

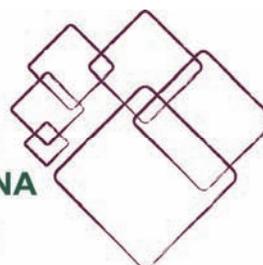
The Storm *after* the Storm

Disaster, Displacement and Disability
Following Hurricane Florence



DISABILITY RIGHTS
NORTH CAROLINA

Champions for Equality and Justice



The Americans with Disabilities Act

The Americans with Disabilities Act (ADA)¹ prohibits discrimination on the basis of disability by employers, state and local governments, places of public accommodation, commercial facilities, transportation, and telecommunications. To be protected by the ADA, an individual must have a disability or have a relationship or association with an individual with a disability.

An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

Major life activities may include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. People with physical, mental health, intellectual, developmental, sensory and neurological disabilities may all be covered by the ADA.

Executive Summary

This report from Disability Rights North Carolina (DRNC) provides strong evidence that federal, state and local emergency management officials must do more to provide services for and ensure the well-being of people with disabilities during natural disasters. While North Carolina has made significant strides in addressing issues affecting people with disabilities since Hurricane Matthew in 2016, it is clear that officials must do more and include input from people with disabilities and advocates as they plan for future emergencies.

On Sept. 16, 2018, DRNC began monitoring shelters operated by the American Red Cross to temporarily house survivors displaced by Hurricane Florence. In 47 days, DRNC visited 26 shelters, communicating directly with more than 300 displaced individuals and over 150 shelter staff and other service providers. DRNC visited shelters in 14 counties: Brunswick, Carteret, Craven, Cumberland, Forsyth, Harnett, Jones, New Hanover, Onslow, Orange, Pender, Robeson, Wake and Wayne.

Conditions that DRNC staff witnessed in the weeks following Hurricane Florence include:

- **Inaccessible shelters.** In some shelters, evacuees had to navigate steep stairs to reach their cots, use the bathroom, or engage in other activities of daily living. Some shelters limited evacuees' access to elevators, forcing those with mobility issues to resort to wearing diapers.
- **Unfit medical shelters.** One medical shelter — designated to serve people in need of a high level of medical care — was housed in a closed state psychiatric hospital. The building had air conditioning and plumbing issues, and at least one wing had no functioning bathroom. Furthermore, the building was in an area at risk for flooding, without an adequate emergency plan in place.
- **Lack of access to important services.** There were significant inconsistencies in the resources available at different shelters. While a number of federal and local agencies were present in some shelters, people in other shelters did not have access to the same level of assistance, reducing their ability to fully and quickly recover from the hurricane.

Sadly, these issues are not unique to this disaster. Many of the issues DRNC staff encountered in shelters were identified in previous reports to state emergency officials. In 2008, the multi-agency Disability and Elderly Management Initiative issued a Report of Recommendations, and in 2014 the NC Department of Public Safety's Emergency Management division and the NC Council on Development Disabilities issued a report entitled "A Plan for Whole Community Emergency Preparedness." Many of the issues we encountered in 2018 were identified for correction in those reports.

This report only provides a snapshot of the immediate aftermath of Hurricane Florence and the status of people with disabilities. As we go to print, countless lives remain disrupted, with widespread food insecurity, families living in tents during winter months or in motels, growing concerns about environmental degradation including drinking water in the affected areas, and many more pressing problems. DRNC will continue to advocate for people with disabilities in Eastern North Carolina and calls on other stakeholders to engage with urgency in finding solutions.

Key Findings

Federal, state and local emergency management officials are inadequately addressing the needs of people with disabilities during the disaster preparedness process. Officials must prepare shelters and staff to help people with a wide variety of needs and challenges, including issues around mobility, medical care, and mental health. This preparation should include considerations such as accessibility, transportation, and access to officials from county, state and federal agencies that can provide assistance.

The introduction of Disability Integration Specialists (DIS) to disaster response provided much-needed support for people with disabilities following Hurricane Florence. The NC Department of Emergency Management has a permanent DIS on staff, and the Red Cross dispatched Regional DIS to its shelters during the disaster.² DRNC staff found that DIS staff measurably improved outcomes for people with disabilities, thanks to their training, sensitivity and ability to provide needed resources. This is a program that deserves expansion and greater investment.

Shelter staff need more training to properly fulfill their role of providing aid and assistance during a disaster. Training should cover issues such as required accommodations for people with disabilities under the ADA and how to help and work with people who have experienced trauma. Furthermore, federal, state and local officials must take care of shelter staff by making sure there are new workers available to relieve those who are overwhelmed, exhausted, or suffering from compassion fatigue.

The state's long-standing failure to invest in accessible, affordable housing was exacerbated by Hurricane Florence. Without substantial additional investment, people with disabilities will experience housing instability, homelessness and increased rates of institutionalization. This necessary investment must include strengthening and expanding the Back@Home initiative.

Additional Findings

Important strides made since the last disaster and systems that worked better to protect the rights, safety and well-being of people with disabilities and others in the emergency shelters include:

- Daily telephone conferences with federal, state and local governmental entities and disability advocates;
- Interactive maps and daily updates on the Department of Public Safety website;
- Regular interaction with the Response Manager for the Red Cross and resulting connection with Red Cross DIS staff dispatched to North Carolina;
- Professionally-staffed medical disaster shelters to ensure continued care of individuals with significant medical needs;
- Access to individualized services, such as mental health services, transportation, services for veterans, personal assistance, and processing applications for assistance, in some communities;
- Extended voting opportunities for people affected by the hurricane;
- Means to house family pets and support animals within or nearby disaster shelters; and
- Access to pharmacies and medications.

Disability Rights NC's Access Authority

DRNC is the Protection and Advocacy (P&A) agency in North Carolina, charged by Congress with advocating for the legal rights of people with disabilities statewide. DRNC's mandate includes federal authority to monitor facilities where people with disabilities receive services to ensure their rights are protected and people are free from abuse, discrimination and neglect. The scope of our access authority includes evacuation and disaster shelters that open as a result of disasters such as Hurricane Florence.³

Previous hurricanes nationwide have taught us that it is essential to conduct emergency planning and create disaster preparedness systems that are inclusive of people with disabilities. As a result, the National Disability Rights Network (NDRN) entered into partnership agreements with the Federal Emergency Management Agency (FEMA) and the American Red Cross (Red Cross) to ensure that people with disabilities are included in emergency management execution plans and to strengthen the ability of these agencies to collaborate with officials before, during, and after an emergency. The goal is to have the Red Cross, FEMA and NDRN coordinate efforts to aid individuals with disabilities and communities affected by major disasters and emergencies. However, the agreement with the Red Cross does not specify the P&A's full authority to access disaster recovery shelters.

On September 26, 2018, Red Cross staff prohibited DRNC from monitoring the shelter within Lumberton High School, despite our staff presenting a copy of the Agreement between NDRN and the Red Cross. Our staff were blocked from monitoring the sleeping quarters and prevented from approaching survivors within the facility. After immediately alerting NDRN, DRNC contacted and sent correspondence to Red Cross headquarters asserting our federal statutory access authority, which supersedes the Agreement.

Red Cross responded promptly and committed to ensuring that DRNC would have unfettered access to conduct monitoring in Red Cross shelters, as would every other P&A across all states and territories in any disaster setting administered by the Red Cross. The Red Cross committed to attaching a letter to the original agreement outlining the access authority of P&As in their shelters. The Red Cross also committed to preparing its NC shelter managers to debrief with DRNC staff after monitoring visits regarding any identified concerns. Thereafter, DRNC advocates were permitted unfettered access to Lumberton High School and other Red Cross shelters.

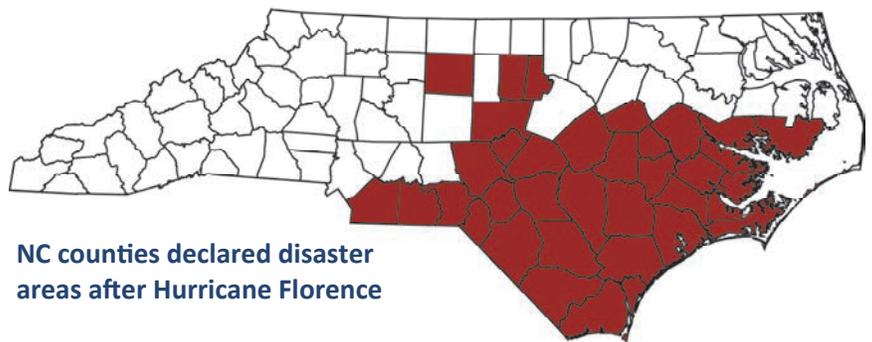
Introduction: Hurricane Florence and Lessons from the Past

Hurricane Florence made landfall just south of Wrightsville Beach early in the morning on Friday, September 14, 2018 as a Category 1 hurricane with maximum sustained winds of 90 miles per hour. Downgraded to a tropical storm, Florence slowly traveled through North Carolina at two to three miles per hour, bringing devastating rain, wind and storm surge that resulted in historic flooding and damage.

Florence caused immediate and widespread flooding from New Bern to Wilmington.⁴ As the storm moved inland, heavy rainfall inundated Lumberton, Fayetteville, Durham and other cities. Long stretches of interstates 40 and 95 were almost immediately impassable and remained so for days, initially preventing DRNC advocates from reaching shelters east of Raleigh.⁵

Florence's immediate impact and after-effects caused far-reaching devastation and loss for thousands of North Carolinians with and without disabilities. Approximately 5,214 people and 1,067 animals were rescued and evacuated. Forty-two people died in the massive storm. On the morning of September 20, 2018, the Cape Fear River reached 61.58 feet in Fayetteville, nearly four feet higher than the water level that caused devastating flooding during Hurricane Matthew in September and October 2016.⁶

As a result of the continuing effects of Florence, some evacuation and disaster shelters had to be evacuated to other shelters, scattering individuals further from their homes and support systems. The



NC counties declared disaster areas after Hurricane Florence

peak population of shelter residents was 21,272.⁷

There are gaps in the current disaster response system DRNC observed or that were reported to us throughout our post-hurricane monitoring efforts. A number of these concerns have been raised in the past and were included in a 2008 Report of Recommendations provided by the multi-agency Disability and Elderly Management Initiative, and/or in 2014, when the NC Department of Public Safety's Emergency Management (NCEM) and the NC Council on Developmental Disabilities issued a report entitled "A Plan for Whole Community Emergency Preparedness." We continue to see the need for these recommendations to be implemented. The General Assembly should request regular updates from NCEM regarding its plans to implement these recommendations and progress in doing so.

Disproportionate Impact of Disasters on Person with Disabilities

Complying with the mandatory evacuation amid thousands of people fleeing their homes created difficulties for people with disabilities in the affected areas. Past disaster experiences have shown that persons with disabilities are more likely to be left behind, turned away from shelters or abandoned during disaster evacuations due to the lack of preparation and planning, as well as inaccessible facilities, services and transportation systems.⁸

The United Nations echoes this, finding that “children and adults with disabilities and older adults are two to four times more likely to be injured or die in a disaster due to lack of planning, accessibility and accommodation, most are not due to diagnostic labels or medical conditions.”⁹ Consistent with past experience, many people with disabilities were evacuated to inaccessible shelters and/or separated from their families and households during this time of crisis.

According to NC’s disaster plan, the first shelters

opened are to provide a temporary place for evacuation before the storm and temporary shelter immediately following the storm. These shelters are offered and managed at the local level by emergency management agencies and departments of social services (DSS), and some close soon after the storm subsides. When shelters are needed for longer terms, the Red Cross comes in to manage shelters for individuals whose homes are not habitable or who do not have homes, and FEMA and other response agencies arrive.

NC shelters are divided into two categories: (1) “mass care” shelters, which serve the general population, and (2) “medical” shelters, to provide a high level of care for medically fragile persons. Medical shelters are envisioned to accommodate people who require the type and level of medical care that would ordinarily be provided by trained medical personnel in a nursing facility or hospital.

Under the Americans with Disabilities Act of 1990 (ADA), during evacuations, people with disabilities are entitled to accessible sheltering and temporary

Timeline: Shelters for Hurricane Florence Evacuees¹⁰



facility services. Shelters and temporary housing for persons with disabilities must provide the most integrated setting appropriate to the needs of the disabled person, which in most cases is the same setting that people without disabilities use.¹¹

Emergency managers who operate shelters are required to make reasonable modifications to policies, practices and procedures when necessary to avoid discrimination.¹² A reasonable modification must be made unless it would impose an undue financial or administrative burden.¹³

Lessons from Hurricane Matthew

Hurricane Matthew's devastation in 2016 made painfully obvious the need to address the lack of accessibility at shelters, failures to understand and coordinate disability-related resources, and barriers to accessing support services that people with disabilities need in disaster situations. Following Matthew, local, state and federal emergency management officials teamed up with disability advocates to design response systems that are inclusive of people with functional and access needs. Prompted by concerns raised by the disability community, North Carolina identified critical issues people with disabilities face during

and following disasters, and state officials have worked to gain understanding of their specific vulnerabilities and needs.

DRNC's efforts to monitor emergency shelters in the aftermath of Hurricane Florence to assess the status of people with disabilities revealed that these focused efforts over the past two years ameliorated some of the problems disabled people experienced in past disaster situations.

Notable improvements included:

- Hiring the state's first Disability Integration Specialist (DIS);
- Convening daily triage calls;
- Providing interactive maps on the internet;
- Coordinating food efforts;
- Creating sensory rooms in some shelters;
- Providing ASL interpreters at shelters and during official announcements;
- Dispatching teams to address accessibility issues; and
- Ensuring that NARCAN kits were available.

Yet gaps remain. The following sections set forth various observations and findings made during our monitoring, including things that worked well and areas for improvement.

Storms Exacerbate Dearth of Affordable Housing

It is impossible to grasp the magnitude of the storm's impact on people with disabilities in the affected areas, many of whom have very low incomes and lack opportunities for mobility, economic and otherwise, without understanding the severe shortage of decent, affordable and accessible housing. The scarcity of affordable housing existed before, and was seriously exacerbated by, Hurricanes Matthew and Florence. Recovery efforts to date have not addressed the loss and lack of housing. Given rising sea levels and climate change, North Carolina can reasonably anticipate future devastating storms. The time is now to plan and develop safe, affordable, accessible housing that can withstand natural disasters.

Section 1: Shelters and the Experiences of People with Disabilities

The ADA requires that a sheltering program be “readily accessible to and usable by” people with disabilities. Shelters must be identified that are fully accessible for people with disabilities and medically fragile evacuees. The ADA generally requires shelters to provide equal access to the many benefits that shelters offer, including safety, food, comfort, services, information, a place to sleep until it is safe to return home, and access to the support and assistance of family, friends and neighbors.¹⁴

DRNC staff found key components of successful shelters included:

- Daily collaborations between staff and survivors;
- DIS staff available to survivors and staff in the shelter;
- Trauma-informed shelter staff¹⁵ who were focused on meeting the needs of the survivors in their care;
- Local communities with well-developed and coordinated resources such as mental health providers at shelters, on-site public health providers, housing providers, veterans affairs staff, FEMA, personal assistance, DSS, transportation, and access to pharmacies; and
- Well-coordinated food security efforts.

However, through our monitoring, we quickly learned and experienced that not all resources were equal across the shelters.

Inaccessible Shelters

The selection process for shelter sites must be improved. Two shelters DRNC monitored

demonstrate the need for careful selection of sites before a disaster strikes.

On September 16, 2018, DRNC monitored the medical shelter set up in a building that was on the campus of the old Cherry Hospital, a closed state psychiatric hospital in Goldsboro, N.C. in response to a complaint received from the community that the building¹⁶ was inaccessible and unfit for evacuees with heightened medical needs. Upon arrival, a sign indicated that the building was a fallout shelter, and appeared to be used only for storage. We were concerned that, because the building was no longer used for patient care, health and safety hazards that go along with disuse, such as an old, mildewed HVAC system and toxic chemicals, might be present. Additionally, this building is located in the part of the city that is likely

Hurricane Florence By the Numbers¹⁷

- # **42** storm-related fatalities
- # **5,214** people and **1,067** animals rescued and evacuated
- # **1,100 personnel** deployed from **35 states**
- # **371 households (1,049 people)** checked into hotels through FEMA's Transitional Sheltering Assistance program
- # **100,145 homes** inspected by FEMA
- # **137,000 people** registered for disaster assistance
- # **\$125 million** in food assistance through Disaster Supplemental Nutrition Assistance Program (“DSNAP”)¹⁸
- # **The last 2 shelters** closed on November 9, 2018

to be flooded¹⁹. Shelters should be relatively safe from floodwaters, usually sitting outside of both evacuation zones and FEMA-designated floodplains.

We received complaints that one of the two elevators at this medical shelter was inoperable for several hours, while most of the patients had been moved to the second and third floors. We were troubled that this shelter did not have adequate emergency plans for sheltering-in-place and evacuation. Shelter staff indicated that air conditioning and plumbing issues had to be addressed when the shelter was opened, and at least one wing had no functioning bathroom. The facility did not have an available Hoyer lift when it opened. The cots initially provided were insufficient for some individuals due to their disabilities.

DRNC submitted a letter of concern about these findings to the Director of Emergency Management for the North Carolina Department of Public Safety. Several weeks later, we received a reply letter indicating that multiple meetings had been held to develop corrective actions addressing the items DRNC identified, that stated: “as a result of those meetings, both internal response procedures and procedures for medical support agencies have been updated to identify other facilities in Goldsboro and the surrounding area to better serve individuals with disabilities, as well as engaging advocacy organizations such as yours in the preparedness stage of future responses.”

We had concerns that another shelter, the Lawrence Joel Veterans Memorial Coliseum, a multi-purpose venue in Winston-Salem, presented

Cause for Concern: Specialized Medical Shelters

Specialized medical shelters were utilized in the Hurricane Florence response and recovery effort. These shelters were located in Goldsboro, Clayton, High Point and Wilmington.

The medical shelters were intended to serve people with significant medical needs who could not be safely accommodated in general population shelters, such as persons with illnesses or injuries necessitating hospital beds, including a young man who had recently undergone spinal cord surgery.

DRNC appreciates the foresight and efforts to ensure ongoing access to care for people with significant medical needs. At the same time, we are alarmed that some people with disabilities were routed to specialized shelters who could and should have been accommodated in mass shelters where they would be integrated with non-disabled family, friends and neighbors, and closer to their local communities. Reliance on segregated shelters bears close scrutiny as people with disabilities are entitled to receive services in the least restrictive setting.

Furthermore, DRNC believes that greater accountability is needed as vulnerable populations are shifted among settings under emergency response situations. For example, we were unable to track evacuations of persons with disabilities and older persons out of facilities such as nursing homes and adult care homes.

significant and serious challenges to people with disabilities. On September 20, DRNC staff monitored the Coliseum and found all survivor cots were located on the floor of the Coliseum, at the bottom of a long, steep flight of steps. Shelter staff reported to DRNC that a child and adult had fallen on the steep steps leading to the sleeping quarters.

Shelter residents reported that, because someone had been caught using illicit drugs in the downstairs bathroom, individuals with disabilities had not been allowed to use the bathrooms located on the ground floor and were forced to use bathrooms at the top of the steep steps. Only one service elevator, which had to be operated by a Coliseum staff member, could be used by survivors with disabilities to reach those bathrooms. There were not enough elevator operators, leaving long periods of time when the service elevator could not be used, especially at night. To prevent soiling their clothing, some disabled survivors turned to using adult diapers. DRNC staff advocated with shelter managers to allow individuals with disabilities to use the restrooms on the coliseum floor level during the evening hours.

Showers for this facility were located on the floor level, and residents were permitted to access them during specific time periods, which were posted on the doors. Showers afforded no privacy; they were in an open setting with several shower heads in the room. There was a separate shower in the women's restroom, and it did not appear large enough to accommodate a wheelchair or transfer.

The NC Disability Integration Specialist (DIS) was



Lawrence Joel Veterans Memorial Coliseum in Winston-Salem, filled with Hurricane Florence evacuees.

instrumental in resolving many of the issues noted above. The DIS was able to call in FEMA's Functional Assessment Service Team (FAST) to assess the facility and offer guidance for additional needed supports and services to remedy the situation.

It is apparent that when persons with functional and access needs are evacuated from danger zones, significant accessibility and disability sensitivity issues arise. Unfortunately, shelter staff do not routinely receive specialized trainings on how to meet the needs of people with functional and access needs or their unique experiences.

Recommendations:

- Shelter operators must provide reasonable accommodations in shelters.
- A coliseum or the like should never be used as a shelter. Alternative facilities must be identified in advance.
- The Red Cross and other agencies must comply with Title II of ADA and Section 504 of the

A Model Worth Replicating: Functional Assessment Service Teams (FAST)

The FAST model is a California model used to assist in accommodating people with disabilities and others with access and functional needs. The program brings together government and private agencies to work collaboratively before a disaster. The FAST model is comprised of people who represent experts and leading stakeholders in health and safety, diversity, and behavioral health in general population shelters. The goal is to make credible connections and develop trust with the people they support to deliver quality and meaningful services. They also assist with connecting shelters with needed resources and supports.

Rehabilitation Act to provide the needed accommodations and supports to people with disabilities in the least restrictive environment based on their individual needs. The ADA Best Practices Toolkit for State and Local Governments should be summarized as a quick reference tool and available to all shelter managers.

- It is essential that for future preparedness, NC Emergency Management staff fully fund an adequate number of NCEM Functional Assessment Service Teams (FAST).
- It is imperative that disability advocates are involved in assessing shelters and at every level of the emergency management planning stages to remove barriers, identify appropriate services and ensure unique needs are addressed.

Challenging Shelter Environments

Of the 26 shelters we visited, nearly all placed sleeping quarters in one large, open space, such as a gymnasium, with small cots close to one another. This close proximity sometimes meant there was not space for a person to walk while using an assistive device. Those with certain mental and/or physical disabilities, such as autism, found it difficult to manage their environments or feel physically

comfortable in a large living space with sometimes hundreds of other survivors. At Kiwanis Recreation Center in Fayetteville, DRNC found several survivors who became sick only after entering the shelter due to sleeping close to sick individuals.

At Christ the King Church in Wilmington, agencies such as FEMA, HUD, and DSS sat at tables that ran along one side of the sleeping quarters. There was so little privacy that survivors could watch FEMA workers taking applications without getting out of bed.

When a shelter had a kitchen, the Red Cross could hire a catering company to cook food on location, as was the case at the Friday Center in Chapel Hill. But more often than not, the kitchen was only used to prepare and hold food, snacks, and drinks that were delivered daily, usually by local church groups. At Campbell Recreation Center in Duplin County, there were no refrigerators in the community center's tiny kitchen. A local chicken factory donated a semi-trailer with a refrigeration system, but once the trailer ran out of gas after a few days, Red Cross staff stopped keeping food onsite that needed to be refrigerated. DRNC staff never encountered a shelter with fresh vegetables and only rarely saw fresh fruit. Shelter staff were usually able to accommodate residents with dietary restrictions or special diets, such as for individuals with diabetes,

Survivor Story: A Man with Autism Struggles to Deal with the Upheaval

In one shelter, the mother of a 26-year-old, non-verbal young man with severe autism reported that her son decompensated and struck a Red Cross staff member after shelter staff would not allow him, his mother and 27-year-old sister to stay in an area of the shelter away from service animals (the mother reported her son is terrified of dogs) or to have a night light where he slept.

This shelter was the second shelter for this family, after the elementary school shelter in which they were staying had to close so children could return to school. In the elementary school shelter, staff permitted this family to be in a classroom together separate from other survivors because of the young man's sensory concerns. At the new shelter, the family was told they had to be grouped in a room with other people with disabilities, which she said was called the "disability room," including two service animals.

The mother reported her son "was getting nervous around the dogs" but was able to endure the environment until shelter staff announced that the lights would be turned off during the evening. The first night, the young man "had a minor tantrum," and his mother said by the next night the darkness of the facility caused him to escalate to the point he had "a major tantrum" and struck a Red Cross shelter staff member, resulting in him being restrained. The staff member did not press charges, but the police told the family they had to leave the shelter and took them to the emergency room of the local hospital.

Police tried to convince the mother to have her son involuntarily committed, but the mother knew that was not what he needed. What he did need was the disability-related reasonable accommodation to which he is entitled, in the form of an environment that addressed his needs to prevent decompensation into behaviors he had not exhibited in years.

At the hospital, staff put them in a room with low lights and turned on a television that played soothing music and visuals such as waterfalls. The mother reported her son immediately went to sleep. However, the hospital couldn't keep the young man and after a few hours, discharged him. The hospital provided the family with money for a cab and told them to go to a hotel, but all the hotel rooms were booked with emergency workers and other survivors. Unable to locate any available rooms, they wound up at a Wal-Mart where the mother felt they would at least be able to eat, drink and use the facilities. From there, a pastor picked them up and they subsequently returned to the shelter.

Alerted to the situation, DRNC staff worked quickly to put the family in contact with a managed care organization which within hours arranged for mobile crisis services and a hotel room in another county. The family is now living in an apartment and connected with services in that county while awaiting repairs on their home so it will again be habitable. This mother acknowledged "kind" and "very good" staff at both of the shelters, but said there were evening staff who were unkind, unsympathetic and in some cases, bullying toward survivors, including those with disabilities.

but those residents told us that the meals did not fully meet their dietary needs.

In most facilities there was little room for a separate, indoor area for children or adults to relax. Red Cross staff and survivors, especially children, had to be creative in finding places to relax or do “typical” activities. In rare instances, the shelter manager was proactive and created space and events to accommodate and boost the morale of survivors. For example, in one shelter, a nurse created a “quiet room” after DRNC staff alerted her that a teenager with autism was having significant problems due to the busy shelter environment.

In one facility, survivors initially were limited in accessing internet “hot spots,” which prevented them from accessing necessary services and supports that could have assisted them with transitioning out of the shelter, even though there were sufficient hot spots available for use. In another facility, a nurse reported that individuals who required electrical outlets for their assistive or medical equipment had to be lined up against one wall where outlets existed. Access to the internet and outlets is essential in shelters—to access services and communicate with the outside world, and to power wheelchairs, oxygen devices and other essential medical equipment, as well as computers and telephones.

Recommendations:

- Shelters should have private space available for those who, due to disability, need privacy and quiet. Additionally, shelters should prioritize privacy when possible.
- Officials considering shelter venues must ensure

survivors have consistent access to the internet, electrical outlets, accessible showers and toilets, and healthy food.

Inconsistent Access to Services

A few shelters had a tremendous gathering of resources, developed through working collaboratively with the community. This was particularly beneficial to survivors with disabilities but not consistently offered in all shelters. DRNC advocates observed the following agencies on location in some shelters, providing services and information and/or taking applications:

- Children’s Disability Services (CDS)
- FEMA and interpreters hired by FEMA
- Back@Home Initiative
- NC DHHS Division of Aging and Adult Services
- Vocational Rehabilitation
- U.S. Department of Housing and Urban Development
- Local transportation services
- Local departments of social services (DSS)
- Local area agencies on aging
- Local medical and nursing providers
- US Postal Service
- Communications technology providers
- Pet Adoption and Welfare Society (PAWS)

DRNC’s monitoring of shelters revealed significant inconsistencies in the manner in which these agencies make resources available to survivors. For example, there were only a few shelters in which we observed local social services agencies available to assist with applying for needed services such as DSNAP or Medicaid. At Joel Coliseum, DRNC advocates noted that the Forsyth County DSS

employees onsite were only assisting Forsyth County residents. Most survivors at the facility were from out of county, having been driven to the mass shelter from as far as coastal North Carolina. In time and with strong advocacy, DRNC was able to convince DSS to assist some survivors with disabilities who were not from Forsyth. In addition, DRNC advocates spoke with many survivors who were unaware of DSS presence in the shelter. In these situations, DRNC advocates took survivors, sometimes traveling as long as 15 minutes, from the sleeping quarters to the table where DSS was taking applications.

Community-based supports are vital to ensuring victims of disasters such as Hurricane Florence can recover from losses incurred. Survivors in shelters with significant community involvement and highly positive Red Cross managers and staff were better

equipped to endure the stressors they were facing than those in shelters that did not provide this level of support.

Recommendations:

- Counties should include their non-governmental community partners in preparing annual disaster plans.
- Local DSS should staff all shelters from the outset until they are no longer needed to support direct service providers, offer information and resources, and coordinate effective and efficient response efforts.

State, Red Cross Officials Ready to Help

DRNC staff worked directly with the NC Department of Public Safety DIS and the Red Cross Response Manager to mitigate issues discovered on the

Disaster Response in North Carolina: Matthew²⁰ vs. Florence²¹ (as of December 2018)

	Matthew	Florence
Shelters opened	109	124+
People in shelters	4,100	20,000 ²²
Rescues	1,000+	5,000+
Counties declared federal disaster areas	45	34 ²³
Approved individual assistance applications	\$98,949,469	\$120,125,848
Individual and household program (approved)	29,003	32,089
Public assistance (approved)	\$290,632,779	\$1,203,663
Housing assistance (approved)	\$29,632,779	\$96,747,872
School repair (allocated)	\$14,000,000	\$40,000,000

ground. These individuals were extremely helpful to DRNC and survivors by providing information and contacts, accepting feedback and immediately responding to issues as they arose.

When possible, DRNC staff contacted and met with the Red Cross Regional DIS assigned to the shelter we planned to visit. In these instances, DRNC staff were able to more quickly understand local needs and could collaborate with the Red Cross' Regional DIS to address them.

For example, before monitoring at Christ the King Church in Wilmington, DRNC staff contacted the Region 1 Red Cross DIS to inform her that we would make visits to two shelters in her region that day. She was very welcoming and relayed the information to shelter staff and residents. Like many other Red Cross Regional DIS, she made herself available for questions and feedback, and was proactive in taking action steps.

DRNC staff found that involved, attentive Regional DIS staff provide far better outcomes for individuals with disabilities, due to their focus on these specific survivors and ability to provide needed resources in a timely manner.

We found the availability of a DIS to be of critical importance for people with disabilities in disaster shelters. With one exception,²⁴ the Red Cross DIS staff members were focused, compassionate and tenacious. However, their scope of work was massive – they covered entire regions during the disaster response, and as shelters closed, their regions grew larger. We found many shelter managers had never spoken with a DIS, either employed by the Red Cross or FEMA (DRNC staff did not encounter FEMA DIS during our monitoring). For

example, at Leon Mann Enrichment Center in Carteret County, DRNC advocates found the shelter manager of several weeks was unaware of the existence of a DIS. More than 10 survivors in the shelter had a disability and needed DIS expertise.

With or without a Regional DIS, DRNC staff worked diligently to provide services to as many survivors as possible. Often, establishing a positive connection with each individual and the shelter manager led to collaboration and the referral of the appropriate service. DRNC advocates were also able to relay the shelter managers' contact information to connect them with the Red Cross's Regional DIS.

Recommendation: The Red Cross must find ways to increase staffing of these essential DIS positions. Red Cross should ensure that managers and staff have essential information on the resources available to assist survivors

Compassion Fatigue

At Pender High School in Pender County, the shelter manager coordinated a weekly talent show that took place on the stage overlooking the gymnasium, which was filled with 112 survivors and their beds, to provide a positive outlet and sense of community. DRNC observed some facilities and leaders to be exemplary, yet not the norm.

Too few shelter managers and staff who spent weeks at various shelters remained positive, with the awareness and compassion to call survivors by name. The best shelter managers were aware of their self-care needs, compassion fatigue, and limits in running a shelter. Many were also aware of trauma-informed care practices and able to speak clearly about the benefit of treating each survivor as coming to the shelter with unique experiences.

Unfortunately, multiple shelter managers DRNC spoke to experienced apparent compassion fatigue, which in some cases resulted in disrespectful, dismissive treatment of survivors. In contrast to the positive approach taken at Pender High School, another shelter manager demonstrated a lack of sensitivity to resident morale and referred to survivors as “dairy farmers” because they were “milking the system.” Among these so-called “dairy farmers” was a family that included a member with autism who were unaware of resources available to assist them until DRNC staff connected with them. DRNC advocates spoke with each survivor at this shelter to connect them with various resources. Afterward, DRNC advocates encouraged the shelter manager to lead with empathy and find ways to be more helpful to residents. He was somewhat receptive but clearly fatigued after a deployment of more than two weeks.

In another shelter, the Red Cross provided a kit for residents upon arrival that did not include shampoo and combs or brushes for all types of hair. DRNC staff learned that while the Red Cross provides blankets, it does not provide pillows. Understanding that the Red Cross could not provide pillows, DRNC provided advocacy in one community to find volunteers to provide pillows. A shelter nurse also provided DRNC with a list of additional shelter needs, including warm socks, personal hygiene items and hair products for people of color. DRNC identified a school system willing to provide these items. The school system requested information regarding kind and quantity of items needed and logistics, and the advocate conveyed the communication, but the Red Cross shelter manager declined to reach out to the community resource.

DRNC finds there to be a great need for several rotations of competent and skilled staff who can provide care and support to individuals and families in crisis.

As a result of shelter monitoring, DRNC staff made conclusions as to what is necessary for shelter staff members, including knowledge and sensitivity regarding survivors and their needs, mental health and trauma awareness, adequate preparedness to assist persons with disabilities, compassion and the alleviation of fatigue and burnout. In some of the shelters, survivors commented that Red Cross staff needed additional training to be able to better meet their needs, such as disability competency and trauma-informed practices. Shelter staff should also be equipped and available to provide guidance and technical assistance to agencies that provide direct services, to promote self-sufficiency and prevent abuse, neglect and exploitation of vulnerable populations during times of emergency.

Recommendations:

- Considering that survivors are in a tremendous amount of stress and have a wide array of needs, staff must be increased and well-trained, and should be replaced when fatigue begins to impact their ability to properly care for survivors.
- Mental health providers must be onsite in shelters to provide crisis therapy and other needed services.
- Red Cross must train all shelter staff, including their volunteers, on disabilities matters and trauma informed care.

Section 2: The State and Federal Disaster Response

North Carolina's preparation for and response to Hurricane Florence involved almost every department of state government. NC Emergency Management (NCEM), part of the Department of Public Safety (DPS), led the way, coordinating with FEMA and local governments. Divisions within the NC Department of Health and Human Services (DHHS) worked with local officials and the Red Cross to set up shelters and help connect survivors to services. The State Wildlife Commission used boats to conduct search and rescue missions, and the NC Department of Transportation dispatched employees and contractors to inspect and clear roads.

After the storm, state officials worked to help North Carolinians affected by the flooding get back on their feet. The NC General Assembly held a special session to fund the recovery efforts, and the governor launched a special program to fund temporary bridge housing and help ensure those who needed help would receive it.

Back@Home Initiative

Governor Roy Cooper announced the creation of the Back@Home initiative in early October 2018. This \$12 million initiative was designed to "ensure that households that aren't eligible for other assistance aren't left out."²⁵ According to the program's website, in its first month, Back@Home provided housing for 100 people from shelters, and its teams were working with nearly 400 households that were in shelters as of October 1, 2018.

Back@Home is a rapid-rehousing model that was created in Houston, Texas and Puerto Rico following

Hurricanes Harvey, Irma and Maria. NC DHHS administers the program, with lead assistance from the NC Coalition to End Homelessness and the NC Housing Finance Agency. Rehousing agencies participating in the program include EastPoint, First Fruit Ministries, Southeast Family Violence Center, Trillium Health Resources, and Volunteers of America Carolinas.

The program's focus is on individuals ineligible for FEMA or other disaster resources, who are either homeless or at risk of homelessness since the shelters closed on November 9. The program's website states that survivors may be eligible for help from Back@Home if they answer "yes" to all of the following questions:

- Because of Hurricane Florence, you were forced to leave your home (or the place you were staying temporarily);
- You currently have no housing and reside in the disaster area; and
- You are currently staying in a shelter, sleeping in a car or outside, or you don't know where you'll sleep next week.²⁶

Back@Home representatives deployed into the shelters quickly once the program was approved. DRNC advocates first encountered representatives of the program on October 3, 2018 at a shelter within Pender High School. Representatives sat among other agencies such as FEMA and DHHS, and provided paper applications to survivors for electronic processing on-site. Applications require a head-of-household assessment and child household member assessment, and include a release of information and "sharing plan" that allows for

coordination of services and information among all the agencies involved with Back@Home. This ensures that information is continually updated and survivors need not retell their stories to multiple agencies. While Back@Home provided promise to survivors, some families felt discouraged from applying due to the lengthy application process and because the individuals accepting Back@Home applications were unable to tell applicants whether they would be approved for the assistance or any details about the process. A more streamlined application process is needed so that only one application per household is required.

Recommendation: DRNC fully supports the innovative Back@Home initiative and urges that it be strengthened and expanded to assist the many survivors who are ineligible for FEMA assistance.

FEMA Assistance

According to FEMA, the Disability Integration Specialists provide “guidance, training, and tools for facilitating disability-inclusive emergency preparedness, response, recovery and mitigation.”²⁷ FEMA’s Regional DIS are assigned to specific regions that cover several counties. The Regional DIS is tasked with working closely with shelter managers to ensure those with disabilities and others with access and functional needs are accommodated. DRNC advocates did not encounter a DIS employed by FEMA.

Other FEMA representatives were present in all shelters DRNC staff visited. Their presence was helpful to survivors who were eligible for FEMA assistance, as representatives could enter application data directly into the FEMA system and

submit applications immediately. There appeared to be adequate numbers of representatives to handle the workload at each shelter, and they worked closely with Red Cross staff and survivors to ensure applications were completed and submitted.

FEMA must ensure that persons with disabilities have access to reasonable accommodations in the application process. FEMA staff were generally welcoming of DRNC advocates and supportive in answering questions and providing application statuses when asked. During one site visit, Red Cross staff encouraged residents to follow up with FEMA regarding their applications, calling individuals by name while dinner was served, to ensure they took advantage of FEMA assistance.

Recommendation: Provide one FEMA DIS per affected county rather than one per region to help ensure all shelter managers are trained and staff workers are able to fulfill the needs of staff and survivors.

Problems with the FEMA Application

DRNC learned during daily triage calls with stakeholders and local, state and federal officials that the functional and access needs of some people with disabilities were not identified because the wording of disability-related questions on the FEMA application, especially Question 24, is unclear. Question 24 only asks about walking, seeing, hearing and self-care related needs. This limited list excluded people who needed assistance with other functional and access needs such as sensory rooms, interpreters, therapy, etc. Furthermore, the application process does not permit changes to the answer. As a result, many people with access and

One Man's Experience Demonstrates the Dire Need for Safe, Affordable and Accessible Housing

DRNC advocates first met "AN" on October 19 while monitoring a shelter in Wilmington, NC. AN, who has mobility and mental health disabilities, had recently moved from a previous Red Cross shelter to a local shelter in a church. During the shuffle of moving from one shelter to another, he misplaced his medication and was without them for a few days, which resulted in his being hospitalized.

Once back in a shelter, AN applied for Back@Home support and, in mid-October, qualified for the program. He moved from the shelter into a house shared with two other storm survivors. The Back@Home program provides rental assistance to eligible recipients for up to six months. AN's Back@Home contract was for two to three months, and he had to pay \$600 of his \$700 monthly Supplemental Security Income toward his shared living expenses for the house.

Unfortunately, the house to which AN relocated contained no furnishings, is not ADA compliant, and needed significant repairs. Water drained onto the kitchen floor from an open hole in the ceiling, faulty wires hung from the walls and ceiling, and floors were unstable. AN slept on an air mattress with bedding provided by the Red Cross. His Back@Home case manager had ordered furniture for the house through the program but it had not yet been delivered. It was later delivered unassembled, and AN and his housemates did not have tools necessary to put the furniture together.

As a result of DRNC's continued advocacy, AN was assigned a new housing case manager, a housing inspector was terminated, and the quality of future

This living arrangement was unsuitable for a person with mobility and mental health disabilities who had very recently experienced trauma as a result of the disaster. AN felt he was rushed out of the shelter into what he called "a dump," with no supportive services. He told DRNC, "I would rather have stayed in the shelter than be subjected to these living conditions."

AN reached out to DRNC for assistance, and we advocated for better living conditions. We shared our photos of the open hole in the kitchen ceiling, exposed wiring hanging from the walls and ceiling, and unstable floors with Back@Home, which stated that all housing units were required to be inspected by the LME/MCO in Wilmington, and a HUD housing contractor before being accepted into the program as an available unit.

While AN's experience is not reflective of the program overall, his challenges demonstrate the importance of collaboration among people with disabilities, their advocates on the ground, and the systems designed to serve them. As a result of DRNC's continued advocacy, AN was assigned a new housing case manager, a housing inspector was terminated, and the quality of future inspections improved.

AN continues to live in the house funded by Back@Home. DRNC connected him to the Transitions to Community Living Initiative, aimed at ensuring people with serious mental illness have safe, affordable housing and community-based supports to live independently in the community. His story of weathering many storms is representative of the underlying systemic issues of disability, poverty and homelessness.

"I would rather have stayed in the shelter than be subjected to these living conditions." - AN



Water drained onto the kitchen floor through this open hole in the ceiling.



Exposed electrical wires



A moldy air conditioner and rotten window frame



The air mattress AN slept on



The front entrance to the home was not accessible or ADA compliant.



Unstable floors covered in cardboard

functional needs were not identified and did not obtain the accessibility assistance they needed during the recovery phase of Florence.

Disability advocates across the country have raised this issue for years and yet it has not been remedied, despite acknowledgment from federal officials of the need for dependable information to help survivors. "The pressing need for accurate and immediate information about how to help a survivor and obtain the appropriate individualized disaster assistance is vital to everyone with losses from the storms," said FEMA Federal Coordinating Officer Tom Davies.²⁸

To address this issue in real time, staff from NCEM and Portlight Inclusive Disaster Strategies compiled a list of "key words" related to people with disabilities, and requested that FEMA compare the list with submitted applications to identify applicants with disabilities. Once the "key words" list was given to FEMA, the agency identified an

additional 5,200 evacuees and promised to follow up with them to ensure that they receive supports and services to meet their individual needs.

Efforts to clarify the language on the FEMA application are ongoing. In the past, these efforts have been thwarted by requirements of the federal Paperwork Reduction Act, which mandates that all federal government agencies receive approval from the Office of Management and Budget before implementing a paper form, website, survey, or electronic submission that will impose an information collection burden on the general public. DRNC and other advocacy agencies are proposing to work with leaders at the national level to remove this barrier that has closed the door to accessibility assistance for many, including the most vulnerable populations, who do not receive the help they need during disaster crisis due to the wording of Question #24. This question needs to be reworded for clarity and inclusivity. Until changes are made, FEMA will

Question 24 on FEMA's Application for Assistance

Special Needs: Did you, your co-applicant or any dependents have help doing things like walking, seeing, hearing or taking care of yourself before the disaster and have you lost that help or support because of the disaster?

Yes No

If yes, select all that apply: Mobility, such as: Wheelchair Walker Cane Lift Bath Chair Personal Care Attendant, etc.

(Select all that apply)

Cognitive/Developmental Disabilities/Mental Health, such as: Personal care attendant, etc.

Hearing or speech, such as: Hearing aid, sign language interpreter, TDD/TTY, Other

Vision, such as: Glasses, white cane, service animal, Braille or other accessible communication device, magnifier

continue to poorly triage people with disabilities during disaster related situations.

Another area of concern with the FEMA application process is follow-up via mail. Once the FEMA application is submitted, if additional information is needed, a letter is sent by mail, unless the applicant chooses to receive the correspondence via email. Many residents have no access to their mail or email due to being displaced and a lack of technology available in shelters. This slows down the FEMA application process for many because they are unable to access their mail to determine what information is still needed to process their application. FEMA should contact these individuals by phone and/or send mail directly to the shelter in which the individual resides. Communication technology access for shelter residents is also in need of examination and solutions.

Recommendation:

- FEMA must rework question 24 to make it clear and inclusive of all people with disabilities.
- FEMA should maintain contact with individuals applying for FEMA assistance such as following up with them by phone or mail at the shelter at which the individual is living.

Federal and State Actions Allowing for More Restrictive Environments

DRNC's monitoring work necessarily included advocacy to prevent people with disabilities from being funneled into restrictive placements.

On September 13, 2018, U.S. Health and Human Services Secretary Alex Azar declared NC a public health emergency (PHE) and took administrative

action, issuing blanket waivers to temporarily waive or modify normal eligibility requirements for skilled nursing facilities (SNFs).²⁹ Section 1861(i) of the Medicare Act permits payment for SNF care only when a beneficiary first has an inpatient hospital stay of at least three consecutive days. Section 1812 (f) of the Act allows Medicare to pay for SNF services without a 3-day qualifying stay if the Secretary of Health and Human Services finds that doing so will not increase total payments made under the Medicare program or change the essential acute-care nature of the SNF benefit. Under Secretary Azar's action, eligibility was waived and placement in a SNF was covered for beneficiaries who were:

- Evacuated from a nursing home in the emergency area,
- Discharged from a hospital (in the emergency or receiving locations) in order to provide care to more seriously ill patients, or
- **In need of SNF care as a result of the emergency, regardless of whether that individual was in a hospital or nursing home prior to the disaster.** [emphasis added]

During daily triage calls with NCEM, DRNC expressed concerns about the unintended consequences of such a waiver. It is DRNC's experience that people are placed in nursing facilities, sometimes for administrative convenience, and get "stuck" due to the lack of accessible housing and reliable, affordable home health services. If the Centers for Medicare and Medicaid Services (CMS) felt that this waiver was necessary, a parallel plan should also have been effectuated to ensure access to the least restrictive environment. For example, CMS could issue funding

to support the involvement of community living specialists from the local Centers for Independent Living to safeguard against survivors becoming stuck in institutional settings. Because there was no mechanism to identify the people placed in SNFs as result of this waiver, we have no way of determining the number of people who were routed to these restrictive settings due to the waiver.

On September 20, a week after Secretary Azar issued the temporary waiver for admission to SNFs, Megan Lamphere, section chief of Adult Care Licensure for NC DHHS's Division of Health Service Regulation, issued a waiver of certain admission rule requirements. The waiver authorized shelter personnel to discharge into Adult Care Homes (ACH) "on a permanent basis" those people previously living in the community who were not able to return to their homes due to the storm. The memorandum announcing the waiver required the admitting facility to include on the waiver request where the individual lived before living in the shelter; the address of the shelter; and the name, address and administrator of the admitting facility, so presumably the Department could track these individuals. DRNC followed this development closely and was able to confirm that there were no waiver applications made for admission to an ACH under this process.

Medical and School Transportation

The Red Cross does not provide transportation for shelter residents, instead relying on community transportation services. Most residents used their own cars or asked friends or family for help. In the first few weeks after the storm, Uber and Lyft promised free rides within a 50-mile radius to shelter residents, but many residents found it

difficult to find drivers, and in time, the offer ended.

Some shelters, such as Leon Mann Enrichment Center in Carteret County and Harbor United Methodist Church in New Hanover County, had on-demand public transportation that took survivors directly to their destination, while other shelters had no transportation for survivors. Overall, survivors with disabilities with dire transportation needs made it to medical visits, but only when Red Cross staff diligently worked to find transportation or when individuals had their own means for transportation, such as Medicaid transportation services. DRNC staff encountered many survivors with disabilities who missed appointments to look at temporary housing because of a lack of transportation.

Transportation was also an issue for students. DRNC received a call from a parent of a child whose local school district had denied transportation services because the hotel she was relocated to was not on the school bus transportation route. DRNC was able to intervene on behalf of the parent and explain to the school system the federal obligations to enroll and serve displaced student with disabilities under the McKinney-Vento Homeless Assistance Act.

The McKinney-Vento Homeless Assistance Act protects youth who may be displaced because of homelessness, including those displaced by natural disasters. The Act covers youth who lack a fixed, regular, and adequate nighttime residence.³⁰ Students experiencing homelessness must be provided services, including transportation services, comparable to services offered to other students in the school.³¹

The school agreed to provide the necessary transportation.

Recommendation: Funding and availability of reliable transportation during recovery must become one of the highest priorities following a disaster. Timely access to needed services and appointments is critical to survivors transitioning safely and quickly back to their home and communities.

2-1-1 Information Line

North Carolina 2-1-1 is an information and referral telephone service created by the United Way that receives financial support from the State of NC. Their mission is to provide an infrastructure that supports access to information, assistance, and accessibility for individuals navigating the public/private long-term services and supports delivery system. The United Way was granted \$188,508³² for the 2018 fiscal year, with an unknown amount designated specifically to providing natural disaster related support.

DRNC had numerous interactions with 2-1-1 and heard anecdotal stories from many survivors regarding the poor customer service they received from the call center. One survivor reported to DRNC that when she called for assistance, she was turned away and told, "2-1-1 is not assisting people who were affected by Hurricane Florence." In another example, a DRNC advocate called 2-1-1 for assistance with the Back@Home program. DHHS flyers indicated that 2-1-1 was a critical starting point in receiving assistance from Back@Home, yet the advocate who contacted the call center was told that they had never heard about Back@Home, but wished they had since it sounded like a great program. The DRNC advocate was connected to a supervisor's voicemail to leave a message. The supervisor did not return the call.

Recommendation: Staff for the 2-1-1 information and referral service must be better trained to provide resourceful information to survivors, advocates and public during disasters.

Extended Opportunities to Vote

When Florence made landfall, the 2018 Election was just over seven weeks away. During an early stakeholder call, DRNC voiced the need to ensure displaced persons would not lose their opportunity to vote. We commend the State in taking prompt action to extend voting opportunities for people in the affected areas.

By the end of September, when the immediate safety of hurricane survivors was secured, the North Carolina General Assembly (NCGA) and the NC State Board of Elections and Ethics Enforcement (NCSBE) took steps to ensure that those displaced by Florence could still exercise their right to vote.

The NCGA allocated funding for a public information campaign to highlight voting options and extended the voter registration deadline in the 28 counties³³ most affected. The NCSBE also issued an emergency order and took the following actions:

- Sent voter registration applications and absentee ballot request forms in English and Spanish to more than 60 Hurricane Florence shelters;
- Sent voter assistance packages to each of the 46 Disaster Supplemental Nutrition Assistance Program (DSNAP) application sites in eastern North Carolina;
- Ordered that civilian absentee ballots delivered by mail to the appropriate county board of elections office in any of the Affected Counties

Federal Law on Service Animals and Pets in Shelters

Under the PETS Act,³⁴ passed in 2006 shortly after Hurricane Katrina, any shelters that receive federal funding must provide plans to accommodate household pets and service animals before, during, and following a major disaster or emergency. DRNC staff did not encounter any instance in which service animals were not permitted. On the whole, shelter managers appeared to understand and comply with the law regarding service animals. The ability to have family pets and support animals at the shelters or nearby provided comfort and relief for many survivors.

In a middle school in Carteret County, local animal shelter staff and other volunteers managed all the dogs and cats in classrooms in a separate hallway from where survivors slept. An animal volunteer reported that at the shelter's peak, 141 animals were there, including bunnies, a bird, a hamster and a chinchilla. One of the survivors there reported that having his dog with him and knowing he was well-cared for "meant the world" to him. In another shelter, a veteran with chronic PTSD said having his dog nearby (in a trailer behind his shelter) where he could visit with him daily helped him to manage his symptoms. In yet another shelter, a survivor was provided a separate room so they could be with and care for their dying dog.

Shelters operated by the American Red Cross must comply with the ADA. The ADA requires that shelters modify "no pets" policies to accommodate people who use service animals. Shelter staff may identify service animals through only two questions: (1) "Do you need this animal because of a disability?" and (2) "What tasks or work has the animal been trained to perform?" If the answers to these questions reveal the animal has been trained to work or perform tasks for a person with a disability, it qualifies as a service animal and must generally be allowed to accompany its owner anywhere other members of the public are allowed to go, including areas where food is served and most areas where medical care is provided. Questions about the nature or severity of a person's disability or ability to function may not be asked. It is also inappropriate to question a person's need for a service animal or to exclude a service animal on the grounds that shelter staff or volunteers can provide the assistance normally provided by the service animal. Additionally, documentation that the dog is a service animal is not required. Emergency shelters may not require documentation, such as proof that an animal has been certified, trained, or licensed as a service animal, as a condition for entry.

That said, service animals may be excluded if there are legitimate safety concerns that relate to the safe operation of a shelter's services. Allegations of a safety risk must be based on actual risks rather than speculation, stereotypes, or generalizations (i.e., there must be something concrete a particular dog has done to give rise to safety concerns). Allergies or a fear of dogs are not valid reasons for denying access.

Shelters must provide emergency supplies that enable people with disabilities to care for their service animals. However, the handler is still responsible for the care and supervision of a service animal, not shelter staff.

be counted if received no later than 5PM on November 15, 2018 and postmarked on or before November 6, 2018;

- Ordered that any voter could deliver an absentee ballot to any early voting site or county board of elections office in the state during their hours of operation by 5PM on November 6, 2018; and
- Changed the appointment method for precinct judges if necessary. Each county board of elections must appoint one person to act as chief judge and two others as regular judges of the election for each precinct in the county. Usually these precinct officials are residents of the precinct they are serving. This provision allowed counties affected by Hurricane Florence to appoint people who were not residents of a precinct to fill the majority of the judge positions when there was an insufficient number of precinct residents available to appoint, provided that the nonresident appointees met all the other requirements of the position.

The measures taken by NCGA and NCSBE made it possible or easier for voters affected by Florence to exercise their right to vote. DRNC advocates made it a practice to ask survivors whether they wanted more information on voting rights. Advocates also handed out non-partisan “Know Your Voting Rights” brochures. Some individuals requested direct advocacy assistance from DRNC on voting matters.

Lack of Accessible, Affordable Housing

Even prior to Hurricane Florence, Eastern North Carolina had some of the most extreme housing problems in the state due to lack of affordable

housing.³⁵ When housing is not affordable, people are at greater risk for homelessness and forgo many life necessities, such as food, education, healthcare, and savings, in order to retain housing. Avoiding homelessness requires nearly all available resources to pay rent, and many aspects of daily living become more dangerous. People with disabilities and/or with limited incomes are in dire need of decent, safe, affordable and accessible housing.

Before Hurricane Florence displaced thousands of people from their homes and apartments, Hurricane Matthew in 2016 damaged 35,000 households, and the region needed long-term housing recovery and stabilization. For example, in 2017, the Wilmington, NC City Council made affordable housing a priority, recognizing that their city and citizens needed safe and secure affordable housing to recover and succeed.³⁶

Early reports after Florence made landfall were that an additional 24,000-plus homeowners and renters needed housing assistance. This initial hit from Florence grew worse as a second wave of tenants lost housing after owners and building inspectors went inside apartments and found mold and other needed repairs. Beginning in late September 2018, large apartment complexes were closed with only days of notice to approximately 1,000 tenants. With much of the temporary housing — rental apartments, Airbnb, or hotels — already full from the initial impact of Florence (including the need to house emergency management personnel), finding a place to stay near jobs, schools, family, and support systems was a significant challenge. As of November 15, 2018, 32,088 North Carolinians have been approved for housing assistance grants as a result of the massive storm.³⁷

At one time, Eastern North Carolina had an infrastructure to address affordable housing needs and disaster response. Throughout the 1990s and early 2000s, Community Development Corporations (CDCs) played a critical role in developing accessible, affordable housing. Unfortunately, funding for CDCs was eliminated in 2013. In addition, for many years, Community Development Block Grant (CDBG) funds were deployed across NC to allow communities to effectively plan and manage local economic development initiatives, including the planning and development of affordable housing. In the 2000s this funding was cut and in 2011, CDBG funds were prioritized for water and sewer infrastructure. Local communities were informed that they could no longer use CDBG funds for creation of local affordable housing.

Currently, communities in NC have few funding sources for access to affordable housing.³⁸ This is the most urgent need in Eastern North Carolina, and has been exacerbated by Florence's destruction of existing housing. Without a significant investment, Eastern North Carolina is looking at a tremendous shortage of affordable, accessible housing for the foreseeable future.

DRNC found housing to be the most important concern for survivors, especially for those survivors who do not qualify for more typical types of assistance, such as FEMA assistance, due to lack of housing prior to the hurricane (which can include renting without a lease). We learned that the longer an individual or family remained in a shelter, the more complex their needs were and at the heart of their needs was housing. As shelters began to close, some individuals were forced into tents provided by the Red Cross with food and blankets. Others were able to get short-term vouchers for hotel stays. Still

others were forced into homeless shelters, which can also result in families becoming separated, since most shelters have strict guidelines about whom they accept.

As one stressed shelter staff member said: "Shelters didn't create the problem (of no housing inventory), but we can't pretend that just by closing the shelters everyone has housing. All of those survivors have nowhere to go. That is why they are still in shelters."

Recommendations:

- Provide sufficient funds for Back@Home to assist participants until they are permanently housed. This population includes vulnerable households with people with disabilities who should not be abandoned to homelessness.
- Commit to restoration of the affordable housing stock lost in the Hurricane by a one-for-one replacement of the affordable housing units lost in each community. Displaced residents cannot return and communities cannot recover until there are affordable housing opportunities.
- The most important action needed is robust supplemental funding (\$50 Million) of the Low-Income Housing Tax Credit program administered by the NC Housing Finance Agency. The program is ready and able to quickly administer funding to start building quality affordable rental units. This action is desperately needed in the communities hit by the disaster, and will promote the infrastructure and resilience critical to North Carolina's successful recovery.

Section 3: Recommendations

Now that North Carolina shelters are closed and the immediate emergencies have passed, stakeholders must reconvene and address the systemic weaknesses outlined above, strengthen and replicate the systems that worked well, and identify the legal mandates, innovative processes and best practices to ensure that North Carolina is inclusive of people with disabilities and in compliance with federal and state law.

State and Local Agencies

Counties should include their non-governmental community partners in preparing annual disaster plans. Disaster planners must use the whole-community approach to emergency preparedness and planning to help people with disabilities survive and recover from disasters.⁴¹

Counties should replicate and enhance the Long-Term Recovery Groups model used in Robeson and other counties where ongoing work developing disaster preparedness plans includes local people with disabilities, businesses, community organizations, religious congregations, social services agencies, etc. Counties should ensure that each diverse partner has a clearly defined role and understands the scope of that role.

Local Departments of Social Services (DSS) agencies should participate at the outset of disaster response efforts and remain in shelters until no longer needed, to assist with Food Nutrition Services, emergency application processing, Medicaid applications, Work First Assistance, etc. There were many survivors who had lost EBT cards, Medicaid cards, and other important documents during the

Lesson Learned from South Carolina: the Tragedy of Avoidable Deaths

On September 18, 2018 two women, including one from North Carolina, tragically lost their lives in the back of an Horry County, SC, sheriff's van in the flooding of Hurricane Florence.³⁹ Wendy Newton, 45, of Shallotte, NC, and Nicolette Green, 43, of Myrtle Beach, SC had both voluntarily sought mental health treatment earlier in the day and were being transported for evaluation. They were confined to the back of a law enforcement van, not for any criminal act, but because they were mental health patients.

According to media reports, the van transporting Newton and Green an hour's drive to mental health facilities in Darlington, SC, traversed miles of flooded streets which were closed to the public due to the rapidly rising water. Both women perished as the van was swept away in floodwaters.

The two deputies in the front of the van were able to escape, but Newton and Green were trapped behind cage doors. The deputies reportedly did not carry a key to unlock the back of the van, the only door accessible in the floodwaters. By the time a rescue crew arrived 45 minutes later, it was too late. The women's bodies were recovered through a hole cut in the roof of the submerged van the following day. The two deputies have been charged with manslaughter in the deaths.

DRNC's opinion piece regarding this needless tragedy, "Why Police Shouldn't Transport People Seeking Mental Health Treatment," was published in the News & Observer.⁴⁰

disaster. Having local DSS onsite in shelters would have been a tremendous help in assisting with replacing such losses as well as applying for new benefits.

The P&A, Centers for Independent Living and other trained disability advocates should be involved in identifying which facilities should be considered accessible and adequate to meet the needs of survivors with disabilities. Collaborating with local and statewide disability advocates would help prevent similar mistakes.

All shelters should prioritize privacy when possible and have spaces available for those who, due to a disability, need privacy, quiet or time alone.

A coliseum or the like should never be used as a shelter. DRNC recommends that local communities identify alternative facilities.

Officials considering shelter venues must ensure survivors have consistent access to the internet and electrical outlets.

2-1-1 must be better trained to provide information and referrals to resources for disaster survivors, advocates and the public.

Counties must ensure their shelter staff understand the rights of evacuees with disabilities. Shelter operators must make reasonable accommodations for survivors with disabilities in shelters. At a minimum, shelter managers must be trained and offered resources on reasonable accommodations in shelters.

The ADA Best Practices Toolkit for State and Local Governments should be summarized into quick

reference tools with cites for more in-depth information. The toolkit consists of seven chapters and is too extensive for use as a guide for shelter managers or others.

NCEM must staff and fully fund an adequate number of NC Emergency Management FAST Teams so that each shelter has access to one.

Transportation to medical appointments and other necessary activities is critical. Identifying funding for this transportation should be part of advance disaster preparedness planning.

The Governor's innovative Back@Home initiative should be strengthened and expanded to assist the many survivors ineligible for FEMA assistance. Provide sufficient funds for Back@Home to assist participants until they are permanently housed. This population includes vulnerable households with people with disabilities who should not be abandoned to homelessness. Develop a more streamlined application process so that that only one application per household is required.

Commit to restoration of the affordable housing stock lost in the Hurricane by a one-for-one replacement of the affordable housing units lost in each community.

The most important action needed is robust supplemental funding (\$50 Million) of the Low-Income Housing Tax Credit program administered by the NC Housing Finance Agency. The Program is ready and able to quickly administer funding to start building quality affordable rental units. This action is desperately needed in the communities hit by the disaster and will promote North Carolina's successful recovery.

The American Red Cross

The Red Cross and other agencies must comply with Title II of ADA and Section 504 of the Rehabilitation Act so people are accommodated and supported in the least restrictive environments appropriate to their needs.

Red Cross must increase DIS deployment of staff and volunteers during disasters. These positions are critical to providing the necessary accommodations and well being for people with disabilities in shelters.

Red Cross should ensure that its staff, who are often from outside NC, are provided a resource booklet and/or regularly updated electronic data sources that highlight resources for the local county and region. This information will better prepare Red Cross staff to help survivors secure assistance.

Increase staff training on cultural competency in crisis situations and highlight the importance of trauma informed care. Suggested trainings: Adverse Childhood Experiences, understanding trauma, providing trauma-informed care, mental health awareness, crisis intervention and de-escalation, and inclusivity and cultural sensitivity training.

ADA protections, including the following, should be part of staff training;

- The ADA and Section 504 of the Rehabilitation Act require that people are accommodated and supported in the least restrictive environments appropriate to their needs.
- All shelters should have spaces available for those who, due to a disability, need privacy or quiet.

Adequately staff facilities. Increased shelter staffing will decrease the compassion fatigue of staff and provide a sense of normalcy for staff and survivors.

Provide licensed mental health professionals at each shelter to provide crisis therapy and other mental health services.

The ADA Best Practices Toolkit for State and Local Governments should be summarized into quick reference tools with cites for more in-depth information. The toolkit consists of seven chapters and is too extensive for use as a guide for shelter managers or others.

FEMA

Provide one Disability Integration Specialist (DIS) per county, instead of per region, to speed assistance to survivors. If a DIS must cover a larger area or has a high number of shelters to support, the DIS should be given extra help/workers to fulfill the needs of shelter staff and survivors.

The ADA Best Practices Toolkit for State and Local Governments should be summarized into quick reference tools with cites for more in-depth information. The toolkit consists of seven chapters and is too extensive for use as a guide for shelter managers or others.

References

- ¹ Americans with Disabilities Act of 1990, as amended. <https://www.ada.gov/pubs/adastatute08.htm>.
- ² Achieved recommendation set forth in the *NC Emergency Preparedness Initiative and Blueprint – A Plan for Whole Community Emergency Preparedness*, September 2014, produced through a collaborative effort between NC Emergency Management, NC Department of Public Safety and the NC Council on Developmental Disabilities.
- ³ 42 USC §15043; 42 USC §10805; 29 USC §794e
- ⁴ <https://www.cbs17.com/weather/hurricane-center/florence-leaving-catastrophic-flooding-in-its-wake/1445896655>
- ⁵ <https://www.citizen-times.com/story/news/2018/09/18/nc-road-closures-interstate-95-north-carolina-list-florence/1343554002/>
- ⁶ <https://www.cbs17.com/weather/hurricane-center/cape-fear-river-in-fayetteville-crests-almost-4-feet-higher-than-after-hurricane-matthew/1459186253>
- ⁷ Hurricane Florence – North Carolina – Daily Fact Sheet #47 (Durham Joint Field Office DR-4393-NC DFS 047)
- ⁸ North Carolina Disability and Elderly Response Management, Report and Recommendations 2008. https://files.nc.gov/ncdps/documents/files/DEEM_Report_of_Recommendations.pdf
- ⁹ “Disability Inclusion Before, During and After Disasters,” The Partnership for Inclusive Disaster [Strategies](#) .
- ¹⁰ These shelter statistics were aggregated from notes taken during daily teleconferences convened by NC Emergency Management’s Disability Integration Specialist Sheri Badger.
- ¹¹ 28 C.F.R. § 35.130(d).
- ¹² 28 C.F.R. § 35.130(b)(7).
- ¹³ 28 C.F.R. § 35.130(b)(7).
- ¹⁴ 28 C.F.R. §§ 35.130, 35.149
- ¹⁵ Among the positive outcomes of DRNC’s collaboration with the Red Cross was a commitment for our agencies to collaborate about training opportunities on trauma-informed care and approaches for Red Cross disaster staff.
- ¹⁶ This building used to be part of the Old Cherry Psychiatric Hospital. In 1877, this hospital was appointed by the North Carolina General Assembly as the state’s facility for the black mentally ill (“Asylum for Colored Insane”.) It served as this purpose for 85 years. In 1965 the Civil Rights Act of 1964 was implemented and Cherry Hospital began serving patients from all over the state without regard to the color of their skin. In the Fall of 2016, the old Cherry Hospital (now used as a shelter) closed and was replaced by a new psychiatric facility located nearby on West Ash Street in Goldsboro.
- ¹⁷ <https://www.ncdps.gov/hurricane-florence-storm-statistics>
- ¹⁸ <https://www.ncdps.gov/news/press-releases/2018/11/15/hurricane-florence-north-carolina-two-months-numbers>
- ¹⁹ On October 10, 2018, DRNC Senior Staff Attorney Iris Green sent a letter outlining our concerns about this facility to Governor Roy Cooper and NC Emergency Management Director Michael Sprayberry.
- ²⁰ <https://www.fema.gov/disaster/4285>
- ²¹ <https://www.fema.gov/disaster/4393>
- ²² <https://www.redcross.org/about-us/news-and-events/press-release/2018/hurricane-florence-20-000-people-in-more-than-200-shelters-ove.html>
- ²³ <https://www.ncdps.gov/news/press-releases/2018/11/15/hurricane-florence-north-carolina-two-months-numbers>
- ²⁴ The Red Cross appropriately addressed an instance in which DRNC staff encountered a Red Cross DIS who was not accommodating or compassionate to people with disabilities.
- ²⁵ <https://www.backathome.org/>
- ²⁶ <https://www.backathome.org/get-help-1/>

²⁷ <https://www.fema.gov/region-iii-recovery-division>

²⁸ <https://www.fema.gov/news-release/2003/10/17/helpline-available-questions-or-updating-application>

²⁹ <https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/September-12-2018-NC-Florence-1812f-SNF-waiver.PDF>

³⁰ 42 U.S.C. §11434(a)(2)(A).

³¹ 42 U.S.C. §11432(g)(4).

³² http://dhhsopenwindow.nc.gov/index.aspx?pid=rep_contractreport&ContractID=fb2a3ca1-1b34-4e11-a7ba-75e482f763d4

³³ On November 6, 2018, NCSBE updated their October 19, 2018 emergency order to include Anson, Chatham, Durham, Guilford, Orange, and Union counties.

³⁴ 42 USC § 5196b (2006)

³⁵ [Recovering Affordable Housing in Eastern North Carolina Post-Hurricane Matthew: A Strategy Forward Hurricane Matthew Disaster Recovery and Resilience Initiative August 31, 2017](#)

³⁶ City of Wilmington, N.C. Consolidated Plan FOR CDBG AND HOME PROGRAMS July 1, 2017 - June 30, 2022, <https://www.wilmingtonnc.gov/home/showdocument?id=5574>

³⁷ <https://www.ncdps.gov/news/press-releases/2018/11/15/hurricane-florence-north-carolina-two-months-numbers>

³⁸ NC Session Law 2011-145, House Bill 200, Current Operations and Capital Improvements Appropriations Act of 2011. <https://www.ncleg.net/enactedlegislation/sessionlaws/html/2011-2012/sl2011-145.html>

³⁹ https://www.myhorrynews.com/news/bond-set-for-former-horry-county-deputies-charged-in-drowning/article_4a2d4704-1038-11e9-92b2-1719b54fa019.html

⁴⁰ <https://www.newsobserver.com/opinion/article220151840.html>

⁴¹ This is in reference to the earlier-mentioned 2014 report, “A Plan for Whole Community Emergency Preparedness,” developed by NC Emergency Management and the NC Council on Developmental Disabilities. <https://files.nc.gov/ncdps/documents/files/2014EM-IDDRReport-Web%282%29.pdf>