

**Disasters & Disabilities:  
An Anthropological Framework and Field Application for the Community  
Seminar October 3, 2024**

*Responses to attendees' comments/questions in chat box.*

Annika Doneghy, MA and PhD/MPH student (responses in green)  
Elizabeth A. Davis, JD, EdM (responses in blue)

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**From Randy Dutton to Everyone:**

In a disaster evacuation context, would a person with an emotional support animal be considered disabled because the animal may slow down the person's evacuation, while also limiting the access a tsunami evacuation tower because most large animals will not ascend a crowded stairwell? **Although this person may not consider themselves "disabled", they may need extra support and assistance in a disaster due to their animal which should be taken into account. We have to not only think about our operational definitions of "disabled" and "who counts" but also individuals themselves and how they view their own bodies, identities, and needs.**

Several issues in the question and a few ways to answer:

- Disability as a condition defined under protective laws in the US would not classify a person as having a disability because they have an animal but rather a person meeting a definition of disability may have rights extending to their service animal.
- Worth noting, there is a legal distinction between service animal; emotional support animal; comfort animal; therapy animal, etc. and it is very important to understand the distinctions. <https://www.ada.gov/resources/service-animals-faqs/#top> and [https://www.americanhumane.org/app/uploads/2018/05/Definition-of-Service-Dog\\_3\\_7\\_18.compressed.pdf](https://www.americanhumane.org/app/uploads/2018/05/Definition-of-Service-Dog_3_7_18.compressed.pdf)
- The above points mean that an individual with a disability who uses a service animal (most commonly dogs but some small ponies, monkeys, birds) must be afforded the same access to emergency planning, response, and other services as the general population and without discrimination.
- Now in reality what is the ground experience in the specific context of an immediate need to self-evacuate? This can be upwards movement as described in the tsunami example or downward movement as occurs in a high-rise fire, for example. In either case, an individual with a service animal will train with their service animal for all potential environmental experiences and this must include an evacuation scenario.
- Real-world example: Associated Blind was a small not for profit with offices on the 5<sup>th</sup> floor of a mixed-use office building near the World Trade Center in NYC. The staff were all low/no vision persons with their own service animals. The Executive Director was very keen on personal preparedness and engaged with the Office of Emergency Management and the Fire Department to establish evacuation protocols and wayfinding awareness and, most importantly, practiced. Come the morning of 9/11 with their office building engulfed in a dust cloud, she ordered the office to evacuate and as the staff and seeing eye dogs

navigated the halls and stairs other tenants of other offices yelled “follow the blind people they know how to get out”. Think about this: for that moment the “able-bodied” people found themselves “disabled” (disoriented and unable to see) and those with disabilities better prepared and able to self-evacuate. In the end, the 5<sup>th</sup> floor of that building was able to evacuate faster than any other floor and without needing to wait for first responders.

Is building a tsunami evacuation tower that does not have an ADA ramp discriminatory against the disabled? I would say yes, but not only negative for the disability community. I think building unaccommodating spaces are discriminatory in general because rather than assuming a “normal” majority we need to consider the wide range of diversity that can occur in humans. What if someone is temporarily using crutches, or what if someone has a baby stroller? These people may not be considered “disabled” but they are being discriminated against as well because without a ramp they cannot evacuate either. This goes to the point made in the presentation about identifying solutions that benefit everyone and not just certain people. I would refer everyone to an architectural concept called Universal Design and argue that if the built environment started with this concept as standard process, barriers would not be an issue. So, in the context of emergency management (specifically the mitigation phase) we should borrow this design element when rebuilding post a disaster to actually improve on what existed in the past.

## EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

### **From Randy Dutton to Everyone:**

Another exercise would be DART - Disaster Airlift Response Team (part of EVAC Emergency Volunteer Airlift Corps) which exercises civilian pilots volunteering their time, aircraft, and fuel to deliver donated food and supplies to disaster struck communities

Yes, many programs exist worth noting. During the webinar the two specific programs mentioned were: FAST and CERT

- FAST (Functional Assessment Service Teams) is a concept in place in certain jurisdictions at the state, regional, and/or local level but not yet in all settings. Generally speaking, this is a pre-trained group with a specific focus that can be deployed to emergency shelter operations (or the like) and support the shelter management structures ensure that functional needs of the public are appropriately and with speed addressed even during an emergency operation.
- CERT (Community Emergency Response Team) is a well-established national program with teams and public training available in most all local communities. It assumes “all disasters are local” in that as neighbors we may be the first responders to reach each other. I encourage everyone to learn more. A starting point is:  
[https://community.fema.gov/PreparednessCommunity/s/welcome-to-cert?language=en\\_US](https://community.fema.gov/PreparednessCommunity/s/welcome-to-cert?language=en_US)

### **From Eddie Bernard to Everyone:**

Since all disasters are local, is there a data base of disabled people for each community to include in evacuation planning?

I've read mixed literature about “disability registries”. While it can be helpful and useful in locating people who may need extra support and assistance, some people with disabilities and disability advocates note the role of surveillance and security with these types of databases. Some people do not want to be labeled, some people do not want to be identified as “helpless”, and some even think it gives responders more of a reason to skip over them and avoid the hassle of dealing with a “disabled” person.

Ok the debate around registries is very complex (easily a topic for a webinar itself) and not resolved in the same way everywhere. Bottom-line is that registries, if used, can be a tool but they are not a silver bullet. Here are some pros/cons but not an exhaustive list:

- Where available they must be voluntary. As such there are issues such as distrust for past encounters between the disability community and authority to be overcome; the issue of who the trusted agent in the community is to message about them; how to maintain accuracy over time and update; privacy issues and use of information parameters; but, in my opinion, one of the most important concerns is setting an expectation of service.
- Is a registry funded and staffed; if one is set up, is it required to always be continued; what are the criteria to be listed and who vets this.
- What is the goal of a registry? Is it just to gather data for planning purposes or is it to assign response support during an event? These are very different goals.
- There is a spectrum of “registries” which should be seen as different from a database per se. The State of Florida, for example, mandates that each of its 67 counties maintain a

registry whereas the State of New York does not mandate this under its emergency authorities but states that if a jurisdiction chooses to establish one it is then obligated to maintain it.

- Many localities have opted for a “list of lists” which is establishing a relationship with local community-based organizations, advocacy groups and governmental service offices and agencies that provide services to the disability community. Emergency information will flow to these partner groups who in turn will send that out to their constituents and members. This is a model that touches the nexus of support and relies on those organizations to best know how to be the trusted agent and get accurate and timely information into the community (and bring issues from the ground back up to the emergency management level as well).
- Emergency management planners often rely on information from databases to start their planning assumptions but need the nuanced understanding from their nexus partners to appreciate how to take this information, analyze it, and turn it into operational protocols. So start with census data or geographic service reimbursement data or the electrically dependent lists required of all public utilities but that is only a start and still needs to be fitted within the functional model described to appreciate the impact and needs as well as asset assignment during an event.

### **From Zhenqiang Wang to Everyone:**

Would there be any major differences in the application of the framework to different natural disasters, especially between acute hazards (e.g., tsunami) and chronic hazards (e.g., hurricane)? Emergency management may be very different due to the difference in the characteristics of the hazards (e.g., evacuation time limit).

The disability concept is sociocultural and often depends on the context. The same can be said for the type of hazard happening. Understanding the needs and supports of individuals is key. Some people may have no difficulty in one hazard but extreme difficult in another. This is why it is important to understand how people conceptualize disability both in the broader context and within the individual level.

In the practice of emergency management, a Hazard Vulnerability Assessment (HVA) will be used. This, in simple terms, identifies and ranks all hazards for a particular area or region. It weighs and factors high probability/high impact; high probability/low impact; low probability/high impact; and low probability/low impact. This cataloging then informs the planning elements and response plans. This will translate into public education and communication and ultimately personal preparedness measures as well. Again, the resulting planning based on specific priorities can be completed using a functional model to account for the impact at the individual and societal levels as well as institutional and infrastructure too.

**From Randy Dutton to Everyone:**

In a Cascadia Subduction Zone tsunami, some coastal communities will be unable to evacuate to high ground for lack of time. That means those with limited mobility may likely be lost.

As an emergency manager, I recognize the outcome of disaster can be death and destruction. I recognize that vulnerability and survivability are influenced by a myriad of intersectional conditions. However, I for one, choose to frame this in a different way: we need to mitigate vulnerabilities to improve survivability. Much of this is outside the realm of emergency management and needs to come from a societal commitment to all people but that said, emergency managers must do in our sphere what we can. This means inclusive emergency planning; engaging stakeholders; educating the public with targeted action steps; effective and accessible communication real-time; appropriate and informed response; and a commitment to drills, exercises, practice with an eye to improving identified weakness during these practices. No one should assume they will be left behind.

**From Phyllis Shulman to Everyone:**

Very informative. I am currently working on a project to identify K-12 pandemic impacts and provide recommendations for how best to address those impacts. We are proposing to the state legislature to fund a follow up project to consider lessons learned related to addressing the needs of children and youth with disabilities in crisis response and how to enhance approaches to minimize impacts during a crisis and incorporate into emergency plans, policies, and response.

Very worthy effort. There have been several studies and toolkits built on this topic over the years at the USDOE level and more locally. As well, there are pediatric response textbooks from a more medical perspective in use today that also touch on children with disabilities. I am sure you will be able to start with these and build up. The key, I would suggest, is to be sure to have on your research team a well-rounded set of participant advisors to ensure all perspectives are accounted for: educators from both mainstream and special ed; pediatric medical and mental wellness focus areas; advocate voices from children with disabilities organizations; and emergency managers who specialize in DAFN planning, to list a few. This will ensure that whatever empirical findings that are drafted to a scientific publication standard will also have an executive summary of findings that is crafted in a more operational language to be implemented effectively.

**From Dwaine Plaza to Everyone:**

One of the most important communities in coastal communities is older retirees. Many of their abilities are unknown. How best can we have find a tally of these groups in coastal communities? Database?

Databases can be useful but sometimes there can be discrepancies in counting. Elderly people may automatically be lumped in with “disabled” and other times they may be their own group of “elderly”. There is a lot of definitional complexity that goes into these issues. As an anthropologist, understanding how people define themselves and think about their

own abilities and identities can help. Social scientists can play an important role in emergency management.

In practical terms, it is best to work with the local office of emergency management along with whatever it is called in the area – Area Office on Aging or Department for the Aging, or Senior Services, or Elder Affairs, etc. Historically at the federal level the Undersecretary of Aging at USHHS has focused on this and pushed preparedness initiative down to the regional, state, and local levels. But how different communities view and support their older members does vary in this country and so the local offices are important allies. Also note the importance of targeted messaging designed for specific populations. Even if the same information or actions are what is wanted, an older person may not associate with disability and a younger person with a disability will not associate with their grandparents' message. If the goal is getting information to people – do so in a way that will be received.

- Sort of related: We know that many seniors will not plan for themselves or take steps to evacuate, for example, if their pet Fluffy or Fido can't go too so its important to recognize that in the preparedness stage to ensure everyone who is capable will take the needed safety steps. Also, in the immediate aftermath of disaster, we often find seniors decline support and services they are entitled to in deference to making sure younger families get more so it is very important to message and make clear that everyone is entitled to assistance and care and accepting that will not take it away from another.

#### **From Scott Nelson to Everyone:**

At the University of Washington we approach this through Evacuation Topics for Individuals with Disabilities <https://www.ehs.washington.edu/fire-life/building-emergency-procedures-and-resources/evacuation-topics-individuals-disabilities> . This includes developing Individual Evacuation Plans for anyone who self identifies as disabled.

A very good resource among many available. I also want to assure everyone that as a profession, Emergency Management also takes this seriously. For example, a great resource library can be found at <https://www.caloes.ca.gov/office-of-the-director/policy-administration/access-functional-needs/afn-library/> ; the National Hurricane Conference has had for nearly 30 years a standing topic committee now called Accessibility and Healthcare which annually produces a slate of cutting-edge topics for practitioners on all topics pertaining to DAFN. This is also the case with the Governor's Hurricane Conference and several State Emergency Managers Conferences. There is a full caucus on this topic within the International Association of Emergency Managers structure. This is not an exhaustive list by any means.

#### **From Felicia Olmeta Schult to Everyone:**

<https://asprtracie.hhs.gov/>

#### **From Scott Nelson to Everyone:**

We coordinate our efforts through our UW ADA Director.

**From Randy Dutton to Everyone:**

Many people with pets will not evacuate without the pet. How does that affect evacuation planning?

Sarah DeYoung of the University of Delaware does research on pets and disasters. I am not an expert in this area but her work can shine light on this issue.

As mentioned in an above answer, this is absolutely true and must, therefore, be factored into not just planning and response assumptions but also public preparedness education, real-time messaging during events, and operational resources. Again, pets are not covered by legal status like service animals so there are different requirements but there are laws that address animal planning. But you can find great information about this at [www.americanhumane.org](http://www.americanhumane.org) and other such organizations.

**From Scott Nelson to Everyone:**

We also post copies of the IEPs inside the door for the Fire Alarm Control Panel for each building to identify persons with needs for any event requiring evacuation.

This protocol, again, is very particular to the fire/life safety codes in different areas as well as building practices and must be known to be used by first responders while protecting sensitive information from misuse. Fire safety Directors in NYC have produced template listings for similar placement in commercial buildings but have found it more difficult to move the practice into privately owned residential buildings.

Other resources that will touch on some of the topics above include but are not limited to:

- Social Vulnerability to Disasters edited by Phillips (CRC Press)
- Behavioral health Response to Disasters edited by Framingham & Teasley (CRC Press)
- The Women of Katrina: How Gender, Race, and Class Matter in an American Disaster edited by David & Enarson (Vanderbilt University Press)
- Effective Emergency Management: Making Improvements for Communities and People with Disabilities written by EAD & Associates, LLC for and published by the National Council on Disabilities
- Disaster Recovery, 3<sup>rd</sup> Edition by Phillips & Mincin (Taylor and Francis Publishing)