alone in Senior Facility with Eaton Fire Outside Her Window. What Went Wrong?, Los Angeles Times, Feb. 29, 2025.

Accessibility of Temporary Shelter

In developing temporary shelter, agencies and providers should consider the ability to accommodate persons with physical disabilities. In many cases, older adults will have limitations in the ability to ambulate or perform other activities of daily living. Temporary shelter arrangements must be structured so that persons with physical disabilities can reside with adequate support.

Emergency Power Supplies

Disasters frequently result in loss of power for example, in the case of the Texas ice storm discussed above. In another prominent example, twelve older adults died in a Florida nursing facility in the days after Hurricane Irma, due to the loss of power and the resultant lack of air conditioning during high temperatures.⁷

To address this problem, nursing facilities, assisted living facilities, and other comparable communal residences should be required to maintain emergency power generators along with fuel for several days of operation. Electrical power is an absolute necessity in situations of extreme cold or heat, or when needed to operate essential medical equipment.

Conclusion

It is commonly said that failing to plan is planning to fail. We thank Chairman Scott and Ranking Member Gillibrand for addressing this important issue, and urge the Special Committee and the federal government to 1) maintain adequate funding and support for FEMA, ACL, and other relevant federal agencies, and 2) conduct the necessary advance planning and coordination so that older adults can better navigate the challenges posed by disaster situations.

⁷Julianne Skarha et al., Association of Power Outage with Mortality and Hospitalizations Among Florida Nursing Home Residents After Hurricane Irma, JAMA Health Forum, vol. 2, no. 11, (Nov. 24, 2021).

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**K. Lisa Yang and Hock E. Tan Institute on Employment and Disability
Statement**

We are grateful for the opportunity to offer insight into the importance of inclusive disaster preparedness in the lives of people with disabilities and older adults. The K. Lisa Yang and Hock E. Tan Institute on Employment and Disability (YTI) in the School of Industrial and Labor Relations (ILR) at Cornell University conducts a combination of research and outreach. Our mission is to advance knowledge, policies, and practices that enhance equal opportunities for all people with disabilities. Our research, training, and technical resources expand knowledge about disability inclusion, leading to positive changes in communities for people with disabilities. Over the past 50 years, extreme weather-related disasters have increased dramatically. NOAA reports 55 individual extreme weather disasters in the last two years alone. In 2024, these extreme weather disasters caused 568 direct or indirect fatalities. People with disabilities are disproportionately affected by extreme weather-related disasters. People with disabilities are four times more likely to be displaced from their homes following disasters. They are also four times more likely to die in such events due to a wide array of factors, including a lack of accessible transportation, inaccessible emergency shelters, and a failure to design and implement inclusive disaster plans. A heartbreaking example of the consequences of this failure to plan happened during the Eaton Fire in California. Despite calls for help, a man, and his son, both wheelchair users, were not evacuated before the fire engulfed their home, and they both perished.

Often, emergency management practices fail to consider the needs of people with disabilities, including older people with disabilities. The Administration for Community Living plays a vital role in inclusive disaster planning by working through partners to build capacity and strengthen partnerships with emergency management and public health authorities. Critical ACL-funded partners in this process include the Aging and Disability Networks, the Independent Living Center Network, the National Disability Rights Network, and the Americans with Disabilities Act (ADA) National Network. Dismantling the networks that ACL has built and supported over the past 14 years would be devastating to efforts to ensure the health and safety of people with disabilities and older adults during disasters.

Federal employees are critical in ensuring an inclusive disaster response. They support resource allocation and power the logistics behind disaster responses. They help build stockpiles of essential supplies before anticipated disasters, coordinate transportation, and support long-term recovery. Federal employees also teach local communities about disaster response, empowering communities to care for all their community members during extreme weather-related disasters. ACL has a particularly impactful role in emergency preparedness for older adults and people with disabilities. They work through partners to assist people with disabilities and their families with response plans. The loss of federal employees to help with the coordination and rapid response for the aging and disability community will be devastating to communities across the country. Personnel in other HHS departments, where ACL programs would be dispersed, may lack the necessary partnerships and expertise to carry on this critical work.

For example, YTI has a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), funded by ACL, to operate one of 11 regional ADA National Networks. With the support from this grant, YTI provides information, guidance, and training on the Americans with Disabilities Act. This service is critical for communities as the ADA can be complex, and municipalities need to interpret the tenets of the ADA in inclusive disaster planning. We support municipalities before, during, and after disasters. Before disasters, we can help municipalities consider the ADA as they design their strategic plans for disaster response. Interpreting the ADA is not easy for municipalities, and considering inclusive disaster planning and response is critical to ensuring access for all. Questions often relate to the need for sign language interpreters, how best to ensure physical access within emergency shelters, and whether it is necessary to allow service animals in emergency shelters. As an example of our efforts to support inclusive dis-

aster planning, working through our partners, YTI provided recommendations to improve the accessibility of shelters in the 78 municipalities across Puerto Rico. This collaboration resulted in an easy-to-use checklist that the shelters could use to ensure ongoing accessibility in emergency shelters. We also made training on this topic available to each municipality.

During disasters, the ADA National Network provides information on how best to accommodate people with disabilities in the moment, including information on effective communication for people with disabilities, the provision of auxiliary aids and services, and service animals in shelters, among other topics. After disasters, we often support entities with responsibilities under the ADA to ensure physical access during rebuilding and in new construction. This guidance can be critical for public entities to understand their responsibilities and provide equitable access for their constituents. For example, in July of 2024, the social services department from a large city in New York had difficulty determining the definition of fundamental alteration under the ADA for some people who had requested accommodation or modifications under the ADA in the county shelter program. Our technical assistance representatives spoke with the municipality at length regarding the requirements of the ADA in processing accommodation requests and determining what constitutes a fundamental alteration of services. We provided the related text from the ADA Title II Action Guide for State and Local Governments, developed under NIDILRR funding, and the regulations requiring that public entities must modify policies, practices, and procedures when necessary to assure a person with a disability has an equal opportunity, unless to do so would fundamentally alter the nature of the service, program, or activity. We explained that requests only need to be granted if they are disability-related and reasonable. Modifications do not need to be made if they would compromise legitimate safety rules or fundamentally alter the essential nature of services or programs.

Without the critical support offered by ACL grantees, the lives of people with disabilities and older people will be at even greater risk. The services of ACL grantees are essential in low-resource communities, such as rural areas and U.S. territories. ACL serves a vast population of people in our country, as 13.5% of people in the U.S. have a disability, and 18% of the population is over age 65. We urge you to maintain funding for all of ACL, including NIDILRR, to ensure that inclusive disaster planning and response continue for these vulnerable populations.

Sincerely,

Wendy Strobel Gower
Thomas P. Golden Executive Director
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Moving Forward Statement

Dear Chair Scott, Ranking Member Gillibrand, and Members of the Senate Special Committee on Aging, on behalf of the Moving Forward Nursing Home Quality Coalition, thank you for holding the recent hearing, "Preparing for Disasters: Unique Challenges Facing Older Americans."¹ We commend the Senate Special Committee on Aging's (the Committee's) ongoing commitment to supporting older adults during disasters. We write to urge the Committee to ensure that the Nation's 1.2 million nursing home residents and 1.5 million staff are explicitly considered and included in all phases of federal and state emergency preparedness, response, and recovery efforts.^{2,3} This inclusion must be grounded in a broad understanding of "disasters" that encompasses weather events, pandemics, cyberattacks, and other public health emergencies. Furthermore, we strongly encourage the Committee to formalize relationships between nursing homes, local, county, and state-level public health and emergency management departments, and to scale existing models of integration.

The COVID-19 pandemic highlighted the unique vulnerabilities that both nursing home residents and staff face in emergency situations and demonstrated the devastating consequences of failing to integrate nursing homes into emergency management systems.⁴ This understanding informed the release of the 2022 National Academies of Sciences, Engineering, and Medicine Report (NASEM), *The National Imperative to Improve Nursing Home Quality*, which serves as a comprehensive strategy for improving nursing home quality and includes specific recommendations related to emergency management.⁵ The Moving Forward Nursing Home Quality Coalition, which includes residents, providers, families, nursing home quality experts and advocates, launched in 2022 to implement practical solutions to the recommendations proposed by the NASEM report. The Coalition is supported by The John A. Hartford Foundation.⁶

As stated above, the Moving Forward Nursing Home Quality Coalition urges the Committee to explicitly include nursing homes in all phases of federal and state emergency management, which would advance the goals outlined in the NASEM report. Specifically, we encourage the Committee to work with the U.S. Department of Homeland Security and the Federal Emergency Management Agency (FEMA) to ensure that the Emergency Support Functions of the National Response Framework include the following: (1) clarification that nursing homes are included in emergency support functions; (2) requirements for state and local emergency management documents and plans to contain specific guidance for nursing homes during an emergency; and (3) revisions to include residents of nursing homes as part of the target group of "individuals with disabilities and others with access and functional needs."⁷ These minor revisions will help to prevent avoidable tragedies related to emer-

¹ United States Senate Special Committee on Aging. "Preparing for Disasters: Unique Challenges Facing Older Americans." Hearing, 2025.

² Centers for Medicare & Medicaid Services. "Nursing Home Data." CMS.gov, 2024, <https://data.cms.gov/>.

³ Bureau of Labor Statistics. "Industry at a Glance: Nursing and Residential Care Facilities: NAICS 623." BLS.gov, 2025, <https://www.bls.gov/iag/tgs/iag623.htm>.

⁴ Grabowski, David C., and Jonathan Gruber. "Nursing Homes, COVID-19, and the U.S. Policy Response." *Health Affairs*, vol. 39, no. 8, 2020, pp. 1287-1292. <https://doi.org/10.1377/hlthaff.2020.00764>.

⁵ National Academies of Sciences, Engineering, and Medicine. *The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff*. The National Academies Press, 2022. <https://doi.org/10.17226/26526>.

⁶ The John A. Hartford Foundation. "Moving Forward Coalition: Implementing Recommendations from the NASEM Report on Nursing Home Quality." <https://www.johnahartford.org/grants-strategy/moving-forward-coalition>.

⁷ U.S. Department of Homeland Security and Federal Emergency Management Agency. *National Response Framework*, 5th ed., October 2021. <https://www.fema.gov/emergency-managers/national-preparedness/frameworks/response>.

gencies in nursing homes and will ensure that the lives of nursing home residents and staff are considered in all phases of emergency management.

Additionally, the Moving Forward Nursing Home Quality Coalition urges the Committee to identify federal mechanisms to formalize relationships between nursing homes, local, county, and state-level public health and emergency management departments, as recommended by the NASEM report.⁸ The Moving Forward Nursing Home Quality Coalition is working to advance this recommendation through a pilot initiative supported by the Michigan Health Endowment Fund to foster collaboration between emergency management and long-term care stakeholders in Michigan. This effort brings together state and local emergency planners, nursing home representatives, long-term care ombudsman, and public health officials to improve coordination, communication, and readiness. The Michigan pilot serves as a model for how states can close longstanding gaps while informing scalable national strategies that ensure coordinated and integrated approaches to emergency management. We encourage the Committee to work with the Department of Health and Human Services and FEMA to identify federal mechanisms-such as CMS requirements-that can help formalize these partnerships in other states.

The Moving Forward Nursing Home Quality Coalition stands ready to work in partnership with the Senate Special Committee on Aging to advance these meaningful and achievable policy solutions that will help prevent avoidable adverse events. Together, we can build a more resilient and prepared long-term care infrastructure that protects and supports older adults in times of crisis in all settings. We thank the Committee for its enduring leadership in supporting older adults during emergencies and for your consideration of the unique needs of nursing home residents and staff, as well as pathways for implementing our recommendations.

Sincerely,

Alice Bonner, Chair

The Moving Forward Nursing Home Quality Coalition

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United Way of New York Statement

United Way of New York submits this statement to Chairman Senator Rick Scott and Ranking Member Senator Kirsten Gillibrand and thanks them and the entire Committee for this opportunity. Here at the United Way of New York State and 211 New York, we are grateful to the Committee for bringing this significant issue to light.

As we have seen an increase in disasters, not just statewide in New York, but nationally, we are constantly reminded and aware of the barriers that are affecting our aging Americans.

211 New York is a 24/7, 365 days a year in 180 languages that has offered us insight into the elderly population. Not only is the elderly population growing, but their needs are growing, and their resources are scarce, and even more scarce in a crisis. Our aging population are often the first victims in a crisis, as they are less agile, have less resources available to them, and often the first to succumb to stress.

211 New York in a crisis has offered resources to the aging population by connecting individuals to emergency housing/shelters, connection to financial aid, offering real time updates to seniors, and information regarding warming/cooling centers as well as assistance with contacting FEMA regarding applications and clean up assistance.

211 New York fielded over two million calls last year, helping with some of these very resources and needs.

As indicated in the 2025 ALICE Report (Asset Limited Income Constrained Employed), we are seeing that with the aging of the Baby Boomer generation, households headed by people age 65 and over were the fastest-growing age group in New York (an increase of 40% between 2010 and 2023). Additionally, that age group with the most substantial increase in the number of households below the ALICE Threshold (reaching 57% of all 65+ households in 2023).

It is critical now that we all work together to make sure that everyone, especially our aging population, is prepared for the imminent disasters that our future will undoubtedly hold. Every life matter and we need to invest time, energy and preparedness now to avoid a devastating crisis and potential loss.

Submitted by,

Therese Daly
President & CEO
United Way & 211 New York