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>> Good afternoon. Thanks for joining the United Spinal association webinar. Disability inclusive disaster and emergency planning, presented by Ms. Marcie Roth. My name is Bill Fertig and I will be your moderator for today's presentation, one of a series that United Spinal association hosts, and all of our webinars are archived at [www.spinalcord.org](http://www.spinalcord.org). We will have time at the end of today's presentation for questions from the audience of the please use the question's window on your control panel to write in any questions that you have and we'll do our best to get to them today. The question box is down at the bottom of your control panel. If we do run out of time during the question and answer session, you may coaches your question directly to Ms. Roth for later follow-up.

I'll call your attention to the closed captioning directions and Ms. Roth, PowerPoint presentation in PDF form, both available as handouts halfway down your control panel. You can click and follow along in the presentation or use the closed captioning instructions as needed.

Marcie Roth was appointed by President Obama to the U. S. Department of Homeland Security, federal emergency management agency, in 2009. She serves as senior adviser and director of the Office of disability integration and coordination. Ms. Roth joined DHS, FEMA after serving over 20 years in senior leadership positions with national and international disability policy organizations, including seven years as CEO of the then national spinal

cord injury association. In her senior leadership role at FEMA, she provides policy and operational guidance, advice and technical expertise for meeting equal access requirements for physical, program, and effective communication accessibility across emergency preparedness, response and recovery programs and services with a focus on inclusive planning and universal accessibility. She leads a team of 70 disability integration advisors who have deployed over 100 disasters since 2011. Ms. Roth's office also leads the work of the federal interagency coordinating council on emergency preparedness and individuals with disabilities and she represents the U.S. government internationally as an expert on disability inclusive global disaster risk reduction. Ms. Roth is a 2014 Harvard Kennedy school senior executive fellow and she lives outside of Washington, D.C.

And now I'd like to hand it off to Ms. Marcie Roth, my own former boss, for her lightning presentation on inclusive preparedness. Marcie?

>> Well, thank you very much, Bill. It's a pleasure to join you all today. United Spinal association is very near and dear to my heart. As Bill said, I spent many years leading the national spinal cord injury association. And in fact, I was very involved in the earliest stages of merger between national spinal cord injury association and United Spinal association. And so it's especially wonderful to feel me to have the opportunity to spend time with you this afternoon.

I am going to pump up the volume A little bit I'm going to look at my folks on-line to tell me whether this is better? Okay. So I'm going to spend some time with you this afternoon talking about a number of things. We're going to talk A little bit about FEMA and how FEMA operates. We're going to talk about our commitment to disability inclusive emergency management, and we're going to talk about some of the very important preparedness tips that I'd like you to have an understanding of if this is new information for you. And then towards the end I'll talk A little bit more about some of FEMA's programs and about our homeland security grant programs to states just to give you a sense of how far we are taking disability inclusion and the work that we're doing.

Again, we're going to talk about preparing for disasters, and I'm going to begin by telling you A little

bit about FEMA's mission. I have shared the mission statement with you. FEMA's mission is to support our citizens and first responders to ensure that as a nation we work together to build, sustain, and improve our capability to prepare for, protect against, respond to, recover from, and mitigate all hazards. So I want to call your attention to the fact that I've highlighted the words support and work together. And especially important to me to share that with you, because I don't want us to have a misunderstanding about what FEMA's role is. The government only comes in and assists when a state requests our assistance, and our ability to assist in times of disaster is really dependent on the cooperation and cooperative collaboration of all of our citizens and everyone to take personal preparedness action and as well, to get involved in community preparedness response and recovery and mitigation.

So very briefly, I'll talk a little bit about what FEMA does and doesn't do. Primarily, although it's disaster response and recovery, so at the point in which the state requests our assistance and an imagine or disaster declaration is declared, FEMA then begins to travel a distance to the state, primarily in the area of funding for the kind of first response that is necessary and the kind of funding that the response will require. We do a lot of other things throughout the year when we're not responding to disasters, and much of that has to do with the kind of activities that help people prepare, help communities to prepare, to help the experts to train, and to work with the other governmental and nongovernmental agencies toward our effort.

Again, we respond at the point at which the state requests our assistance, and at the point at which the president approves that declaration. During the disaster, once it's declared, FEMA does provide disaster assistance to individual communities and to the states, and as part of our efforts, we work on risk reduction to minimize the damage from future disasters. And again, we may also assist local governments in their costs in handling whatever has occurred. And along the way, we coordinate with a number of other agencies and community groups and we keep folks informed of our activities. And one of the most important roles that I think we play is meeting with groups like -- that we play is meeting with groups like United Spinal to help folks have a better

understanding of what an organization like United Spinal organization and their members, where you fit into the equation.

So we have a number of programs, and I've put up pictures of those, of some examples. During disasters, we set up disaster recovery centers. In this disaster recovery center, we have folks who go out to identify any accessibility features that need to be in place. That includes physical accessibility, beginning with the parking lot, the path to travel, in the building, throughout the building, bathrooms, et cetera. And that also means that we provide communication accessibility. We make that available in our disaster centers and disaster recovery centers, and additionally on the bottom two pictures, one is typical housing that is provided as part of the housing program that FEMA may offer after a disaster if requested by the state, and one of my favorite shots is Coney Island, and this is the newly rebuilt life guard and bathroom station at Coney Island. As you can see, they've built a rather elaborate ramp to provide accessibility. And that's through recovery and mitigation efforts.

Our administrator, Craig Fugate, is a staunch supporter of Civil Rights of people in this country and in his confirmation hearing back in 2009, he said children with disabilities and any other people in segments of our community that have traditionally been underserved need to be fully integrated into preparedness and planning levels at every area of government. He came onboard with a very strong belief that the old school way of special needs planning or planning for people separately if they have facilities [inaudible] paradigms and the way that we do this is now a fully integrated universally accessible way. No more special planning. No more separate [inaudible] and one of the efforts that he took on was to establish the Office of disability integration coordination to establish the topic in 2009. Our responsibility is not to handle facility issues across emergency management, but rather it provides tools, training, technical assistance, and to advise on equal access and reasonable accommodation throughout all of our programs and services and activities.

So I'm checking my sound and hoping that the sound has gotten a little better. Turning it up just a little bit more. So the work of my office began with a team of one. That would have been me. I was the agency facility coordinator. We have subsequently brought onboard a team

that now numbers 70 disability integration advisors, many of them full time, some of them reservists, and only activated during disasters. But we will be expanding to a -- what we call a forced structure, 285 facility integration advisors over the next year or so. And that will include a much larger full time cadre of advisors, sign language interpreters, and others or others who can support disability inclusive emergency management throughout the process from preparedness. We have disability integration specialists in each of the ten federal regions. The disability integration specialists are folks who have significant background experience in both disability inclusion and emergency management, and they are responsible for working in their region to meet the requirements of disability infusion across all aspects of the work from FEMA. Many of you will be familiar, but I will point out that there are a number of federal laws that prohibit discrimination in emergency programs on the basis of disability and most people probably assume that the Americans With Disabilities Act, which is the primary driver of the federal emergency management agency, what it does, but in fact, the Americans With Disabilities Act doesn't apply to the federal government and the rehabilitation act that governs the work that FEMA does. There are many other laws that also contribute to our Civil Rights and how man rights -- human rights obligations, but again, most notably, it is vocational.

And the rehabilitation act doesn't just affect what FEMA does. It also prohibits discrimination by any recipient or sub-recipient of federal funds and requires them to make [inaudible] to individuals with disabilities. This applies to all programs and businesses who receive any federal funds. Whether it's through preparedness activities, whether it's training and exercises transportation and sheltering all the way across the board as to work that would move people back into their homes and back into their communities and on with life. The rehabilitation act requires people access to all of our programs and services.

I've put up a map of the eight states around what's called the New Madrid seismic zone. So this is an area in the middle of the opportunity where there is a significant concern for the kind of catastrophic earthquake that we often plan for, and I put this particular map up to point out that we're not just focusing on the fault in California

or more recently the Washington, D. C. area, but that across the country we need to be taking into consideration not the overall numbers of people with disabilities, but the specifics in the counties across the country. So in these eight states where we are concerned about catastrophic earthquake, we are also well aware that across the country, it may be 20% of the population of people with disabilities in many of the counties in these eight states. The numbers are as high in the red counties as somewhere between 26% and almost 33% of population. So planning in those communities needs to take those numbers into consideration.

When we talk about inclusive planning, there are 59 million people with disabilities for whom we all are -- for whom we all are provided -- committed to provide equal access. We are committed to meeting the functional needs of [inaudible] communities, so it's not just about people who have legal protection, but it's about the people who reside to actionable information, they don't have access to evacuation, if they don't have access to programs and services after disasters, they're going to experience a disproportionate impact. And so we don't just plan for people with disabilities. We take into consideration older adults, women, below low incomes, people with limited English proficiency [inaudible] who experience homelessness and when we think about who within our communities, you know, while we may be planning 20 to 30% of the population, people in facilities, when we think about people with access and functional needs, we're really talking about almost the whole community. People with access and functional needs make up as much as 70% of the population. Very important that we don't just plan, because it's a legal obligation, but rather that we plan for the whole community and that's going to optimize resources.

So we are very committed to a belief that language influences behavior. Again, we refer to access and functional needs. No longer special needs. We don't talk about special populations, because in fact emergencies occur and the whole family is affected. The people who are vulnerable, the people who are at risk are people who are disproportionately impacted because of a lack of planning, because of a consideration for physical access, program access, and effective communication access. So you will hear throughout this presentation, and for those of you who

are more involved in emergency management, you will hear that there's been a very significant shift away from vulnerable populations, special needs, and we use the term access and functional needs.

And we've focused on promising practices such as planning for universal accessibility. Not planning for small amount of the community and then trying to figure out how we make that accessible to people who would not otherwise be able to access. And it's not just about planning for people, but making sure that people who have expertise are at the table and that they have a real goal throughout the planning process. And it also means that people serve in leadership roles, not simply as representatives at the table.

There's a saying, many of you I'm very familiar. Nothing about us without us. We are very committed making sure that people with disabilities and people who provide services and support the people with disabilities are at the planning table and we have a number of Miranda of agreements. Currently, we have some particular with the national defense fund independent living network and pass it on. These are agreements that we have to work together in partnership to make sure that the voices of the community are very much at the table before, during, off after a disaster. I do want to take a moment to talk about universal accessibility, because I think it's important when you talk about access and functional needs that it takes a little bit of time to explain what we mean by that. Because when we talk about access and needs in the context of personally different terms, people don't always understand. So I use the analogy of grocery store. When you go to the grocery store, it's a low step entrance. There are electric doors. You go in. One of the few tours of the typical grocery store is going to be a cart, but of course these days carts aren't just the standard cart that we're all familiar with. There are lots of cart choices. And this is a way that universal accessibility is provided in the grocery store.

When you think about access and functional needs, if you think about it in the context of the grocery store, they have a commitment not because the law requires it, but because they're committed to providing as much incentive for people to come in and use what it is they're offering and buy what it is they're offering if you can. They want to have wide aisles and lots of lighting and signage. But

if you have a functional need that exceeds all of that universal accessibility, then they do have people who are available to assist you. So universal accessibility can meet as many needs as possible, and then junctional accessibility for individuals who may need something that isn't readily available through the universal accessibility. So if you need somebody to assist to you get something off the shelf or if you need something to help with bagging and taking your stuff out to the car, these are the kind of functional assistance that it needs, but if they didn't provide all of that universal accessibility, then they would have to provide a lot more functional accessibility. So we use this as an analogy when we're thinking about emergency programs and services. The more we build in universal accessibility, the more the individuals with unique functional needs are going to be available to meet the additional needs for people with disabilities over adults, et cetera. We see this as a universal design, using a proactive approach, and accommodations being reactive. We want to optimize our universal advice and make those accommodations when necessary in preparing for emergency disasters.

Now I'm going to talk also ability about preparedness, and you will notice that I've put up a couple of pictures here, one being the some bay tack survival can kit. No, we don't really believe there is a reason to worry about zombie attacks, but this is a reason to say [inaudible] least likely to happen. Never on the eighth floor of the [inaudible] building did I ever anticipate that I would experience an earthquake. But in fact, we need to be prepared for things that are the least likely to happen. So for individuals with disabilities, we encourage that people think about what it will take for them to be adequately prepare at home, at work, and away from home. And I'll talk A little bit more about all of this in a moment. I do want to point out that those individuals who provide services and support need to be preparing not only for themselves, but also preparing for people that we provide assistance , to and as well if you are working in each of these facilities that you're disability prepared. So when we talk about personal preparedness for service providers, that means preparing a family, because you're not going to be able to continue to provide the services and supports that are needed by the people you serve if you cannot take in the family's preparedness [inaudible]

dealing with the situations where your family and lives are needing attention.

>> Captainist: If the speaker could speak more directly into the Microphone maybe?

>> Marci e: This expands beyond individuals and services. Preparing systems for the whole community and again, we talked about [inaudible] and it's particularly important that folks get involved in their community planning. So what does that mean? Well, there are three key steps. The first one is to be informed. So you need to know, what do you need to consider in the area that you live in? You have to be concerned about ice storms? Do you have to be concerned about hurricanes? The folks in Vermont did not -- would not have identified themselves as a hurricane state, but hurricane Irene caused more damage in Vermont than it did in any of the coastal states. So understanding what the hazards are in your community. And then as far as preparedness resources, they're in your community. What's available to you? Finding out how they're planning for people with disabilities, inclusive of the [inaudible] how are they planning for both children in place and evacuation and what can you do to contribute to that information process? This means that -- building a kit. This means individuals think about what do they need in order to maintain their health, their safety, and their independence. For some people that might mean having a manual lightweight manual wheelchair, because evacuating with their power chair might become complicated. So that might mean having a portable Charger that you can take with you. That might mean keeping batteries on a trickle Charger. That -- batteries on a trickle Charger that. Might mean having catheters that you particularly use as opposed to generic catheters that are going to be in the sheltering resources that we recommend to states. It really means spending some time thinking about what you would use at home, what you would need on the road, and what you would need perhaps at work or someplace away from home. It also means identifying who could be part of your support network. Who can use work to help you if you need to be evacuated with a shelter in place? And not just what can you offer to others, not just what others are offer to you, but also what can you contribute, thinking back to FEMA's mission? This is about supporting each other. This is about planning together. And if we're going to move away from that belief

that people with disabilities are vulnerable or have special needs, that does mean that we must play a very active role in not only our own personal affairs and preparedness, but [inaudible] so we get involved.

And the getting involved piece is the critical additional steps in the preparedness steps, and we've got to learn more about that at the ready.gov website that has a lot more specific tips and information. I'm going to move through the next slides fairly quickly and just make a couple of points. With regard to alerts and warnings, information has to be accessible and be actionable. So we need to make sure that people have opportunities not only to get some information, but to be able to act on this information. We offer a variety of trainings, both in person and online training. We have a webinar series, and I'm giving you links at the back of this presentation where you can find more information about policies. I would encourage you, if you've not been involved in exercises, that there are a variety of emergency exercises that are updated in communities across the country all the time and our participation could be particularly valuable if you are a person with a disability or if you are going provide assistance to an individual with a disability. It's really important that we don't use actors. It's important that we use real people who pose real life challenges.

Evacuation issues. We could do a whole webinar just on evacuation issues. It's especially important that people who have mobility disabilities are very knowledgeable about what their options are for evacuation than virtually every location that you're in, additional information about problems and practices in evacuation.

There are a number of tools out there. Some of them [inaudible] some not so much. The buddy system is not one we recommend, because we need to teach everyone how to use evacuation chairs. Teaching everyone about evacuations provides more options and if that buddy is not at work or if that buddy is not at home in the place that you're counting on that one person that can create a very dangerous situation.

Here are some more examples of evacuation tools that have been used. You would recognize most of them as accessible vehicles. There are many, many more. At FEMA, we have provided significant guidance to states and emergency planners about sheltering. Anyone who does not provide sheltering [inaudible] but we do provide a way to

get guidance around highways plans for sheltering. Again, we've provided you with the link in the backs of the slides. So a lot of our guidance focuses on that. [Inaudible] making shelter on minors and all other kind of shelters. We have been working to replace cots you see in the middle with the higher, wider that an individual could transfer from their wheelchair or from a mobility device and slowly replacing all of those stock cots with cots that are much more stable and higher and wider. And having a lot of very positive experiences for people able to maintain their independence.

The assistance they need without having to receive a more acute care setting [inaudible] and setting up shelters. Some of the guidance that we provide, bathroom accessibility is really a challenge, et cetera. And we provide caches of durable medical equipment and consumable medical supplies to states. Durable medical equipment devices, some of which might be in this picture, but there are many others that are available to states and if the state would like to obtain [inaudible] so they're very close to the state, so when the state makes that request, it gets there very quickly.

FEMA also has contracts available to the states for personal assistance services. So if, during a disaster, states have stated its capacity vendors disaster survivors, then the state can request the use of personal assistance or contracts. We have the ability to put 2500 personal assistance providers on the ground in a disaster area within 24 to 48 hours. We've actually used this service in New York during hurricane Sandy where we requested 200 personal service providers for shelters and temporary housing, and that was a very successful process.

We are very mindful of the power accessibility I know use, certainly for people who require life-saving equipment, life sustaining equipment, and again, do a whole presentation just on these issues. We do provide a number of tips for individuals who do require power to maintain health, and safety. And here is an example of Brook Ellison, who is probably known to many of you, and this is a portable solar power alternative that she put into place during hurricane Sandy that enabled her to stay at home.

Here are some other examples. I talked earlier about disaster recovery centers, and here are some of the tools that we make available. Talk a little bit about disaster housing. If the state requests our assistance, we provide

housing that meets the uniform standards and here is an example of a community where uniform accessibility standards, accessible units are in place. We have an unlimited ability to obtain those uses in a major disaster.

And recovery. Recovery is a really important piece of this full process. And a lot of funding is invested during recovery and mitigation. Decisions are made about elevation and we are very mindful of what this means for individuals and for communities. And we've been doing a lot of work-around universal accessibility issues in disaster recovery and mitigation. I'm happy to answer questions about all of that or have a follow-up discussion on this.

And then finally, before we wrap up, I do want to say that the Department of Homeland Security provides funding every year and then we make those grant funds available to the states. We provide grant guidance that strongly encourages grantee to address how investments will provide equal access and increased effectiveness of emergency preparedness and planning and response to and to increase the involvement of disability inclusion experts as partners across all aspects of emergency management. We the state make conclusions about their priorities, but we certainly have given them lots of room to make those priorities at this decision based on disability. An example of the allowable use funds this year, and those include producing materials, tools, general population, shelter, planning, training, equipment cost training of people with disabilities, emergency managers, evaluating potential shelter issues for accessibility, leadership development, et cetera. This is not an exhaustive list. These are just some examples that we make available.

So in closing, when we are successful in meeting wants gratifying needs as a whole community, communities are stronger for everyone. The more we focus on universal accessibility, the more those limited resources from first responders and acute healthcare providers are available for people who really do have the [inaccessible] and that's what we're striving for. We welcome your partnership every step of the way and that will be the beginning and long conversation with the membership.

So thank you. I will turn it back over to Bill and happy to answer any questions you may have.

>> Bill: Well, thank you very much, Marcie. And apologize to the audience for I think our connection. Much

of it was good and strong, Marcie, but occasionally Wade little bit of drop off. We had one question related to that. But we do have some other questions here. Let me get right into this. Marcie, the question is could you talk about sheltering and service animals? The regulations have been changed, but there are still problems with getting the word out and raising awareness about sheltering and service animals.

>> Marcie: Thank you. So the functional need support services guidance that is listed in the back of your slides, let's see, here, FEMA guidance on planning for integration of functional need support services in general population shelters, has a whole session on service animals. As the question is posed, yes, in fact, the regulations have changed and so a service animal is currently just described by the Department of Justice as a dog or in some cases a miniature horse, and I will say, however, that many shelters don't limit the accommodation of service animals to dogs and miniature horses. They are required to accommodate dogs and miniature horses, but many will also accommodate other service animals, but that's something that you would need to work in your local community to find out. As I said earlier, FEMA doesn't provide sheltering. FEMA only provides guidance and technical assistance, which would include that kind of thing. I hope that answers the question.

>> Bill: Okay. Thank you. Actually, questions are rolling in now. How is FEMA measuring the success of the personal -- how is FEMA measuring the success of the personal assistant services that you mentioned were brought into New York following super storm sandy? To what areas of work were these PAS brought?

>> Marcie: That's a great question. We provide contracts. We establish the criteria for the position of those services, but then it's the state that utilizes services. There is a cost involved to the state and so a measure is going to be at the state level, not at the FEMA level. That is the contrast.

>> Bill: Okay.

>> Marcie: And what area of New York, it was primarily in New York City, the state as the film service providers.

>> Bill: Thank you. Just A little programming note. Your answer started off very strong and then it trailed off at the end. I'm not sure why. I guess it's the connection. So here is a comment and a question. I was

having some problems hearing due to sound dropping off. I missed a part of what she said about the example of personal care contract personnel being used at a particular location. Missed the location. Was there a location that you mentioned?

>> Marcie: Sure. And I just said in New York, but again, on the resource link in the back of the slides, there is a personal assistant services in shelters fact sheet, and then there's a personal assistance services contract FAQ. It should be steadily available for additional information about that particular program. And again, just to reiterate the personal assistance services program contract are available [inaudible] during a presidentially declared disaster, and we make that resource available to states and then the state makes decisions about where they're going to deploy those personal assistance service providers. So we will want to work with your state emergency management around what they're planning is for their own personal assistant service provider resources and at what point they'll request the services from FEMA, the contract from FEMA, and that is a great way to get involved at your state level.

>> Bill: Okay. The next question, can CB0s apply for homeland security grants or does it need to be in partnership with local government?

>> Marcie: CB0s, community based organizations, I would assume, and there are occasionally some grant programs, although very few of them that don't require that the state be the grantee, but virtually all homeland security grant funds are with the state and then the states work within their state through their subcontract to work in partnership and there are great examples throughout the country of highway these homeland security funds are being used by the states in collaboration with resources for independent living. We have community organizations that are working on emergency management activities throughout preparedness response.

>> Bill: Okay. And just so you know, we have a number of great questions pending, just so you know that they're out there, the next of which is what do you do if a person needs a medical device that the shelter doesn't have? How fast do they get it to them? Thanks for doing the webinar. What if you need a device that the shelter doesn't have and what's the best approach?

>> Marcie: So we, as I've said earlier, we have a

number of items that are made available to the state, but those are going to be a really basic generic item. We also have what's called a commonly used sheltering items catalog that the states can purchase from. But for the high end assistive devices that individuals need, we've also had tremendous success in bringing together the assistive technology state programs and their reuse programs, the poor working mom disaster recovery, all of that being said, the reality is that if you need a replacement of a piece of equipment, there are going to be many steps involved, depending on what kind of insurance you have and who the payer is, depending on which programs your state contract with and whether the folks in your community, whether there is a use program, a technology program that is involved in disaster recovery. There are so many variables, and I could talk about a wide range of how this has unfolded. We are very [inaudible] about our relationship with [inaudible] agreement, because filling gaps between that heard where someone has lost their equipment and when they can navigate the process to get that equipment appropriately could be extended [inaudible] the technology of the program may be [inaudible] it's very complicated and I would strongly encourage people who used assistive devices that we spend A little bit of time thinking about what your options might be if you need to evacuate unexpectedly. What are you going to say to the first responders about how important it is if you bring your equipment with you? What are you going to say to folks if you need power? How are you going to explain that in ways that other people understand so that you are able to maintain your health? And I'm happy to come back and spend more time talking about any of these issues, all of these issues [inaudible] and I'll be very frank. There are some pieces of these discussions that are not for the government to determine for the people. These are really important opportunities for us all to navigate together. And I think you know United Spinal is in a wonderful position to keep these sorts of discussions going and provide that kind of battles, that approach that we are so committed to.

>> Bill: Okay. Actually, that's a good segway to a comment from one of our private partners pointing out that strategies as a deployable shelter with accessibility module full of equipment like we're referring to.

>> Marcie: We are very excited about working with port light. And these are what I hope are in the final

stages of reaching a memorandum of agreement with port light, because they provide a variety of sheltering, training, assistive device supports. They work very closely with the independent living centers. They work very closely with technology programs. And in fact, they're going to be hosting another one of their wonderful getting it right conferences next week, July 30th and 31st, in Arlington Virginia, where we'll be talking about some of this, and I would encourage those in the DC area to attend that and also to find out more about what port light is doing. They have a variety of great resources.

>> Bill: Okay. And if we could squeeze a couple more questions in.

>> Marcie: Sure.

>> Bill: As we expect they roll in at the end. But in terms of recovery, how does FEMA address those individuals or families with disabilities who need to gain access to their homes when they're required to raise their houses 6 feet or more above the ground on small properties like those common in New Jersey and New York? I imagine that there are some issues like that. Would you want to address that generally? I could repeat it if I need to.

>> Marcie: I'll sort of paraphrase it for people who may not have gotten it. Many people receive disaster recovery from hurricane sandy. They found in their community, there was a zoning change that required them to elevate their home. The amount of funding that FEMA provides for disaster recovery is surprisingly small. Disaster survivors are eligible for up to a maximum of \$31,400 if they are found to be eligible for disaster recovery services. The funds -- and that's not set by FEMA. That is established by the Consumer Price Index based on congressional action. And so the additional funds that have been made available for home elevation have come through either the mitigation grant funds that have come to the states, back to those disaster recovery -- I'm sorry. Home insecure grant funds, and there have been some other programs such as community development [inaudible] that have been utilized for he would vague in some areas. But it's an element of disaster mitigation that is under quite a bit of [inaudible] statewide conference in New Jersey last week that addressed these issues. There's a lot of interest in the ongoing discussion. I'm personally concerned about not just the individual home elevation issues, although I'm very concerned about that, but I've

heard from a number of disaster survivors about their experience when everybody in the neighborhood was required to elevate. They were able to get super funds to elevate and provide accessibility in their own homes, but they were no longer able to visit the homes of their neighbors, because their neighbors didn't have access. And these are very complicated and challenging issues that really require us all to continue to dialogue. I don't think [inaudible] and we welcome this particular discussion.

>> Bill: Okay. I'm afraid that we're pretty much out of time, although there are questions remaining. And Marcie, if you wouldn't mind advancing to the final slide while we wrap up if you're able to do that. In conclusion, on behalf of United Spinal Association, I personally would like to thank Ms. Marcie Roth so much for sharing her personal experience and professional knowledge with us today on disability inclusive disaster and emergency planning. There's a lot to it. There's ongoing questions that will attest. Our next webinar in our series will be July 21st at 3:00 p.m. when United Spinal's new president and CEO, Jim Wiseman, will share as ADA anniversary presentation. To sign up for and receive our webinar newsletter, visit us at [www.spinalcord.org](http://www.spinalcord.org), and this will be concluding today's presentation. Thank you, Marcie, for your detailed presentation. We appreciate that.

>> Marcie: Thank you very much for having me, Bill.  
(End of webinar.)

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