

ENCYCLOPEDIA OF
Disaster Relief

1

EDITORS

K. Bradley Penuel • Matt Statler
New York University



Los Angeles | London | New Delhi
Singapore | Washington DC

.time.com/time/world/article/0,8599,1950026,00.html
#ixzz0rsnVnOxm (Accessed June 2010).

National Voluntary Organizations Active in Disaster. <http://www.nvoad.org> (Accessed June 2010).

Robert Owen Gardner
Linfield College

Disabilities and Disaster

Individuals with disabilities constitute a broad spectrum of the population and live in areas vulnerable to disaster throughout the world. However, the needs of individuals with disabilities are often not taken into account by emergency planners or disaster relief organizations. This is a significant oversight, considering that approximately 16.7 percent of the U.S. population reports having a condition that substantially limits one or more of their activities of daily living, such as walking, dressing, or bathing. When other populations (formerly considered "special needs" groups) such as the elderly, the very young, and non-English speakers are added to those who report having a disability, these groups together constitute well over 50 percent of the U.S. population. These individuals may have activity limitations that are ongoing or temporary and result from events such as surgery or accidents as well as from permanent conditions such as deafness or spinal injuries. Some injuries, such as head wounds or broken bones, can be a direct result of disasters, and leave individuals with temporary limitations.

Research studies and anecdotal reports have consistently highlighted the discrimination that individuals with disabilities experience during all phases of the disaster cycle. Most of these accounts document limitations in physically accessing buildings or transportation. Reports also document that following a disaster, individuals with disabilities have trouble accessing services to which they are entitled. This systemic exclusion is due in part to the lack of training of emergency planners and disaster relief personnel on the needs of people with disabilities. In addition, disability experts and individuals with disabilities themselves are seldom consulted in planning for disasters, so the needs of this population are not well assessed.

Labels such as *special needs*, which were traditionally used to describe individuals who have disabilities

such as intellectual or mobility impairments, are not useful in emergency planning. A focus on supporting individuals with what is termed *functional needs* is the current, most appropriate practice. When a functional needs approach to disabilities in emergency planning is used, the supports that individuals may need in the areas of communication, health, maintaining independence, transportation, and sometimes supervision can be operationalized. For example, individuals with sight limitations may need assistance in evacuation transport, while individuals with limitations in understanding, remembering, or decision making may require some supervision while in a shelter.

Individuals with disabilities are entitled to equal access to emergency services, such as evacuation procedures and sheltering, as well as to disaster services. The Stafford Act, which gives FEMA the responsibility for coordinating government-wide relief efforts, specifies that the needs of individuals with disabilities be included in the components of the national preparedness system. Title II of the Americans with Disabilities Act mandates that reasonable modifications be made to policies, practices, and procedures when necessary to avoid discrimination against a person with a disability. State and local governments also must comply with Title II of the ADA in emergency and disaster programs, services, and activities they provide. This requirement applies to programs, services, and activities provided directly by state and local governments, as well as those provided through third parties such as the American Red Cross, private nonprofit organizations, or religious entities.

Some states have created a dual-shelter system wherein individuals with "special needs" are directed to separate shelters post-disaster. While there is a clear need for medical shelters for individuals with acute medical needs, special needs shelters have been reported as creating additional problems in that they can separate individuals with disabilities from their family members, friends, or personal assistants who might otherwise provide them with needed functional supports. Special needs shelters can also produce an unnecessarily segregated system of service provision.

One strategy commonly suggested for addressing the needs of individuals with disabilities is to create disaster registries, in which people needing assistance register with their local emergency system as part of emergency preparation. However, registries can be a poor solution

to a complex need: Most registries are not adequately budgeted for sustainability, are not well resourced, and are not able to ensure the assistance offered will be provided during a disaster. In addition, they tend to be underutilized by the public and quickly become outdated if not rigorously maintained.

It is accepted as best practice that emergency planners and disaster relief personnel not only consider the functional needs of the people they serve, but that they actively seek guidance from the disability community as part of their planning and relief activities. Preparing to accommodate people with functional needs will also help equip disaster personnel to better serve other diverse groups.

See Also: Centers for Disease Control and Prevention (CDC); Healthcare; Training for Disasters; Vulnerable Populations.

Further Readings

- Americans with Disabilities Act. "The ADA and Emergency Shelters: Access for All in Emergencies and Disasters," July 2007. <http://www.ada.gov/pcatoolkit/chap7shelterprog.htm> (Accessed June 2009).
- Cahill, Anthony. "Emergency Management and Disability." *Disability and Health Journal* (2008).
- Christensen, Keith M., Martin E. Blair, and Judith M. Holt. "The Built Environment, Evacuations, and Individuals with Disabilities." *Journal of Disability Policy Studies* (2007).
- Kailes, June Isaacson. "Southern California Wildfires After Action Report." Pomona, CA: Center for Disability Issues and the Health Professions, 2008.
- Kailes, June Isaacson, and Andrea Enders. "Moving Beyond 'Special Needs': A Function Based Framework." *Journal of Disability Policy Studies* (2007).
- National Organization on Disability. "Report on Special Needs Assessment for Katrina Evacuees (SNAKE) Project," October 2005. http://www.nod.org/Resources/PDF/katrina_snake_report.pdf (Accessed June 2009).
- Peek, Lori, and Laura M. Stough. "Children with Disabilities in Disaster: A Social Vulnerability Perspective." University Paper. Fort Collins and College Station: Colorado State University and Texas A&M University, 2009.
- Rowland, Jennifer L., Glen W. White, Michael H. Fox, and Catherine Rooney. "Emergency Response Training Practices for People with Disabilities." *Journal of Disability Policy Studies* (2007).

U.S. Department of Justice. "An ADA Guide for Local Governments—Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities," August 2006. <http://www.usdoj.gov/crt/ada/emergencyprep.htm> (Accessed June 2009).

Laura M. Stough
Texas A&M University
June Isaacson Kailes
Western University of Health Sciences

Disaster Experience

Worldwide, more than 700 disasters occur each year, impacting many people. However, for the individual caught up in a disaster, whether as a victim, survivor, bystander, or emergency responder, the experience is usually unique, or at least sufficiently exceptional to constitute a milestone in that person's life. Surviving a disaster is a formative matter: it changes a person's perceptions and priorities. It often leads an individual to embark on new directions in personal development. For people who are less fortunate, it may mean disablement or long periods of psychological impairment.

Negative Outcomes and Perceptions

Survivors experience disaster in different ways. They may suffer physical injury, bereavement, material loss, temporary or permanent displacement, unemployment, psychological impairment, or some combination of these ills. Witnesses and emergency responders are just as likely as victims to vividly remember the experience.

Nevertheless, few people are plunged into mental illness or psychological instability as a result of disaster. The most common effects on the human psyche are post-traumatic stress disorder, anxiety, and depression. All of these are obstacles can be overcome with proper diagnoses and treatment by professionals with appropriate expertise. Post-traumatic stress disorder can be identified through a wide range of physical (somatic), emotional, intellectual, and behavioral symptoms, which are often experienced in combination, and that render the subject's life and social relations difficult. Feelings of inadequacy may be linked to a tendency to relive the disaster, perhaps with vivid flashbacks, in