

Good morning. It is a pleasure to be given the opportunity to address you this morning. When Jodi first called me to ask that I speak my first thought was what am I going to talk about. Then at dinner on Saturday I was telling a friend of mine I was going to speak and he suggested I read an article in New Mobility magazine which talks about the obstacles people with disabilities faced in New Orleans after Hurricane Katrina. After reading this article it became very clear to me what I wanted to address this morning.

Homeland Security and emergency preparedness came to the forefront of our nation's attention following the events of September 11, 2001. We all know what happened on that tragic day. What many people do not know or what has received very little media attention, is the dilemma that faced people with disabilities who were working in the twin towers that day. Oh you've heard about the survivors, the woman who was carried down 68 flights to safety by strangers or the gentleman with a visual impairment whose guide dog guided him down the stairs and into safety or the heroes of Flight 68 who fought back against the terrorist. What you have not heard about, or at least not in graphic detail, is the gentleman who worked on one of the upper floors who was ventilator dependent and was not able to get out of the building and who died while talking to his wife on the phone or the woman on Flight 98 who was a disability advocate and a person with a disability. We all heard the number of deaths that occurred what we have not heard was the number of those who had a disability, why? The authorities may not have known who did or did not have a disability or they just did not want people to know how many people died waiting for help to arrive.

After 9 -11 people said we will be better prepared next time, our communities will have disaster plans and all the emergency responders will know what to do. Our nation has poured in millions of dollars into disaster readiness. But less than four months ago we saw how unprepared we still are in dealing with disaster relief, especially for people with disabilities and other special needs. As I watched the coverage from Hurricane Katrina it became very apparent the people left in the city of New Orleans were those with no way out, the elderly, people with disabilities and low-income individuals. However, this fact was hardly ever remarked upon by the media. As I read the article in New Mobility magazine there was the story of a man by the name of Dwayne Russ who was among the last to get out of the city. Russ uses a power wheelchair and lived independently in his own accessible apartment until Katrina struck. Russ was taken to a nursing home in Atlanta where he languished without his chair, his clothes or the means of getting out. He was basically stuck there until a disability advocate found out about his plight and lent a helping hand. We know people with disabilities died in the aftermath of Katrina. The question is how many and why? Like 9/11 we do not know but we saw it on the nightly news, people slumped over in their wheelchairs covered with white sheets. We know of nursing home residents who died because they were deemed too fragile to move. Did they have to die? The answer is no, if the proper procedures had been in place and the help they needed was available many of these individuals would still be alive today.

The reason we have all been here for the last two days is to begin the planning process for the next time West Virginia is struck with a disaster whether it is flooding, a chemical leak or a man-made event. We must ensure that our special needs populations

are not left to fend for themselves. Of our population of 1.8 million people more than 400,000 of them are people with disabilities. People with disabilities are in every community in our state. They may have a disability that is readily evident or one that is hidden or one which very few people know about. They may use a wheelchair or crutches or a walker. They may be blind or visually impaired. They may be deaf or hard-of-hearing. They may have a cognitive disability what is commonly referred to as mentally retarded. They may have a mental illness, that only family and/or friends are aware of. Chances are they are your next door neighbor.

Do we need to take care of them? No, but we do need to ensure they can access emergency shelters and services offered to all our citizens. That they can access transportation out of the disaster areas if needed. That they are provided with the accommodations they need in order to make decisions or take action in regards to their personal safety. One misconception people have is that people with disabilities have caretakers or families that live with them. While in the past this may have been true, today this is not the case. People with disabilities live independently in their own homes, they work and they travel. I know of many people with very significant disabilities who live in their own homes and although they may have a person to come in once or twice a day to assist them with a particular task they do not have anyone who is with them around the clock.

The U.S. Department of Justice offers some advice on making community emergency preparedness and response programs accessible to people with disabilities. I think these are things most of us have either heard or will hear during these two days or have said.

First, as you are developing your plans whether it is a community or a state plan solicit and incorporate input from people with all types of disabilities. No one can better answer the question of what do people with disabilities need than the people themselves. If you need help identifying people with disabilities in your area let me know and I will assist you or a simple notice in your local paper will probably result in people volunteering.

Second, notification and warning methods should be developed to ensure all citizens have the information necessary to make sound decisions and take appropriate, responsible action. Make sure TV announcements are not just vocal or visual but they are both. Search for ways to communicate with those who have hearing impairments should the power fail.

Third, adopt policies to ensure your community evacuation plans enable people with disabilities to safely self-evacuate or to be evacuated by others. Some communities are instituting voluntary, confidential registries of person with disabilities who may need individualized evacuation assistance or notification. Remember if you adopt or maintain such a registry have procedures in place to ensure its voluntariness, guarantee confidentiality controls, and develop a process to update the registry. Also consider how best to publicize its availability. Keep in mind people may be reluctant to place their name on a registry for fear they may be victimized by someone who gets the information.

Fourth, identify accessible modes of transportation that may be available to help evacuate people with disabilities during an emergency. For instance, lift equipped school or transit buses, senior center vans or any number of other options.

Fifth, survey your community's shelters for barriers to access for persons with disabilities; this is one area where getting help from a person with a disability will come in handy. For instance, it is not enough that a person can get into the shelter. They must be able to use the restrooms and the shower rooms and to get to where meals will be served. It is important to widely publicize to the public including persons with disabilities and the organizations that serve them the locations of the most accessible emergency shelters.

Sixth, train emergency staff and volunteers including those who work in shelters about the needs of people of disabilities. One example is shelters often have a "no pets" policy. But service animals must be allowed in the shelter, these animals provide vital services to their owners. People with disabilities may need to keep medications refrigerated so a refrigerator or at least a cooler with ice may be needed. Also, some people use life-sustaining medical devices such as ventilators or have medical equipment such as power wheelchairs so an emergency generator is needed if there are wide-spread power outages. Staff needs to be trained in how to communicate with people with disabilities especially those with hearing impairments or severe speech impediments.

Seventh, your plan should identify available physically accessible short-term housing, as well as housing with appropriate communication devices for when they have to leave a shelter or are otherwise allowed to return to their homes. A nursing home or a hospital is not appropriate placement for people.

By all of us working together when WV is faced with a disaster we can ensure the images we saw during the aftermath of Katrina won't be repeated. As the author of the

article in New Mobility magazine said Disasters shatter illusions. But then, sometimes illusions need to be shattered.

Thank you.