

Written Testimony By

Daniel W. Sutherland

Officer for Civil Rights and Civil Liberties

Department of Homeland Security

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## **Introduction**

I want to thank Senator Smith, Senator Kohl, and the members of the Senate Special Committee on Aging for inviting me to testify today on this extremely important subject.

Hurricanes Katrina and Rita severely impacted seniors and people with disabilities of all ages in the Gulf Coast region. The purpose of my testimony is to identify the issues that surfaced as a result of these hurricanes, and to describe some of the steps that are being taken to address these issues.

I am testifying today in my capacity as the Officer for Civil Rights and Civil Liberties at the Department of Homeland Security. Our Office is responsible for providing advice for our senior leadership on issues at the intersection of homeland security and civil rights and civil liberties.

## **Interagency Coordinating Council**

I am also testifying in my capacity as Chair of the Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities. Our Council was created by Executive Order 13347, which President Bush signed in July 2004 to mark the fourteenth anniversary of the Americans with Disabilities Act. This Executive Order builds upon President Bush's New Freedom Initiative, which has focused on increasing employment opportunities for people with disabilities, accelerating the availability of accessible electronic and information technology, increasing opportunities for people in institutions to return to community living, and expanding accessible transportation. The purpose of this Executive Order is to ensure that people with disabilities and their

knowledge and needs are fully integrated into all aspects of our nation's emergency management system.

To ensure that the President's priorities are implemented, the Executive Order created this Interagency Council. The Council has been energetic and innovative. I have the privilege of working with dedicated colleagues from over twenty federal agencies.

We have divided our work into 9 key areas:

- (1) Emergency Communications
- (2) Emergency Preparedness in the Workplace
- (3) Emergency Transportation
- (4) Health and Social Service issues
- (5) Private Sector Coordination
- (6) Research
- (7) State, Local and Tribal Government Coordination
- (8) Technical Assistance and Outreach; and,
- (9) Incident Management.

For the purposes of our work, "disability" applies to a broad range of people, including: individuals who use wheelchairs, crutches or walkers because of physical or mobility limitations; individuals who are blind or have low vision; individuals who are deaf, hard of hearing, or deaf-blind; individuals with arthritis and diabetes; individuals who need oxygen because of respiratory conditions; individuals with cognitive disabilities, dementia (including Alzheimer's disease) and mental illnesses; individuals who live in nursing homes or assisted living facilities; and those with other physical or

mental impairments that substantially limit a major life activity. There certainly are many seniors who do not fall within one of these categories. However, the most vulnerable older Americans do fall within these categories and are a primary subject of the Interagency Council's work.

The Council met several significant milestones in its first two years. For example,

- We have participated in the National Plan Review, a review of the emergency preparedness plans of the largest state and urban areas that was mandated by President Bush and the Congress. We brought together a team of 11 experts to review the plans for 10 states and 10 cities to determine whether those plans could be improved as they relate to people with disabilities and seniors. One of the experts is a particular specialist in the area of emergency response and seniors, and most of the other experts have experience in this area as well.
- At the direction of Secretary Chertoff, the Department is conducting Hurricane Preparedness Exercises designed to assist Federal agencies, States, and Territories with their preparations for the upcoming hurricane season. The Department's Preparedness Directorate, Office of Grants and Training, is spearheading the Hurricane Preparedness Exercises. Consistent with the Secretary's commitment to examine how communities plan to prepare, inform, evacuate, and care for people with disabilities and other special needs populations including the seniors, the Office of Grants and Training have actively enlisted CRCL to provide input

and expertise on these population in the exercise development, execution, and after action reporting. .

- The Interagency Council, through a working group led by the Department of Justice’s Civil Rights Division, has established a “Resource Center” at [www.disabilitypreparedness.gov](http://www.disabilitypreparedness.gov), which provides formerly hard-to-find community-specific information for first responders, emergency planners and members of the disability community. There is a specific page devoted to seniors and emergency issues.
- The Interagency Council, through a working group led by the Department of Labor’s Office of Disability Employment Policy, has developed and disseminated a book of Workplace Emergency Preparedness Guidelines for federal emergency planners, building managers and employees;
- The Interagency Council, through a working group led by the Department of Transportation’s Office of Civil Rights, has established a website focused on emergency transportation for people with disabilities, their families, caregivers, and transportation service providers ([www.emergencyprep.dot.gov](http://www.emergencyprep.dot.gov)). Resources cover a range of topics including providing accessible transportation services during and after a disaster, safe and accessible evacuation from transit systems, and community transportation assistance programs.
- The Interagency Council, through the National Citizen Corps, has formed a group of the nation’s leading disability consumer and advocacy organizations to provide critiques and recommendations directly with federal decision-makers; and,

- We have communicated on multiple occasions with our nation's Governors and state Homeland Security Advisors about these issues.

### **Demographic Information**

I would like to share with you some demographic information that will hopefully be illuminating. According to the 2000 Census, almost 250,000 of the residents of the New Orleans metropolitan area had a disability. According to the Census, 21.3% of the area's residents were people with disabilities. Twenty-five thousand people stated that they had vision or hearing impairments. Over 100,000 people stated that they had a physical disability that made it difficult to walk, climb stairs, lift, dress, bath or even get around inside their own home. Almost 65,000 people were categorized as having a "mental disability" - a category which would include people with Alzheimers, people with cognitive disabilities, and some of the few who would self-identify as a person with mental illness.

It will be of particular interest to this Committee that many of people who were categorized as individuals with disabilities were older Americans. However, it is also important to note that for the data regarding people in all age groups between 5 to 64 years old, there were between 15 and 25% of the population that experience disability. In other words, while many seniors were within the "disability" category, the "disability" category was also much broader; tens of thousands of people in the "disability" category were young people.

The size of this community is not an isolated or unique phenomenon. According to the Census, 13.7% of the population of the State of Oregon has a "sensory, physical, mental or self-care disability." The numbers are similar in many other states - for example, the state of Washington: 12.9% of the population; the State of Maine: 14.8% of the population. The size of the disability community is also substantial in many urban areas, as documented in Census data.

Clearly, people with disabilities and seniors are large segments of our population, and emergency management officials need to be keenly aware of this demographic information as they plan for future disasters. It is critical that planners and emergency managers at all levels of governments incorporate issues specific to these populations into the fabric and culture of their work. The issues cannot be viewed as "special," "sidebar," or "in addition to," but are seen as part of the daily radar screen of business as usual. As Surgeon General noted last year in his Call to Action to Improve the Health and Wellness of Persons with Disabilities, just about everyone will experience a disability some time during his or her lifetime. As we age, the likelihood of having a disability of some kind increases. The percentage of individuals who have some form of disability is 22.6 percent among those 45-to-54 years old, 44.9 percent of those 65-to-69 years old, and 73.6 percent of those 80 years and older.

### **Major Issues as a Result of the Hurricanes**

Let me take a few minutes to identify for you the major issues that seniors and the disability community in the Gulf Coast region faced.

- The availability of durable medical equipment was a major issue.

We had dozens of calls on this point - wheelchairs, hearing aids, crutches, walkers and so many other kinds of equipment had been lost in the evacuation. For example, at the New Orleans airport, there were dozens of expensive, customized wheelchairs that had been left. In the chaos of that evacuation, people had been pulled out of the wheelchairs and placed quickly onto the next available airplane. As a federal Council, we were able to make a dent on some of these issues. For example, we were able to facilitate the delivery of two truckloads of durable medical equipment that several disability advocacy organizations had accumulated. We were also able to help recover many of the wheelchairs at the New Orleans airport.

- Evacuation was a major issue.

There were many seniors who lived in institutional settings, and experienced great difficulties in evacuating. People who use wheelchairs or walkers often had harrowing experiences. The Kaiser Family Foundation took a poll of people from New Orleans who were evacuated to the Astrodome, asking: "Which of these was the biggest reason you did not leave?" Twenty-two percent of the respondents said, "I was physically unable to leave." In addition, 23% said, "I had to care for someone who was physically unable to leave." Those two figures together constitute 45% of the people who had to be evacuated from New Orleans.

- Access to life-sustaining medications was a major issue.

People had to evacuate without adequate supplies of insulin, heart medicines, drugs for epilepsy, medicines to control various mental illnesses, and so on. The Council's Incident Management Team received calls about pharmacies in Texas and Alabama and other states not accepting Medicaid cards from Louisiana. One of the leaders of our Interagency Council is Dr. Peg Giannini, who leads the Department of Health and Human Services' Office of Disability Policy. Dr. Giannini was able to go to the leadership of the Medicaid program, who issued immediate guidance advising pharmacies that Medicaid would reimburse for expenses from out-of-state cards.

- Shelters were a major issue.

As the days passed, we began to receive calls about shelters not being prepared for seniors and the disability community. The National Organization on Disability sent a team to the area in the weeks after Katrina to survey the shelters. Their work documented the problem, and I encourage you to read their report at [www.nod.org](http://www.nod.org). Take, for example, their conclusions about how prepared shelters were for people who are hard of hearing or deaf:

- ✓ Less than 30% of shelters had access to American Sign Language interpreters
- ✓ 80% did not have TTYs (that is, teletypewriters)
- ✓ 60% did not have TVs with open caption capability
- ✓ Only 56% had areas where oral announcements were posted.
- ✓ NOD concluded: "This meant that the deaf or hard of hearing had no access to the vital flow of information."

Our Council is working with leaders of the American Red Cross to improve the performance of shelters with regard to people with disabilities.

- Eventually, accessible housing became the largest issue we faced.

We began to deal with the fact that the mobile homes were not accessible -- that is, a person with significant mobility impairments could not get into the front door. And once there, he or she might not be able to reach the cabinets or the faucets, or get into the bathroom or the bedrooms.

Secretary Chertoff directed us to send an expert on disability issues to serve on Admiral Allen's staff in Baton Rouge, and another to serve on Admiral Hereth's staff in Austin. In Baton Rouge, our expert was able to work with colleagues from HUD and the Department of Justice, including an architect who specializes in accessibility issues, to look at the specs for the manufactured homes being provided, and at the sites for the new temporary communities being built.

This Committee should be aware of one critical point: hundreds and probably thousands of people with disabilities were evacuated to nursing homes. It is completely unacceptable for people to stay in these institutionalized settings when they could be living in their own homes, leading independent lives. It is expensive to us as a country to have people who could live on their own instead living in a costly institutional setting. I would also note that there is a strong directive from the President of the United States (see Executive Order 13217). It is critical that we ensure there are accessible housing

options because people should be able to live in their own home, take a job, attend church, and get involved in community affairs. As President Bush said soon after signing an Executive Order on community living, “[This] Executive Order will increase freedom for people with disabilities. It is compassionate. It is needed. And it is now the official policy of my Administration. Americans must have the opportunity to live independently, work productively and participate fully in community life.”

### **Steps Taken**

Let me finally turn to some ways that the Department and the Interagency Council are trying to address these issues.

The Departments of Homeland Security and Health and Human Services are co-sponsoring a nation-wide conference on Emergency Management and Individuals with Disabilities and the Elderly. The Conference will be held in Washington, D.C. on June 28-30. We have asked each Governor to send a delegation that includes representatives of the State Homeland Security Advisor, State emergency management office, state agency on aging, and Governor’s Committee on disability issues. The purpose of the conference is to bring together each of these key players in the process – people who do not normally work together and may not even know each other. The participants will be required to complete assignments in advance of the conference, and there will be serious working sessions during it. We have told the Governors to expect that their delegations will return with concrete work products that ensure the complex disability and aging issues will be better addressed in their state.

Second, as I mentioned above, we have included an expert on aging and emergency preparedness on our National Plan Review team. We expect that the NPR report, which will be issued to Congress and the states, will be a catalyst for significant improvements on these issues.

Third, we have attended a roundtable on seniors and emergency issues held by the AARP, held in January. Subsequently, we contacted the AARP to offer our continued support for their efforts, and we look forward to working closely with AARP in the future.

I want to also direct your attention to our Council's "Resource Center" at [www.disabilitypreparedness.gov](http://www.disabilitypreparedness.gov). We have accumulated dozens of important guides, manuals, and reports that have been written by the Red Cross; the Departments of Health and Human Services, Labor and Justice; the Centers for Disease Control; FEMA; and the Center for Universal Design, just to name a few. We have also included technical assistance that is specific to the senior citizen population, including: documents produced by the U.S. Fire Administration, a report written by the International Longevity Center – USA titled, “Emergency Preparedness for Older People;” and materials from the AARP.

There are publications published by other organizations that are relevant, and should be widely distributed. For example, the Bay Area Preparedness Coalition has a publication on preparedness and older Americans.

Of course, our Department’s Ready.Gov campaign includes materials for seniors, and we expect additional developments through Ready.Gov in the near future. Moreover, the Citizen Corps give training to seniors all over the country, and the “Community

Emergency Response Teams” (CERT) training includes instruction on identifying and assisting seniors.

Finally, our Council is preparing an after action, or “lessons learned” report, that will include very specific recommendations for improving the emergency preparedness, response and recovery system. Many of the findings and recommendations in that report will be directly relevant to older Americans. Secretary Chertoff has asked us to identify the most urgent recommendations so that they can be implemented now, rather than waiting for the report to be delivered. We have done so, and, again at his request, give him every two weeks an update on progress made toward implementing the recommendations.

### **Conclusion**

Because of the commitment of the leadership of our Department, the energy of our partners on the Interagency Council, the insights being developed as a result of the National Plan Review, and the lessons we have learned from Katrina, we are very optimistic that substantive and concrete improvements will be seen in the emergency preparedness, response and recovery system as it relates to seniors and people with disabilities.

The Committee’s oversight in this area is very important, and very much welcomed.

Thank you and I look forward to your questions.