



September 9, 2014

Institute on Development and Disability

Oregon Office on Disability and Health

707 SW Gaines ST
Portland, OR 97239-3098
503 494-4858
www.oodh.org

Justin E. Ross
Emergency Preparedness Program Coordinator
rosju@ohsu.edu

Dear OSSPAC Members:

My name is Justin E. Ross; I am the Emergency Preparedness Program Coordinator at the Oregon Office on Disability and Health, located within Oregon Health and Sciences University. My position is grant funded by the Centers for Disease Control and Prevention. My role is to provide technical assistance surrounding emergency management related topics to people living with disabilities, their service providers, and their loved ones. Additionally, I help emergency management agencies by providing them with technical assistance and the tools that are necessary to include the disability community in their planning efforts.

Because my roll takes me across the state and allows me a great deal of contact with the community, I have been able to ascertain a few things about our overall preparedness, as it relates to the human side of the equation, particularly in regards to the more vulnerable populations.

One of our strengths is that we have made tremendous strides towards increasing the awareness of the people living in Oregon as to the threat of a Cascadia event. I believe that this is reflected when I deliver trainings to a room full of people eager to learn more about preparedness. They want to get trained in order to protect themselves, their loved ones, and the populations they serve. They are engaged and ready to do what they can to increase their overall resiliency.

I believe that The Oregon Resilience Plan is another huge piece of the overall picture, with a suitable framework for moving forward.

Sheltering:

I am very concerned about our overall ability to shelter people following a Cascadia event. When I ask emergency managers about sheltering I am struck by how many believe that the Red Cross is going to be able to provide this service for their community and all the others alongside the Cascadia fault line that may be affected. While the Red Cross certainly will be providing sheltering there is a distinct probability that it will be some time until they are able to stand up any shelters due to infrastructure damage. Depending on the size of the event, I personally find it hard to believe that the sheltering response will be adequate for some time.

Currently, ESF 6, Mass Care and Sheltering is being housed in Health and Human Services. There is one person that is tasked with the overall Mass Care and Sheltering plan for the state. This person also is in charge of all the Continuity of Operations Planning for his organization. While he is certainly making headway, we are woefully unprepared for any kind of a mass sheltering operation. There is a distinct

need to increase capacity on the local level for this, as well as on the state level.

Advocacy:

According to the 2011 Behavioral Risk Factor Surveillance System (BRFSS) Survey nearly one third (28.8%) of adults in Oregon has a disability, in coastal communities this seems to run a little higher at just over 30%. This is a large segment of the population. This is concerning because historically we have seen vulnerable populations being adversely affected by a disaster disproportionate to the general public. Because of this the Access and Functional Needs and Disability community need to be at the planning table, and part of exercises.

While there is some movement in the state to include vulnerable populations in these efforts, they are still underrepresented in the process. There is an especially large and gaping hole in EOCs/ECCs. Without these voices in the EOCs we are setting ourselves up to fail to offer equal access to services for those communities. Frankly, a bunch of middle class white people that do not have the lens or perspective of the vulnerable populations will almost certainly overlook that population. We have a moral and legal obligation to make sure that these populations are considered and have a voice in our planning, response, and recovery efforts. You need look no further than to some recent law suits against NYC and Los Angeles to see that this is a stark reality that has legal repercussions.

Service Providers:

Many of the services that the state and counties provide to our communities are carried out by private business and not-for-profits. These organizations carry out the bulk of the heavy lifting in regards to vulnerable populations. They are a trusted source of care and information, where our government agencies are sometime looked upon with a little more skepticism. In the event of a Cascadia earthquake I fear that our direct service providers will suffer some of the greatest losses. When talking to these groups I have found that there is a real lack of clarity in the contracts that they are engaged in with the state and counties, as it pertains to care during and immediately following disasters. Without clear contract language there is a distinct possibility that these organization will collapse under the weight of their own lack of understanding of the level of care that is required. This could lead to an absence of takers in the affected disaster areas as the organizations are dismantled due to financial ruin. This would certainly slow any overall recovery effort. There is a clear need to identify levels of care expected during disaster and to write them into contracts, as well as support for business continuity planning.

Medications:

Access to medications following a disaster is certainly my highest concern. While many people and organizations across the state are doing everything that they can in order to prepare themselves for a disaster there is a blaring hole in the area of medications. In every single disaster preparedness presentation I give I fear the medications section. It is where I get the most visceral of responses from the attendees. The frustration level thickens the air immediately. People are baffled over the fact that they are told to have weeks of medications on hand at any given time, but really don't have access to it because of the costs, or rules that are prohibitive. I urge this group to make this a priority. Any future resilience planning needs to be focused quite heavily on this piece.

Conclusion:

The Oregon Resilience Plan was a tremendous first step towards creating a safer Oregon for current and future Oregonians. Our critical infrastructure and key resources is a dominate piece of that overall capacity, but we need to remember that without people this means nothing. We need to build the capacity of our communities to rebound from an event and hopefully come out the other side even stronger. We must plan for the community's most vulnerable populations, because in a disaster they are the ones that are most adversely affected. In my opinion we are in need of a continuation of the Oregon Resilience Plan that address the people component of resiliency.