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# Nobody Left Behind

Disaster Preparedness for Persons with Mobility Impairments

"I have Juvenile Rheumatoid Arthritis and use a wheelchair. We had a bomb threat at work. Everyone evacuated, but I was still left on the 3rd floor by the stairwell for the firefighters to come get me. But, no one came. Finally, I just struggled and I used pure fear to get myself down the stairs and outside. It was scary."

**Glen W. White**, Principal Investigator

**Michael H. Fox**, Co-Investigator

**Catherine Rooney**, Project Coordinator

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**For More Information:**

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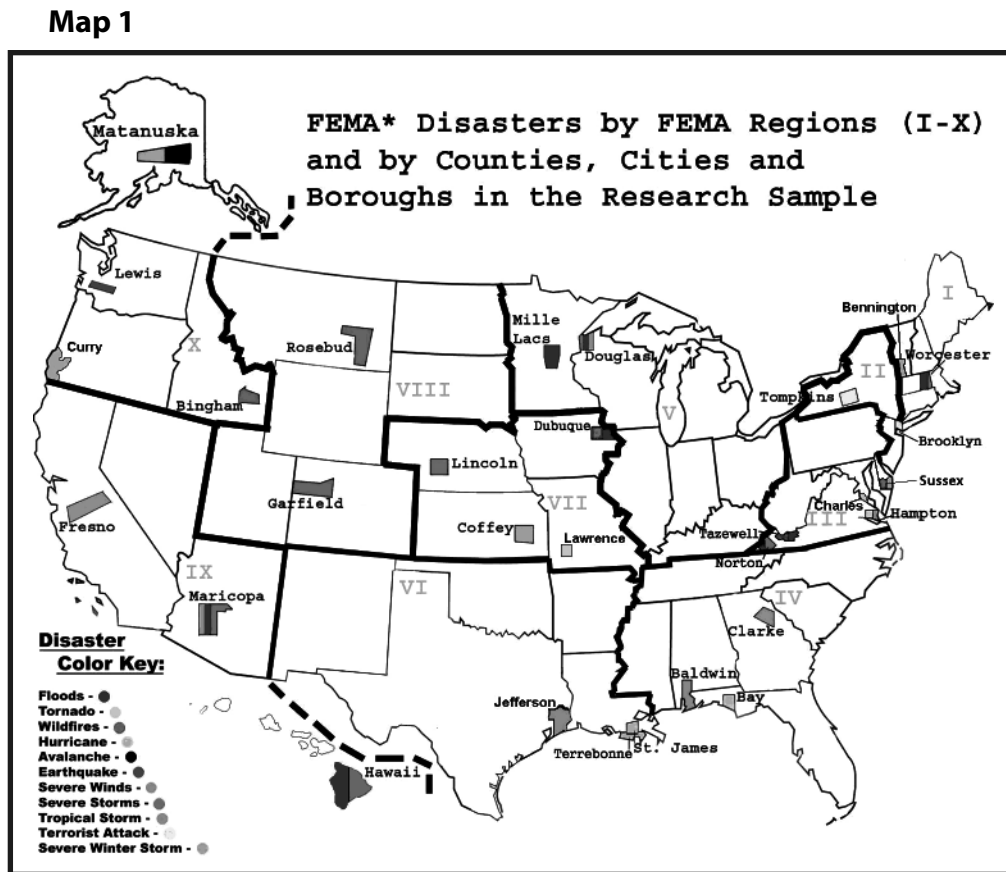
This report was prepared by Glen White, Michael Fox, and Catherine Rooney at the University of Kansas Research and Training Center on Independent Living. The information was obtained from in-depth interviews with emergency managers and an on-line survey of persons with mobility impairments who had survived a disaster or emergency. The Centers for Disease Control and Prevention through the Association for Prevention Teaching and Research funded the research TS#-0840. The views expressed in this report are not necessarily those of CDC, APTR, or the University of Kansas. Suggested citation: White, G.W., Fox, M.H., Rooney, C., and Rowland, J. (2007). Executive Summary Nobody Left Behind: Disaster Preparedness for Persons with Mobility Impairments. Lawrence, KS: Research and Training Center On Independent Living.

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# Nobody Left Behind

The Nobody Left Behind research project began in 2002 in response to the lack of empirical data on emergency preparedness and response for persons with mobility impairments. The media coverage of September 11<sup>th</sup> and Hurricane Katrina brought evacuation issues to the forefront by the reports of people with disabilities being left behind and perishing as a result. The research team investigated 30 randomly-selected U.S. counties, cities, parishes, and boroughs where a natural or man-made disaster occurred between 1998 and 2003 to determine the state of preparedness at local levels for people with mobility impairments. Map 1 below illustrates the research sites and corresponding disaster types.



Specifically, through phone surveys and reviews of local emergency management plans, the researchers examined whether local emergency management plans, guidelines, and procedures address the needs of persons with mobility impairments. In addition, the investigators determined emerging “best practices”. Table 1 details the study findings.

Three journal articles cover in-depth the findings and discussion of the research in the *Journal of Disability Policy Studies*, 17(4), Spring 2007, by Fox, White, Rooney, & Rowland, Rooney & White, and Kailes & Enders.

The project’s online consumer survey, administered from the study’s website, captured personal descriptions about the circumstances that people with mobility impairments face during and after a disaster, such as the personal statement on the cover page. Their experiences are powerful reflections of the shortcomings in local emergency management and response systems in the United States.

**Table 1**

Research Findings	Emerging Best Practices Found
A majority of the emergency managers are not trained in “special needs” populations, which includes persons with mobility impairments.	One site created a comprehensive Appendix on Persons with Disabilities in their local emergency plan to assure needs are met.
Little to no representation of persons with mobility impairments at the planning/revision stages of the emergency plan.	No emerging Best Practices found.
A majority of the emergency managers did not know how many persons with mobility impairments live within jurisdiction.	Model surveillance system for designing and implementing Special ‘Medical’ Needs Shelters <a href="http://www.disaster-research.us">www.disaster-research.us</a>

## Recommendations

Two recommendations for each of the focus areas of the study are listed below. The project’s advisors and consultants in emergency management and/or disabilities, in conjunction with research staff, developed these and other recommendations.

### Education and Training

- Take people with disabilities out of “special needs” category and incorporate specific information on people with disabilities into the basic course for emergency managers and disaster response personnel.
- Incorporate people with disabilities into the actual training scenarios for first responders.

### Inclusion of Persons with Disabilities

- Organizations that serve people with disabilities encourage consumers to participate in self-identification and individual and community emergency planning.
- Encourage Local Emergency Planning Centers (LEPC) to include people with disabilities in interactions with their local emergency providers.

### Surveillance Systems

- Develop GIS mapping to identify where people are located and concentration of people with disabilities.
- Develop local systems that require agencies to alert designated people in the event of an emergency with high technology, such as reverse 911.

### Local Emergency Plans

- Create a template Appendix on Persons with Disabilities for adoption by emergency managers.
- Emergency management plans should, at a minimum, address the guidelines for Americans with Disabilities Act (ADA) pertaining to emergency management as recommended by the Department of Justice.

### Future Research

- Create a Clearinghouse on disaster preparedness and research that systematically reviews this knowledge base and translates this knowledge into useful applicable practices.
- Develop consumer safety standards for evacuation devices and test these devices against these standards.