State ADA Coordinator's Office

2023 Virtual ADA Conference for State and Local Governments Session 1A

May 9, 2023

>> Stacey Valrie Peace: Good Morning! My name is Stacey Valrie Peace and I have the honor of serving as the State ADA Coordinator for the State of Georgia. On behalf the State ADA Coordinator’s Office and our collaborative partner, the National Association of ADA Coordinators (or NAADAC for short) It is my pleasure to welcome all of you to the 2023 Virtual ADA Conference for State and Local Governments. We have over 800 individuals registered, making this year’s virtual conference our biggest conference EVER! I would like to thank my State ADA Coordinator’s Office colleagues for helping to make this year’s virtual conference a reality.

Thank you to Cheryl Ann Frazier, who after 31 years and 3 months of faithful service, recently retired from State of Georgia government. Prior to her retirement, Cheryl served as the Assistant State ADA Coordinator, and she was instrumental in the planning activities for this year’s conference. Thank you to Steve Jones, who serves as the new Assistant State ADA Coordinator and our Senior ADA Architect. Later in the week, Steve will serve as one of the expert panelists for the Ask the Experts session. And thank you to Barbara Tucker, who serves as the ADA Administrative Services Coordinator. Barbara will serve as the session moderator for the first 8 sessions of the conference, and she has been Integral to the successful execution of this years’ conference.

I would also like to thank our Virtual ADA Conference team members, Johan Rempel, who serves as the Information and 2 Communication Technology/User Experience Quality Assurance

Manager with the Center for Inclusive Design and Innovation.

Johan, we could not have pulled this conference off without you and thank you for also serving a session Co presenter. Amy Daniel, who is a member of our consulting team, along with former State ADA Coordinator, Mike Galifianakis. Thank you, Amy and Mike, for all your “behind the scenes” assistance and support.

And thank you to Jim Bostrom, NAADAC Board Member and retired Deputy Section Chief for the U.S. Department of Justice’s Civil Rights Division. A longtime friend of our office,

Jim was the impetus for our collaborative partnership with NAADAC.

I would also like to thank the NAADAC board for having the level of faith in our office that is required to make a collaborative partnership work. Thank you for trusting and working with us. And Last but definitely not least, thank you to our AMAZING late of presenters, panelists and our Ask the Experts moderator. Sherman, Jeanne, Tracie, Rayianna, Talley, Barry, Rachel, James, Shelley, Brian, John, Steven and Doug. Without all of you, there would NOT be a 2023 Virtual ADA Conference. We appreciate all of you for sharing your expertise and insights with all of us. Merriam Webster defines the word Coordinator: “as a person who organizes people or groups so That they work together properly and well.” Therefore, cultivating relationships and connections is built into the very definition of our titles.

It is at the core of everything we do. Whether we are anticipating in the interactive process for a reasonable accommodation, responding to a request to modify a program’s policy or procedure, or reviewing a website or facility to enhance accessibility...within our work we are continuously striving to strengthen our offices’, entities’ and agencies’ relationships with our internal and external customers.

And although these tasks are very often rewarding, they can also bring challenges. Mike Galifianakis, former State ADA Coordinator and my former boss, has been known to say, “The ADA is rarely black or white. To work successfully within the role of an ADA Coordinator, you have to be comfortable with operating in the gray.” So how do we do this? How do we get comfortable operating in a space where absolutes are often unknown? One way is to band together with others who are also operating in the ray.

Sharing ideas, strategies, failures, insights, missteps, Resources and wins, this is how we get better at what we do.

This is how we add tools to our toolbox. This is how we create a more inclusive world. So, thank you! Thank you for taking the time this week to join us. Thank you being open to the sharing of ideas and perspectives. Thank you for joining us on a path to being better, so that we can all DO better.

Now, I would like to introduce Johan Rempel. Johan will share a few logistical items and accessibility features within Zoom prior to our first session of the day. Johan?

>> Johan Rempel: Thank you so much Stacey. So, I'm just going to be covering some quick housekeeping items here related to accessibility and some options available.

We try to practice what we preach here regarding full accessibility. So today we have live captioning made available. And there's two ways in which you can access captioning. You can access the StreamText link that has been dropped in the chat. This provides a third-party application with additional options and choices, or you can simply access the closed captions options within the tool bar of Zoom. So, on the screen there's a bright red arrow pointing to the CC closed captioning option.

So, spotlighting and pinning is considered another feature that can be really serve for accessibility as well. Only the host or co-host with spotlight someone. Whoever is spotlighted will appear in the speaker view. Pinning is available to participants. Anyone can pin any other participant's video and it only impacts that participant's display. Spotlighting and pinning is straight forward. You hover over the participant you would like to spotlight or pin, select the dot, dot, dot and then spotlight or pin.

This is an exciting feature that zoom introduced. It's the sign language interpretation view. So, in the advanced settings a host can select sign language interpretation and the participants can access the interpreters shown in the dedicated video channels. Participants can resize or relocate the window as needed and interpretation is located on the tool bar. So, when you select that you should be able to open up a designated window that you can resize and relocate on the screen. This is also accessible for a screen reader user or someone who is just using a keyboard or peripheral device. You simply tab to that element and activate it as well.

Some additional housekeeping items. The zoom chat feature is disabled. We ask that you use the Q&A feature. There will be a brief Q&A session following the presentation. All questions submitted during the registration process have been provided to the respective presenters ahead of time. The virtual ADA conference team will monitoring the Q&A throughout. The team will address as many questions as possible. If the team is unable to get to your questions during the session, the team will make every effort to follow up after the conference. Please do not place any private or confidential information in the Q&A. Everything will be recorded and housed on the State ADA Coordinator's Office website. For any technical issues you experience related to zoom you will have access to the zoom support link in the chat which will be dropped in there in a moment or two.

Director Gillums we invite you to turn your camera on. I believe it already is temporarily while you are being introduced. I will pass it over to Barbara Tucker. She will serve as the moderator.

>> Barbara Tucker: Thank you, Johan. Welcome to session 1A entitled inclusive emergency management. Your presenter for today is Sherman Gillums. Sherman Gillums serves as the director of the office of disability integration and coordinator for the department of homeland security federal emergency agency in Washington, D.C. he previously led strategies and impact for the national alliance on mental illness and focused to universalize timely access to mental health care and to destigmatize mental illness. He is the former executive director of paralyzed veterans of America and advocacy officer for [indistinct]. Two of the nation’s largest congressionally chartered veteran organizations. You can find Director Gillums complete bio in the registration eblast. Welcome Director Gillums.

>> Director Gillums: Thank you, ma'am. Thanks to all of you for being here, as I tee up the presentation for you.

Somebody can give me a hauler and let me know it's up and I will begin.

>> Johan Rempel: We are seeing it.

>> Sherman Gillums: Good morning. I'm happy to see you all here to take a journey with me as we think through the new ways of disability integration mission. Like most presentations I have started since becoming director I want to start with a stream of thought. There are about 60 million people living in the U.S. with at least one disability according to most statistics. That's the population of the country of Italy. Also, the populations of Texas, New York and Ohio combined. That's 60 million ways of living with a disability. 60 different ways of experiencing a disaster. A hurricane, a wildfire differently than others depending on a host of other factors. The question is how do we account for the varying access and needs of a few relatively speaking in emergencies when everyone is impacted?

The answer is: You don't wait until a disaster to think about how to prepare for that. So, over the next hour I will talk about how FEMA office of disability integration and coordination is influencing the national dialogue which is my purpose here today. The discussion will be framed by these 4 learning objectives. We will testify typical inequity for people with disabilities. When you hear access of functional needs that encompassed people who may not consider themselves or regarded as disable but have functional limits that need to be addressed. This could be anyone from a woman who is pregnant or older. We will compare and contrast the utilities of measures of effectiveness verses process evaluation in how we integrate disability into disaster response. We will describe how equity functions as a force multiplier in emergency management. Force multiplier is a military term means adding additional capability without capacities. Capacities can be technology, volunteers, and any other ways that you make assets out of things that are not organic.

And then we will articulate the role of community level stakeholders. I made these slides available to attendees. If questions come up, note them for the Q&A at the end. The priority today is to have you come away can certainty on emergency management and where you fall in the grand scheme of it all.

I became the director of the office of disability integration and coordination in August 2022. Much of my work involved prior to that work with people with disabilities. Access to quality care, air travel, job opportunities, care giver support and community access to name a few. A lot of what we do at FEMA is based on what happens before a disaster and often includes all those things I mentioned.

Before that I served in the marine core for 12 years where I served a spinal cord injury. I have been working and attending school, raising a family, and now joining FEMA to lead ODIC as a person who walks on 2 wheels with 4 inches of titanium holding my spine together and yes those are my x rays. My duties include the disability coordinator. I'll discuss this more later.

Now, prior to being hired, I never thought about embarking on a career in emergency management. But I did become familiar with the consequences of natural disasters. This photograph shows me in Houston after hurricane Harvey in 2017 as I sat there and tried to imagine being in that spot as flood waters rose above my head. I don't think you can see the water mark there, but I think it got up to 20 feet high in that very space not too long before that. This was a plaza where every business was wiped out completely. I couldn't imagine how all of it was going to come back together. How all that debris would be removed. Part of the problem that people may not know, while there was a hurricane and torrential rains, what led to this part of the disaster was the damn was open. They had no warning or indications that the dam would be opened, and the flood waters came in and wiped out everything in the area. So, this wasn't mother nature. An aspect of this involved decision makers to do what they did. While it may have been the right choice but giving people little notice was a disaster within a disaster. Later that year hurricane Maria hit Puerto Rico. The board of directors of the organization over which I was the executive director did vote in support to have every chapter send individuals to the island to make sure veterans and their families had electricity especially in the areas where extreme heat would follow after the hurricane. So that was my life before I joined FEMA. In which I would commit to serving as the FEMA administrators lead advisor on the office of disability integration and coordination mission. This planted the seeds for what we now consider the disability integration mission. It's compromised by the headquarters office. We go to the disaster sites and do the work to ensure that decision makers on the ground have the technical assistance to make the right decisions. A disability specialist in each of our regions report to regional administrators. The original law did not call for all those components. These are components that evolved over the years since 2006. Actually 2010 when the office of disability integration and coordination was established. It suggests to me that we have to be open to evolving and adapting to the thread of climate change and other things that may not make this the right model for how we do that mission. So, my eyes and ears are open to how we need to evolve to a threat. That may include adopting new standards. This is essentially what started it all.

This graphic you see lays out what I signed up for in the latter part of 2022 which is when I got to FEMA. At the time, the response to the Kentucky floods was well under way. The Mississippi water crisis would soon follow. Being federally declared 2 weeks after I came aboard. Then the real action started when Typhoon Merbok and then hurricane Fiona and then hurricane Ian. We got tropical storm turn hurricane Nicole that hit Florida 2 weeks after Ian and 22 ended with a record blizzard that hit my hometown in New York. That doesn't even mention the earthquake that killed 2 people and injured 17. Why do I lay this out? When we talk about climate change and nature, it's easy to make an academic argument but these are real lives impacted by an intensification of storms and their frequency to a point where we have to examine if what we are doing is enough. We are in the mode of re-examination and one thing we realize more now is we can't do it alone. This is why I come to events like this to ensure I convey a message and answer questions that bring you into the discussion.

We estimate about 4 million people with disabilities were impacted either directly or indirectly by these disasters. That's about the size of the population of Oklahoma. To say we had our work cut out for us is a major understatement. We can't just admire the problem and relish of the complexity of mother nature. We have to find ways to adapt to that.

For starters, as a new director, I had to learn quickly what all the rules of engagement involved, including the part of the process that we controlled the most. Once a state requests federal assistance under the Stafford Act. We had to understand the rules that we are subjected to that I don't believe we talk about enough. It leaves people wondering why something isn't happening or looking to the wrong source. States request federal assistance to augment state efforts. You have states that have to demonstrate they have exhausted their response to a disaster before FEMA will come in. The times vary. When a hurricane is bearing down on Florida and Puerto Rico, we know it will be bad. The question might be what's the scale of it. After the disaster, those damage assessments become critical because that determines the scale of the response that will be given to states, tribal authorities, and territories when a disaster occurs. Most cases you see FEMA invited in to assist up to 18 months. I have seen cases that are longer. When hurricane Fiona hit Puerto Rico, it had embedded members for 5 years prior to that in response to hurricane Maria. For the most part states are expected to initially respond, ask for assistance, have FEMA come in to provide assistance and then ensure mitigation is part of the recovery and equip states and localities to pick up after FEMA leaves.

So, it goes back to Governors to decide on the nature of the support that a state may already have available and what impacts the cost share with FEMA. The mix of requested resources may or may not have supports.

I saw recently critical needs assistance, which is important after a disaster wasn't asked for. The Governor didn't ask for it, so it wasn't part of the package. While FEMA provides those resources it's up to the Governor to provide the portfolio of resources. Assessments are being conducted during this stage. It's critical here to account for any disability community specific concerns. For example, in rolling fort Mississippi there was a hospital that anchored the rural community that was damaged during a tornado. That hospital was destroyed, there were people with disabilities who relied on that hospital to be there to provide continuity and access to care. They are not displaced in terms of their homestead but in terms of their support. That needed to be accounted for. That's often times easy to overlook. You are looking at the infrastructure but not the downstream impact. So, it's my job to make sure as we do these assessments, we look at nonobvious aspects that have a cost such as where people go for healthcare that might not be in a vicinity of a county and that bears cost for an individual and support services in the community.

That support can take the form of public assistance to prepare damaged infrastructure. Debris removal. You will see a lot of ADA compliance enquired into with the various projects. One recent project I saw involved a dock. The question was if the dock being repaired what aspects of ADA money will apply. So that's why we need people to be learned about their obligations under ADA and what that looks like. There's hazard mitigation that grants assistance to business and homeowners. And then there's one that you hear about the most. Individual assistance which can involve emergency sheltering and support services for families. These are checks that go out to offset immediate necessities. These are pretty visible aspects of what we do. They are not the only aspects. Then there are activities that FEMA does not undertake but is often assumed to. FEMA does not manage the blue program. You saw blue roofs in Florida you assume are FEMA activities, but they are not. It's a federal agency that deals with that. Even though a point of entry is an application process this they may qualify for FEMA support through the small business administration, but they have to go through the portal first to ensure they don't get in a double dipping.

Here's a pretty controversial thing: FEMA does not run emergency shelters. We provide technical assistance as to what path of travel in a shelter means and how do we ensure it. We do support state and state contractor efforts to open and manage shelters but it's up to states to decide where and how shelters operate. One example in Florida who has codified the need of special needs shelters even though we discourage their use and even reference to them because it represents in the minds of many a violation of the ADA by segregating populations instead of integrating shelters so people can be with their families where there's more help and support. FEMA does run the disaster recovery centers, the mobile registration intake and disaster survivor assistance team. Now I have to admit this explanation can come across as a bunch of fingers pointing at a disaster that's less due to mother nature and more human nature but it's easier to have accountability once you have a group of people with inaccurate beliefs with a tone of authority each time. The only time you may see a FEMA run shelter is when [indistinct]. There might be folks in this call that might disagree. I'm not saying we don't have a responsibility in those shelters, but those shelters are largely state entities that we try to hold accountable to the ADA and Rehab Act. This is where the ground game has to begin long before a disaster strikes. As inequity became broader, maybe before the pandemic but certainly during the pandemic. We enter discussions on emergency management. One of the first documents I read was the FEMA 2022, 2026 strategic plan that outline the goals here on this slide. My office would center on goal number 1 and 3 objectives. Which place equity at the center of what we do from who we hire to our people first approach and looking at the outcomes and whether equity shows up. The strategic plan informed a vision document that I call the ODIC director's intent. This was written intentionally instead of outright policy for the reasons on the slide. If we reexamine disaster response, I want us to look at the purpose behind what we are doing and have staff look at the larger complex. Empower them to exercise judgment and initiative in a way that at a minimum is consistent with the aims that were laid out but not necessarily intended to replace judgment especially when something unforeseen happens. So, the aspirational ideas that we must do to decide how do we do that within the intend of the document. While I knew I wanted an intent and had a strategic plan, what I didn't know was one critical question that would animate this intent. It became an obsession in the early months for me. What problem are we trying to solve ultimately? This is a question that when we come together that hopefully brings a synergy to our efforts during disasters. This became surprisingly to me a question that stumped a lot of people who knew what they were trying to do but didn't have a consistent answer across the board on what exactly we were trying to solve as an office of disability integration and coordination. That's nobody's fault. I try to make it crystal clear.

The answer I came up with didn't surface immediately. I had to go through many documents, reports, some of them you see on the screen. I looked at news articles and research. I spoke to FEMA leaders, stakeholders, federal and state partners, and anyone else who played a role in the emergency response for our country. While that was helpful, I needed to see more.

So, I visited disaster sites and spoke with survivors. Each face different challenges. Much of which existed pre disaster and were exposed by the disaster. One example was a woman who was blind who I asked the question "what made you decide to evacuate." There were a few who decided not to leave, and they died. She said her daughter drove 200 miles to get me. They heard the alerts and decided to risk it. If you were able to go to Sanibel Island, it was absolutely under water. I saw cars in trees. That's how high the water got. The question for me became why didn't people leave? I know people have independent decisions, but this was real bad. If you look at the lower left hand corner photo, that was Sanibel. These houses were gutted out by the water. The water reached roof level. I show that picture to show the extent of the damage. I'm small to how high the waters had gotten. I needed to delve in how we do better the next time. This is the point I begin to understand equity in the abstract and emergency management as related.

This graphic we have seen in different forms. This shifts the focus of a person’s limits to the environmental limits that are imposed upon people. Instead of looking at the design that renders a person helpless in some situations. People forget that people are independent before the disaster struck until the question is why isn't the environment more accessible in the first place? It's a problem that a particular person cannot see here or walk or was the problem preordained because the ADA was not implemented before the disaster. That would be like falling down by accident and then blaming gravity because you tripped. When someone hits the ground, that's what happens when you have to stand in the courts of law and public opinion when you have to [indistinct]. The best case for most case of equity was written by the plaintiffs who sued New York City after hurricane Sandy exposed the inadequacy of trapping people in high rises. Failing to hear from people with disabilities before disasters. This goes back to our learning objects. I would be tapping my foot here. That big right board on the right represents an inclusive disaster planning process. It could represent multiple modes of access to the registration process. I think the formula is clear for how we do that. Equality plus accommodation is how you get equity. We don't put Band-Aids where we need surgery. We change the environment so that we achieve the equity that keeps people alive and maintain their independence during times of crisis.

These ideas cull mated in the vision document along 5 dimensions along the director's intent which surfaced during my field interviews and observations. The elements are 14 points of inequity, risk assessment, measures of effectiveness, stakeholders of engagement and mobilization and key areas of opportunity. This is at the heart of the new vision that we set out this year with the help of the chief of staff. It's more inclusive and equity driven than what was in place before.

I will start with the easiest element that essentially became the thread that ran through every document analysis and conversation I had. It starts with the 14 potential points of inequity in the disaster cycle. It begins when there's pre-landfall when a disaster is imminent or a disaster that occurs with no notice like an earthquake. You can exam whether there's was inclusion and emergency planning. Then we can get into alerts and warnings whether we had an ASL interpreter standing next to the Governor when issues public warnings or whether states were 508 compliant. Were the letters legible? That's a point of inequity. Then you see others that typically occur. They don't happen in linear fashion. It may differ from person to person. I talk about the different ways people experience a disaster. These are not mysteries. These are things we see every time from communication in a shelter or a disaster recovery center. How are dependency for people on dialysis. I use a power assisted wheelchair. When my power is drained my chair is 50 pounds heavier. There are teams that are basic like special diets. Why make a big deal about a diet in a shelter? You are lucky to have food. That's not the circumstances for individuals who were not given food that was appropriate, and it were worsened their condition. We want to make sure that people who register who feel fully supported. And housing which is the most difficult because it depends on what preexisted before the disaster. Was there accessible housing before the disaster? It doesn't get better if mother nature wipes out.

We talk about after debris is removed, how many people get institutionalized or lose their jobs or suffer premature death during a disaster that was mitigatable. Not the disaster itself but what was mitigatable after the disaster. If there's one learning objective you take away, make this the one thing you take away. This is what we can all unify around when we talk about having that multilevel multifactorial response and brings in the federal government and ends locally as well.

The second element was risk assessment. As I mentioned earlier, FEMA cannot respond to a disaster unless invited by a federal or emergency disaster declaration. We thought we couldn't make a phone call or give the public misleading impression that a federal response was underway until the president makes a declaration. The spirit of the camera post Katrina compelled me to explore what can be do when time is of the essence. We can't simply go in and do the work. What can we do? What we can do is review data and develop courses of action to mitigate the 14 points of inequity by minimizing the effects of a hazard, preparing for anticipated hazards that follow. Extreme heat. After a hurricane extreme heat typically sets in. Older people or people with disabilities are more affected by extreme heat.

We have to undertake measures that help put communities in a better place when disasters strike.

Data analysis using multiple sources. You can see 4 that are listed. U.S. census outlines the scale of the disability population in a county, the social vulnerability index to see the socio-economic factors that are part of a vulnerability index. So, disability is considered an aspect of risk, there's also the correlation with living in areas that tend to get hit the hardest with the least amount of resources because people with disabilities in those cases don't have access to jobs or robust resources and many have to settle for these areas where the dangers are most acute.

And then there's empower data that allows us to see those on oxygen dependency. When a blackout occurs they will suffer consequences the fastest the longer the lights are out. Then we look at IA disability applications. We talk to the local and federal leadership in the area, we look at social media and talk to you all stakeholders about what you are seeing and ways we can be better informed as we go in and offer services. This is an example of the dashboard that we turn to as soon as we know a disaster has hit or will hit to begin planning. Here's an example of data informed decisions. After the tornado in sell mu, there was a spike of those in need. We typically see 11 or 10% after a disaster. So, when I went into the disaster to find out what accounted for the spike in applications the answer was we had disaster assistance teams we set out before we even set out recovery centers. We helped them identify people with disabilities in those neighborhoods and those could be brought into the system so we can take an extra look at resources targeted for people with disabilities. That became a way to take the data out and make it 3 dimensional and identify what is a best practice in these disasters where we have to get to people who may not be able to get to the disaster recovery centers and we indicate that by the number who sign up early on. This was another learning objective: Measures of effectiveness. All they required before was checking a box. Discouraged frontline thinking. By looking at measures of effectiveness I wanted to make space for improvisation and if you hear me in a disaster I talk about how well did we assess risks. This happened during Ian when tropical storm Nicole changed the way we could respond. How do we adapt to uncertainty? We are talking about how to deal with extreme heat, extreme cold in buffalo. We had people deciding to get into their cars to warm up and got stuck and because the snow continued to fall and leaving a car running in a garage is a risk because of carbon monoxide poisoning. They made the decision to either freeze to death or run the car and didn't realize they were creating a heightened risk that is harder to detect.

Then how do we avert harm? This is where the 14 points of inequity comes in play. Where do we get to the points in the disaster cycle where we see the harms happening over and over again. So, measures of effectiveness while they apply to ODIC this may be one way you consider at the local level how you might examine how well your responses are within a crisis continuum. We will review a few case studies and what this looks like in the midst of a disaster through the dimensions of inequity, risk consequences and actions. I will listen to your thoughts out loud as we go through this.

We see a picture of 5 porting Johns and 2 hand washing station. They got the accessibility job done, right? The problem is this is the DRC that the Porto Johns sat outside of. Although you can't tell in the picture that's about 40 feet back before the Porto Johns and the DRC. The problem with them being so far away is the temperature was hot that day. If you have ever gone in a Porto Johns, the temperature is much higher. If you have someone who cannot self-regulate because of a spinal cord injury or someone who might be autistic who may not understand the effect of extreme whether they may sit in that Porto Johns for too long. How do we avert the harm? We talked about that with the DRC manager. What she could do to send out checks every hour or more frequent or move them in the shade. Then there's a hand washing station where it doesn't look like too much of a problem until you answer that I can't press that foot pedal. So, assuming I make it out of the 110 degree Porto Johns and come to wash my hands because everything that I touch on the floor is on my wheels and put in my mouth I need to wash my hands to stay healthy. If I'm there by myself, I can't push the foot pedal. We pointed to alternatives. This is a hand washing station where a person can access the water control by hand. This is an example of where we wanted to be helpful to the situation as we were pointing out areas of risk.

I'm willing to bet that this is not a big mystery here. I came upon this scene and thought it was a joke. I was at a disaster. It wasn't funny. I saw the universal symbol of access on a door. Provided you could get up the 4 flights of stairs to use the restroom. The problem wasn't that the stairway was there. The problem was they indicated it was an appropriate way to present a restroom. The accessible restroom was in a different area. There were no signs of the accessible bathroom. I left thinking this was how I would negotiate to answer the call of nature. I talked to the shelter manager about blocking that universal symbol of access and put signs to show where the accessible bathrooms are. He was able to note that and make the changes. I was happy to see that.

Here's one that was not an active response from FEMA. You remember the train derailment that happened. We are talking about what we can do before a declaration. The EPA didn't have a disability coordinator. So, I became the coordinator for both agencies. The messaging could have been better. We let them know that. You have to have someone doing sign language if you are going to address the public. Early on I didn't see that. And the websites were not 508 compliant. They were not compliant. We don't look at that as a matter of compliance. We look at that as a barrier to life saving information. We were able to intervene in this case by ensuring that what they were putting up for the public to consume and make decisions based on was adequate, legible and if necessary, screen reader compliant for people who might be blind or may not be blind. A lot of us use screen readers for many reasons.

This final one is probably the least excusable. Here we see an accessibility kit on a table that you will see typically in a disaster recovery center where it was set up, everything was laid out. You see the enhancers for sight and vision. Where that piece of paper is you would see a laptop for someone who wants to access ASL services, the communication board for people with cognition or developmental disabilities. What happened in this case was there was staff that came in and moved everything. They didn't move everything off the table, but they put their workstations on that same table. So, what happens when visitors come, they don't know that's the same where all the accessibility aids are. To the credit of these young ladies, they did move but this is where awareness becomes important. People don't know. It's not obvious to them. If you don't live or care with somebody who has a disability, it might be easy to overlook these things. Albeit inexcusable.

This last one was a new one I added because I wanted my staff to look at the role they play in preliminary damage assessments. I talked about the hospital implications that are not obvious to everybody. How that hospital anchored that community. Those people were medically displaced even though their houses were intact. So, this is a change we made to account for the disparities. If you are involved in a disaster you want to capture that information as well and you can pass along the information.

So, I will play a video here. I'm pretty sure I have it tuned up. Let's see if it works.

So, Julie Reese is one of our rock stars of course. I commend all of the ASL interpreters for what they do, including those on this presentation today. It's not just a lot of hand movement. They are speaking for a lot of people who wouldn't otherwise have a voice. I put this quote up here because to Julie's point in many ways we are there to make the nonobvious obvious. We are there to point out the inequity. It's sometimes even worse to make assumptions even when you are trying to do well. Everybody who is deaf or hard of hearing doesn't use American sign language. In the case of military veterans who lost their hearing they were older. They don't know sign language in the cases I have seen. Or someone who has lost hearing may need a hearing enhancer, not sign language. That's why the question of accessibility has to be looked at very nuanced and multifaceted. It can look different for someone who is in a wheelchair like me or someone who is blind or deaf. That's not obvious to a lot of people. So, the work that Julie and people like her do in the disability cadre work around the non obvious.

And this is another learning objective for you. How do we incorporate stakeholders in our mission? We are developing a platform where we take all the state emergency managers there are many gaps because not every state has state AFN. You all here represent that, but we want every state to have someone we can call to say let's look at the plan, have you considered the role and the input of people with disabilities across all those different personas of disability. Not just one thing about a disability. We partner with the administration for community living and entities that they provide federal funding as the closest eyes and ears to a disaster. They know where people are living. They know people who are probably isolated and the level of accessibility or lack thereof in certain communities that make the disaster worse. We also consider nonprofit and advocacy organizations. Those subject matter experts that give us the ability to look at unique challenges like dialysis. We would talk to specialty organizations that help us add nuance to our response and how we support these populations. There are voluntary organizations that are critical to getting food, replacement wheelchairs to people sooner than the governmental assistance can. We look at the churches and media to get messaging out. Social services where people need to be case managed into a temporary housing. This is a big aspect of our mission. We consider them extensions of watt we do, and we are extensions of their mission. So, there's a symbiosis there. This is where you get involved.

And I will conclude with a thought that disabilities don't create disparities out of thin air. They simply reveal them. So, I hope each of you will go to your respective state and county emergency offices and ask for the response plan and see if they cover people with disabilities and see who was at the table when these plans were made and if any of these were lacking. Just know the first inequity domino has already fallen before a disaster strikes. Remember gravity. The trip made you fall, not gravity. Starting with FEMA and technical assistance to the more severe examples like filing civil rights cases and with holdings that are out of compliance. Your local communities have already been failed and this is how we end up with a disaster within a disaster. We want to show how we can get the conditions of inequity to [indistinct]. By creating consolations to problems. We want to do with communities.

The integration happens when we take bottom up information with survivor experiences and hear from stakeholders and have relationships. We look at how well we adapt to changes. All of things are baked in that we want to create whenever there's a disasters. It beginning at the highest levels of the federal response and cascades down. One is the CMISSST model. We want to think about the framework that points us towards certain functions and levels and types of access that needed to be tended to from transportation to medical care to dignity. There is dignity during a response. We want people to be seen. Not seen as a liability. They have needs that are problematic before the disaster, but they become more problematic once mother nature conspired with human nature to create the problems.

They have different functional needs and not what we are used to seeing but these people are not less than simply because they existed in life. That brings us to key areas of opportunity. We are engaged with the disability community during exercises and trainings and events like this. I think a national healthcare system has to be resilient. This probably goes back to my work in mental health and disability advocacy. We did a lot of watch dog activities for the VA and contracted organizations that get federal money. We want to make sure we keep people from becoming institutionalized when they don't have to be. Through collaboration we want to disseminate material like I'm doing today so you have the things that we hope you will use to work better with us. Reduce the cost of inequity by looking at the 14 points of inequity and asking how can we get ahead of them? Encouraging the application of universal design. It's beyond the ADA. But I think it's the solution of community resiliency. We can talk about the benefits of universal design but it's really a way for us to mitigate the harm caused by a disaster if we put measures in place that create more shelters that are ready made to intake people with disabilities. When you have fewer of those you have fewer options and that affects people. Communication is always important. I'm talking about some of the work we are doing. We want to increase awareness even within our own agency. And climate change. It's like the air we breathe or the water around us. Even if you don't believe in the advocacy or the way people talk about it in terms of recycling, you can't deny that mother nature is making weather more extreme than ever before.

We provide advice to the public assistance program, the individual assistance program specifically about the registration process and how that can become more accessible for people. To questions themselves. Are you homeless? You were homeless before the disaster? You were rendered homeless because where you lived was destroyed? You were staying with relatives. You moved to a new area and didn't establish residency yet. That's a straightforward question with nuanced answers. You answer it wrong you may be denied resources. So we want to see the different ways that the various personas may contemplate the answers. And sheltering items we talked about getting accessible cots for people who have to lift their legs because their circulation is poor like me.

Two more examples. We added to the grants manager database which is where all the projects come through that request FEMA money. We want to know the ADA requirements and what have they done to account for their responsibility under ADA and taking the money. We had no idea where these projects were before. This gives us a better shot in terms of providing timely counsel on what people can do to make sure that they are following requirements. The schematic for the new accessibility trailer. I talked with them about the second point of egress in case of a fire. The downside of having the kitchen between the bedroom and door. I told them this wasn't a good idea. As well as spacing and other things. That are pretty second nature to us but not to those who build things. We have to have them contemplate requirements and needs as they build it. We want them to be a part of the process as early as possible. And this probably applies to you more than anything. We have IS368 which is an independent program that's available to the public that you can sign up and have an account. This is where we want people who are in the emergency response profession to understand what inclusion for people with disabilities looks like in the work that they do. And the EL197 is not out yet. We are doing a content review. We have to update it for the new learning management system. This is where community stakeholders learn ways to engage in the emergency response apparatus in the country so they have a role and can define in the grand scheme of the response. They have to understand things in order to be helpful. We will offer EL197 later in the year. Colorado has G197 and California does as well and there may be some of the East Coast. So, I wonder if there's a state version of this type of training that's already available. If it is, I will be happy to look at it and maybe incorporate what's in it in our own training program.

So, this is another video where we talk about preparedness.

As you see there, I think that video was 2 minutes long. I wanted to get as much in the message as possible to hold people's attention long enough to get to a point where they know I'm speaking to them. If you have a service dog, if you are on dialysis, all these things to make sure we hit as many people as possible. That 2 minutes doesn't even cover it all, but we have to try. We have to diversify the messaging and what that looks like. You all play a role in that in your own videos. Get far ahead of the disaster as possible. We want that green arrow to be the longest part. Disasters don't cause inequity. Disasters reveal it's omni... [Reading].

I've seen that. I've baked that into the response that we undertake. My hope is through conferences like this we will begin to see shorter disaster cycles because we made the preparedness cycle the longest end. I will close by saying there will be a test after this presentation, but it won't be one given by me. Mother nature will administer the test to everyone one of us. In this case, failing the test is not an option. Here's where you can e mail me and FEMA at the headquarters office. As I understand it, we will answer questions now. If I get your questions in writing, I will get the answer to whatever group or individuals that have specific questions in their unique circumstances. I will give another count or two to note my e mail address there. Sherman.gillumsjr@FEMA.dhd.gov

>> Thank you so much Director Gillums for the wonderful information that you have given us today. It's a plethora of information. We have one question that was presented. That question is from bonny. Her question is that data dashboard available to us for our locations or do we have to build it by individual data searching?

>> Sherman Gillums: I was asked this question a month ago. My answer would have been of course it is. I was told not so fast. It does tie in that proprietary FEMA application data and personally identifiable information. We can't make that available for the public. There's a way that if someone really wanted to, you can find out a lot about people by accessing the dashboard as we use it. I do encourage the regional disability integration specialist to build their version of it or talk about how it's built so states there might be states that have their own dash boards. They even incorporate state and county level information that we don't use. We can't make our own dashboard available. We can talk about how we can make the interpretation of the data available. I think that's the real Valerie of the dashboard is what we extract from the data. Not that it simply points data points about people but how can we find gaps and weaknesses to help us figure out how to make assumptions between different data sets. So, to answer the question directly it's not available as it is currently constituted but we can talk about ways to having access to the interpretation.

>> Thank you so much. Since we do have a little bit of time here, I will read another compliment that was received. It reads as followed Mr. Gillums is an excellent speaker and this was an excellent consideration of a wide variety of situations that I have ever heard. I hope to hear more from him. I would like to see him with the DOJ because he would be instrumental in making a lot of accessibility changes happen nationwide. Thank you.

>> I gave up my dream of law school a lot time ago. I appreciate that. I think that you are going to see a lot more this year in the area of accountability. Accountability through education and certainly if you have to pull out the stick, we will do that. We want people to be protected and feel seen.

>> We have one more question. Does FEMA manage emergency shelters? If so, are they accessible? The second part is how is 202.4 enforced in Georgia and other states?

>> Yeah. I answered this a little bit in the presentation. FEMA doesn't open or manage shelters, but we certainly offer expertise that over time has given us insight on what sheltering looks like when it's successful and what it looks like when it goes wrong. We hope states listen. The reference to 204? I think that's in reference to path of travel. How do you ensure that when you see a shelter established in Florida it was at a warehouse and they had cords on the floor. I could barely get around it. They had all the cots pushed together. I didn't have the ability to go in and point out compliance issues. What I did was pull the shelter manager aside and say if this is not corrected it will hurt people. So let me help you by listing the nonobvious so that you can give these people the experience they deserve at the worst time of their life. That's the influence I have. I'm not a lawyer. I don't work in the office of legal rights. What I try to do is make sure that steps are taken to mitigate the need for a violation to be adjudicated in court. Because it requires somebody to get hurt for that to happen. I would like to see that not happen. So, our influence where we can push heavier when people don't ensure path of travel. In Georgia like other states the Americans with Disabilities Act is a federal mandate but implemented by the state. When we see reimbursement requests from contractors that are out of compliance that is not easy. We can do things to address them, and we should do. We should be doing that. So, we will look at how we can play a role in screening reimbursement request when there's a question of noncompliance. We are working through what that looks like and probably will have to test that during the upcoming hurricane season. That's a pretty big priority for me this year.

>> Thank you, Director Gillums. We have another question from Brittany. Just wondering when you travel, do you coordinate with local ADA coordinator, or will you and FEMA take over with your agency and local agency just provide support?

>> The answer is when I went to Mississippi recently after a tornado, I asked for the coordinator. We sat in a room and the first question I ask is how can I help you and the next point I make is here's what I can offer you. When I leave here, I want you to feel empowered and supported. We can't do the work we do in the time we are there and have it last unless it's done in partnership with the people who live in those communities. So, we don't go in and take over anything. We come in and I make myself known to whoever has that responsibility. We sit in a room. We look at the state plan. What happened before the disaster. What can we do with messaging. What are the components of the culture that I need to be sensitive to. Selma was different than Rolling Fort. It impacts whether people will ask for help or not or cooperate with the government or not or trust the government. Especially if there have been other disasters. So, the only way we can get that sense and insight is to not come in and take over and act like we have all the answers. Hopefully, that's demonstrated because that's my intention.

>> Thank you. We have another question from Tyra. Are there specific resources you can direct us to for smaller scale events and emergency planning?

>> The resources if you are talking about disability integration resources, this is where a representative from your area will contact my office and we will talk through what are the needs. I start with the question of what do you think the needs are for the community that we are talking about? Do they feel heard? Their first resource may be to create a learning community where we include people with disabilities at a table that's round. Not the rectangular table. I would be comfortable talking through what resources look like after hearing from you about what you think the needs are and what disabilities are most represented in your area. That may not be obvious to disaster planners. Then we would look at disaster plans and talk through how the centers for living and aging agencies are they represented in your area and can we coordinate with them and when we come in after a disaster we have that relationship established. Then we can call out ADA issues that are there. That's where the problems will go. Along with the 14 points of inequity as well. It starts with communication.

>> Thank you for that answer. Our next question is from Tess. As an employee from a higher ed institution in an area that experiences natural disasters are there resources or ways we can better prepare serving individuals with disabilities on our campuses.

>> Yeah. Consider if a disaster hit today, how would you get people with disabilities out of the buildings on multiple floors? Are you coordinated with your local emergency responders, the fire fighters and campus please? What role will they play making sure someone who is deaf hear the alert. Will there be an alternative way for them to perceive the threat? Is there a text for those who opt in to see what the nature of the emergency is? Whether it's a mass shooter or a tornado. So, if you don't have satisfactory answers insist upon them as the coordinator for the school. People will want to tap out because it's too hard to think about. We have all these people to worry about. Like we saw in Katrina, the one person that was left behind, they were left behind because they had a disability in an environment that was inaccessible. That's the problem. The smaller whiteboard was the problem. It wasn't the fact that they had a certain diagnosis. So, start with what your campus would do right now in the event of a tornado. The power was out, and you have to find people. Do you have a registry on campus? Who will look for them? If the power is out, extreme heat does a lot of damage very quickly to people who can't sweat or thermo regulate. So that's specific to your individual community.

>> Thank you so much for that response. Our next question is from Ilean. Have you had experience with bringing a facility into compliance using temporary temporary use of using a compliant or grandfathered building simply to polling places.

>> Polling places are supposed to be ADA compliant by design. I saw in Selma buildings that opened their doors but didn't have ramps. Maybe you don't make that a site. Even if that church has a goodwill. You can't put a plank like they did in Sandy. If you have historic buildings that are churches and ideal places that might be a problem. Polling places which are usually schools are supposed to be ADA compliant. You are not supposed to put impediments in place to voting. They probably shouldn't have a polling place that's inaccessible because that's a violation of the law already. It doesn't get easier when a disaster hits. So that's where you have to have conversations with people who would have to make tough decisions in those moments where those buildings may be involved right now before the worst happens.

>> Thank you for that answer. Does FEMA have any resources or guidance information regarding mass shooting and individuals with disabilities for access and functional needs?

>> I know we have mandatory training for staff. I'm not sure if FEMA houses that because a mass shooting while it is a crisis it's not at the scale of federal declaration. There might be other agencies that do a better job of advising the public. Those are local. It depends on whether your local or law enforcement have a swat team or not. We are seeing mass shootings across the country. They have in common certain things, but they are all so different. I would probably defer to the local authorities before going to a federal agency. I will ask though because I want to make sure I'm right about that. I'm pretty sure we are not the agency that would put out education on that.

>> For your final question: What are the top 3 things that people with disabilities can do to be more prepared for an emergency?

>> The top is go to ready dot gov where we list all the different things from creating a plan, from setting up ways you will get alerts, from deciding on how to evacuate. It's like writing a will or getting life insurance. It's unpleasant but the worst time to do that is after you realize you needed it. Go to ready.gov. It talks about the different ways people come into that community. Whether it's blindness, deafness, mobility, as is the case with me. They go through the ways people who have been through disasters have prepared. That's where you get a plethora of information. If somebody doesn't have access to the Internet, I would say that having somebody a care giver or maybe somebody who relies on the assistance of another person you may have to make the plan on behalf of that individual so when your child who is autistic gets to a shelter and appears to be misbehaving you have the language to talk about the needs of the child and that little stuffed animal is all that child needs. Or if somebody is walking away, how do they interact with that person who has dementia. So, communication on how to explain what's going on with your loved one. So those are things you can anticipate. I think going to ready.gov is the best place to start for the planning.

>> Thank you so much, Director Gillums for your time, for your knowledge and everything that you have brought to this conference. Just to open this up to your wealth of knowledge. We appreciate everything you have done to date. If we were unable to get to your questions, we will send those to Director Gillums for his response. We will break for lunch and return at 1 p.m. eastern standard time. The next session is the ADA interactive process and reasonable accommodations. Thank you all and we look forward to seeing you this afternoon.

>> Thanks, everybody.

*This is a Captioned transcript provided by CIDI to facilitate communication accessibility and is not a verbatim record of the session.*