

consensus conference



Verona Charter

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verona charter for the rescue of persons with disabilities in case of disasters

WORKING GROUP 2: "Stakeholders and Approach"

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STATE OF THE ART

In dealing with disability, there are three approaches in the practice of emergency management:

- FIRST, is to do nothing
- SECOND, is to provide special services and arrangements
- **THREE, a participatory and inclusive approach**

State of the art (follows)

Stereotypes and prejudices:

- Focus on “normality”: people with disabilities are often treated as a “problem” to be “solved”
- Prejudices about disabled: “disabled look all the same”. (“no definition fits all, no definition fits persons”)

State of the art (follows)

During the 2005 Gulf States Hurricanes and Katrina:

- People with disabilities couldn't hear the announcements over loud speakers
- could not see the signage
- didn't have access to essential medication (as insuline)
- didn't understand what they needed to do to get food and water (hearing, understanding, cognitive or intellectual disability)
- couldn't stand in line because they had lost their wheelchair

After the Tsunami:

- there will be a 20% increase in the population of people with disabilities

A fundamental human right and a vital issue

- The continued exclusion of people with disabilities from the exercise of fundamental human rights - both in the wake of disasters and more generally - is a vital issue that needs to be addressed

Issues that come up concerning people with disabilities

Short-term:

- Lack of communication alternatives
- Not enough, if any, trained specialists in the areas of psychological, occupational, and physical therapy
- Shelters and transportation are not accessible
- Disaster preparedness and emergency response systems are typically designed for people without disabilities
- People with disabilities are seen as “collateral damage”

Issues (follows)

Medium to Long-term issues:

- Planning is done many times without input from people with disabilities
- Not enough funding
- Rehabilitation needs are not met
- Rebuilding an accessible infrastructure doesn't always happen
- Policies must be made to require the accommodation of disability needs
- Emotional distress and trauma caused by a crisis situation often has long-term consequences on people with disability.

Issues (follows)

Biggest downfall:

- Disaster preparedness and emergency response systems are typically **designed for people without disabilities**
- **Lack of coordination among all organizations** and agencies dealing with disaster response/relief and those dealing with disability issues.
- Many times, it is not because agencies/organizations don't have the money to incorporate disability issues, it's because **they haven't been made aware.**
- Information and **lessons learned are not shared** across agency lines
- People with disabilities and activity limitations **are left out of preparedness** and planning activities
- Information related to the emergency needs of people with disabilities, however, is not widely integrated into a number of general emergency **management courses.**

RECOMENDATIONS

RECOMENDATIONS (general)

- “In Situations of risk and humanitarian emergencies States Parties shall take...all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters”.

(ONU, “Conventions on the Rights of People with Disabilities”, Dec. 2006)

general recommendations (follows)

- ILO, UNESCO and WHO recommends **Community Based Rehabilitation (CBR)**
- NOD (National Organisation on Disability, USA) strongly emphasizes the importance of **tapping the knowledge, experience, and opinions of people with disabilities**

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1. PREVENTION PHASE AND PLANS

- WHO, Dep. Of Mental Health, recommends to work towards developing or strengthening feasible, strategic plans for national-level mental health programs
- UNICEF stresses the need for regular surveys, creating positive attitudes, role of parents' organizations in teaching-learning processes, training of teachers on inclusive education
- According to ILO (International Labour organization, ONU) plans should include disabled in each phase. Disabled people's organizations should be supported and empowered

PREVENTION PHASE (follows)

- JOB ACCOMODATION NETWORK (USA, Dept. of Labor) recommends:
 - Listening and learning from disability community;
 - Utilizing expertise;
 - Creating a forum;
 - Allowing for the growth of disability advocates;
 - Include disability specific issues;
 - Providing insightful input on strategies

PREVENTION PHASE (follows)

- The use of participatory action research in hazard identification and assessment of vulnerabilities and capabilities is necessary. The new dialogue would be based on the following principles (Spodak 1995):
 - Accessible disaster facilities and services
 - Accessible communications and assistance
 - Accessible and reliable rescue communications
 - Partnerships with the media
 - Partnerships with the disability community
 - Disaster preparation, education, and training
 - Universal design and implementation strategies.

PREVENTION PHASE (follows)

According to NOD:

- Disability and senior organizations have to be represented.
- Emergency Information are given in an Accessible Format
- Accessible transportation
- Safe Housing and Communities
- Cross Training Disability and aging specific advocates and service providers need to strengthen their understanding of emergency management local and state systems.
- A Durable Medical Equipment (DME) is also needed

PREVENTION PHASE (follows)

- SNAKE Project* recommends a designated person at national (or federal) level. He/she must be vested with the responsibility, authority, and resources for providing overall day-to-day leadership, guidance and coordination of all emergency preparedness, disaster relief and recovery operations of the federal/national government on behalf of disability and senior populations.
- Cross Training is also stressed (Courses on Emergency Planning and Special Needs Populations directed to disaster managers and organizations of disabled)
- *NOD: Report on Special Needs Assessment for Katrina Evacuees (SNAKE) Project

2.ACUTE PHASE

- According to **WHO**, in the acute phase rescuers should:
 - identify persons with disabilities
 - provide help to special needs
 - establish a multidisciplinary task force
- The European Agency for Security and Health at work (**OSHA**) recommends:
 - emergency wheelchair in case of fire, visual and vibrating fire alarm signals, sign language training for fire men...
- Among **HANDICAP INTERNATIONAL** recommendations:
 - rapid assessment forms;
 - local disabled people's organizations included in the planning;
 - accessibility taken into account (latrines, water point, etc);
 - international relief staff sensitized on disability issues;
 - on-site training on the inclusion provided;
 - disability issues included in funding agencies guidelines

ACUTE PHASE(follows)

- ADA (American Disability Act) provides several hints on:
 - notification;
 - evacuation;
 - emergency transportation;
 - sheltering;
 - access to medications;
 - access to mobility devices;
 - access to information
- Areas of rescue assistance should have:
 - 1) an operating phone, cell-phone, TTY, and two-way radio so that emergency services can be contacted; 2) a closing door; 3) supplies that enable individuals to block smoke from entering the room from under the door; 4) a window and something to write with (lipstick, marker) or a "help" sign to alert rescuers that people are in this location; and respirator masks

ACUTE PHASE(follows)

- **SNAKE report suggests:**
 - Utilize the skill sets and expertise of disability specific and aging organization
 - Replace critical durable medical equipment (DME) and essential medications
 - Maintain the integrity of the family unit and to allow individuals to live in the community
 - The team on the ground would include people with expertise/advocacy backgrounds
 - The team would institute information systems for people with disability, identify their support/service needs, and their access to needed supports services.
 - The teams should be skilled in assessing the general health, well-being and access to support and services needed
 - make emergency information accessible to people with hearing and vision disabilities (Strong statements to remind video programming distributors, including broadcasters, cable operators, and satellite television services).

3. RECONSTRUCTION PHASE

- According to WHO, the long-term goal is to strengthen community and family care
- According with SNAKE project:
 - Add questions during all intake processes
 - Provide support organizations with supplemental government funding
 - Be sure that funds are appropriately donated and distributed to organizations providing value-added services
 - The teams will oversee information dissemination, resource allocation, and service coordination
 - Disability groups should be invited (By Civil Protection at regional and national level) to participate in the planning
 - Opportunities for cross-training should be provided
 - Descriptions of services should be disseminated using multiple communication arteries (radio, TV, internet, fax sheets, posters, etc.).
 - Ensure locations selected are serviced by accessible Transportation
 - Governments should make all funding requests contingent on changes in building codes