



Transcript of Session 2: 4th Thursday ADA Talks

Emergency, Disaster Preparedness, and the ADA

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Presenter:

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>>Christine:

Well, good morning, everybody. I have been thrust into a deep interest in this subject. As a person with a disability living in a place that has hurricanes. This opening slide shows the fact there are, shows an example of the many different sorts of disasters we can have. And it seems like we've been very, had a lot of them lately everywhere. And so anyway, I think it's very important that I have the same opportunity as a person with a disability to use the shelter if I need to. And I think we're headed in the right direction.

>> Next [slide 2].

Just a little bit about myself. I am certified ADA coordinator through the University of Missouri College of [I can't read the whole thing]. Human Environmental Sciences school of architectural studies. I also for 30 years or so, have been a technical assistant provider and trainer for the southeast

ADA Center? I was blessed to have been part of the initial ADA training right after the law was passed with the ADA training and implementation network provided by diuretics. Many years ago. I have 32 years of experience learning, teaching, and providing technical assistance on the ADA, and there's always more to learn. I also have been a consultant with the Mississippi Emergency Management Agency, MEMA. And at this point, I have my own consulting services, ADA Services Incorporated. So, I have the flexibility to do a variety of different activities for different organizations and agencies.

>> Next [slide 3].

The mission of the Southeast ADA Center is to facilitate voluntary compliance with the Americans with Disabilities Act. When Congress passed this law, they recognize that people were going to have to have information. They were going to have to have guidance on how to do this because while some people understand, many people do not understand the ADA centers. The ten ADA centers were established to assist with this law becoming a reality throughout our country. The ADA center conducts research to reduce and eliminate barriers to employment and to increase economic self-sufficiency to the civil and social participation of the Americans with disabilities. People with disabilities have a lot to offer our society, and sometimes that is ignored. So, it is a very important part of what we do is to assist in making this law all that it can be.

>> Next [slide 4].

This is a picture of Hurricane Katrina. I live on the Mississippi Gulf Coast, which is where Hurricane Katrina hit August 29, 2005. It was a blessing to me, I guess that I happen to be out of town at the time. I would never at

that point have gone to a shelter because the shelters weren't accessible. They did have some special needs shelters. But the special needs shelters limited. You're having one or two people with you and they weren't necessarily accessible as far as bathrooms and things. But I have three children. And it would be pretty hard to decide which of the children you were leaving behind. My house is at 19 ft of elevation, several blocks from a value and a bay. I have 3.5 ft of water in my house. So, I might have been able to survive. It would have really been bad for my wheelchair. So, it's a good thing I was in Oklahoma, and it was a year-and-a-half before I was able to return home and have somewhere to live.

>> Next [slide 5].

In 1969, which was right after I graduated from high school, we had Hurricane Camille. Hurricane Camille was absolutely devastating. The picture on the left shows a McDonald's sign that survived, but absolutely nothing else. The picture on the right is to see going vessels from the Gulf port Harbor that were washed up onto our main highway. Hundreds and hundreds of feet from the harbor water. So, you can see the power of water. And the reason that people have to be very serious about emergency preparedness when they live in an area that has some of these various disasters.

>> Next [slide 6].

Here are some more pictures after Hurricane Katrina. Many, many, many places. It was just total devastation. Just sticks of wood. A neighborhood with just rubble of what was once people's homes and lives in and possessions. The middle picture, same thing. People just had. Nothing. Picture on the right shows people in a rowboat in a neighborhood rolling

around beside a car and a house that are significantly submerged in water. Even when your house was left standing. It was still a devastating effort to try to be able to live somewhere. Again. For people with disabilities, we have our equivalent and we have our access and that kind of thing. And it's just critical. What can I say? What do you do at this point?

>> Next [slide 7].

This is a picture of the Biloxi Ocean Springs Bridge after the hurricane. This bridge goes across Back Bay in Biloxi, separating it from the Gulf of Mexico. And many, many people live and work on opposite sides of that bridge. So, for a significant length of time, they had to take the long route up to an interstate and back down. It just continues to be amazing to me how great the power of water and waves can be.

>> Next [slide 8].

But as we have all known about, especially this year in the last few years, disasters come in many shapes and sizes. Tornadoes, waterspouts, floods, earthquakes, chemical spills, terrorist attacks, volcanoes, avalanche, tsunamis, droughts, disease, active shooters, radioactive materials. Anywhere there's a train track, there is a significant danger of a train derailment as we're seeing right now. You need to be aware of and learn about the possible dangers in your own area. So, you have a frame of reference as to what you might have to prepare for.

>> Next [slide 9].

So, the state and local governments have obligations under the ADA. All of our Emergency Services at the state, county, and city levels have the obligation of program access. Under the ADA, any new construction must

meet the 2010 standards for accessible design if completed after March 15, 2012. And Section 504 of the Rehabilitation Act states that anything receiving federal funding must be readily accessible to and usable by people with disabilities. That is a fairly vague statement in Section 504, but they view the ADA as further explaining the requirements of that statement. Everything that has government money requires high levels of compliance from Title two (II) entities.

>> Next [slide 10].

So, at the time of Katrina, we had a Director of our Emergency Management Services, which is MEMA, Mississippi Emergency Management Service. And he said we can't plan for easy. We have to plan for real. What does that statement mean? About 50% of the citizens, we serve are healthy young individuals, 50%. Around 20% are people with disabilities, and 30% are children and the elderly. So, one size doesn't fit all. It just doesn't. It can't in the people that they are mandated to serve. And of course, my favorite example is accessible cots.

>> Next [slide 11].

So Emergency Management Services covers emergency shelters and safe rooms. Safe rooms are not designed necessarily to stay overnight or for long periods of time, but to go to when you need to be safe, as sturdy building, a safe place to be. But still, you have to be able to get in, you have to be able to get out. You have to be able to use the bathroom. Then there are disaster recovery centers that help after the disaster, which is more of a long-term situation because many people cannot return to their homes for weeks or months. Then there is long-term recovery. And long-term recovery, I can tell you now on the Mississippi Gulf Coast in 2023, there are

still things that have not recovered from Hurricane Katrina. They're probably still things that haven't recovered from Camille. Things change. People are afraid to build back or they're unable to build back due to insurance costs. And so, it's not a short term, not a short-term thing.

>> Next [slide 12].

So, the key concepts for disability inclusive emergency management. One of them is self-determination. An individual with a disability should be able to determine what they want to do. They should have choices like everybody else. During Katrina, there was a young man who lived in Biloxi who went to a shelter. And they said, "Well you use a wheelchair. You cannot come in the shelter." So, he went back home to his little house in Biloxi to ride out the storm. And as the water rose and rose, he was able to break through his ceiling. Eventually, he had to break through his roof. And after the storm was over, there were a group of looters who rescued him down from his roof. So, he had no options. He had no options. And they denied him in a clearly discriminatory manner. And it's a miracle he lived. And there's no one-size-fits-all. Everything can't be the same. There's no handbook that can include all of the possibilities. Different people need different things. And the training for emergency management people has to include understanding there are people, who just for no reason whatsoever, will make an unreasonable request. But people who have disabilities, most of us are ready to tell it like it is and expect to be listened to. We should have equal opportunity to take part in whatever services, whatever safety measures are provided. We should be able to understand what our options are. People who are Deaf or hard of hearing need to have accommodations for those things. They can't just ignore people who have different needs.

And inclusion, there needs to be inclusion. As I said, sometimes there are medical shelters, but people shouldn't be forced into a medical shelter if they don't want or need that, or they need to be with their community, need to be with their family. There needs to be integration in these shelters. It's just not right to separate people out. And it is against federal law. There needs to be physical access. There needs to be access in, I'll talk about this again, but emergency exits. You'd be surprised how many brand-new shelters forgot the fact that there needs to be access in the exits as well. You never know. I'll have another slide about that. There needs to be effective communication. And it needs to be effective for the individual. Some people can write out or can read the communication. Some people cannot. They need some other form of communication. People need to be aware of that. And program modifications, it's okay to modify a program. You don't have to do everything exactly the same way no matter what. Because that's not the world we live in. We live in a world where there are people with disabilities, there are children, there are elderly people. There can be no charges, no surcharges, no costs involved in providing people with the unique things that they need. We'll talk for a minute, in a minute, about the fact that people with disabilities have obligations and responsibilities, too. But it's a joint responsibility because the mission of emergency management is to keep people safe. The "About FEMA" link that I've provided there, [fema.gov/about](https://www.fema.gov/about) has more information about these things.

>> Next [slide 13].

So, in my estimation, training is the key. Honestly, people that I have trained in the past, they honestly have never heard or thought of some of

the ideas that were presented to them. They've never, ever thought of it. Some people don't ever have disability touch their life until they're older. And we just have to talk about, we have to talk about it. We have to talk about physical access. We have to talk about communication access. In disability awareness, there needs to be training for people with disabilities and their caretakers on their options, on their personal responsibility, medications, and equipment. We cannot expect our emergency preparedness people to have everything that everyone needs. People have their own needed equipment that is unique to them. You might have a device that helps you hold your silverware, your medications. It's really hard these days to get your medications ahead of time. But it's a great idea to try to figure out if you can get at least a week's worth of your medication ahead and have it in your to-go bag. It's impossible for these needs to be met for every single individual. And there needs to be training for nurses and shelter managers and their staff as to how to appropriately assist. As a person with a disability, sometimes someone helping you makes it worse. So, it is a very important thing to say, "how can I assist you?" Because you can, in trying to help and meaning to help with the very best motivation, you can actually make it worse if you assist inappropriately. And then you have to understand that sometimes request is just a preference. But sometimes a request is a disability-related need. And it's really important to be able to kind of separate that out. And not just say no to everything, which is sometimes people's initial impulse is "We just can't do that. No, sorry, we can't do that."

>> Next [slide 14].

Shelter managers, in particular, they need some disability-related information. They need to know how to interact with people with disabilities. You don't know how many times people have said to me, "I just didn't know what to say, I just didn't know what to do." But you know what? You're just a regular person. And that's what people with disabilities are. Regular people who may have some additional challenges. But we're just regular people. If people do not have never interacted with a person with a disability, they may not understand that. And that is a really great way that people with disabilities in the community that Centers for Independent Living can help those shelter managers become a little bit more comfortable with disability in general. They can get some ideas of how to meet the needs of people with disability. And they need to understand the concept of individual, individual needs that, uh, you know, it's just different. It's really great in shelters to have private areas if possible. Because people with disabilities have certain things, they need to take care of. And it's not super great in a one huge room environment. So, I, as a person with a disability, would choose a shelter if I knew, for example, some of the schools have areas that are like locker rooms and places where an individual with a disability could go, and their caretaker or attendant could assist them with personal matters. And they wouldn't be right in the public eye. It makes it so much easier. So, I would know that I would choose to go to a local school as opposed to maybe one of the local hurricane shelters. And when people with disabilities need the knowledge of what the shelters are like to make those decisions that are appropriate for themselves. And back again to my favorite one. You need accessible cots in the shelter. I

have asked them about the accessible cots which are higher, wider, more sturdy if you have to transfer to it. And they said, "Oh, no, no, no, no. We'll have those in Jackson our state capitol 3 hours away and will deploy them." And I said, "But how long does that take?" Well, that takes 72 hours. And I have told them that many people with disabilities would not be alive if they had to stay in their wheelchair for 72 hours. It is imperative to have those accessible cots deployed. Maybe you won't have enough in one shelter or too many in another. However, you need to have some deployed to the individual shelters. And you need to understand how to position the cots. I myself could get on an accessible cot if it was the side of the cot was next to the wall. If the cot, the head of the cot was next to a wall, there's no way I could do that without a couple of really strong people holding onto it. So, I didn't, so I didn't slide. It's just important to explain to the people who are managing these shelters that sometimes people with disabilities have to do things differently. And we've figured this out for ourselves over many, many years of experience. Not trying to be unreasonable or overly demanding. We simply know what works for us. And it's important to listen and do what you can to meet those requests.

>> Next [slide 15].

So, options for shelter. You can evacuate. You need to know alternative routes and you need to leave early. Really early. I have never been one to want to evacuate because the traffic is so horrible. And to get off a highway and try to find an accessible bathroom and then have someone let you back onto the highway. It just seems like a nightmare to me. But evacuation is a good possibility, especially if you've already pre-selected an accessible place that you can go. Like, you know, you know that the Hampton Inns are

generally fairly accessible. So, you have a plan that you can go somewhere, up north for us, it's not necessarily up north for everybody. But you need to have a strong plan if you're choosing to do that. If you're going to shelter in place, you need to have some supplies. And not only supplies to keep you and your family going, but you need to have supplies to protect your property as much as you can. It may be boarding for windows or that kind of thing. What can you do to protect your property beforehand? The supplies. My son is the champion of that. He has got five-gallon buckets with rice. He's got all these things that he keeps all the time just in case. And we all should have some things ready that don't need to be cooked. Things that we could have. Nobody likes to be hungry, and you sure don't want your kids to be hungry. And as far as disaster shelters go, you need to know the location of the shelters in your area. And if you can arrange with somebody to visit some of those shelters to identify the shelters that work best for you. That would be a really great idea. And you need to have a kit ready to go, things that you might need at the shelters - your equipment, your medications, your snacks, if you want snacks, it's just you wanna be as comfortable as you can be. You want your family to be as comfortable as they can be. So being prepared and ready is really, really important.

>> Next [slide 16].

So, I think that what some people don't understand. In this slide, it says, "not all disabilities look like this" and points to a wheelchair symbol. "Some disability look like this," and it's just a person with an invisible disability. People have to understand. Shelter operators, shelter managers, shelter personnel need to understand that some people don't have a visible disability. And sometimes those can be worse and more limiting than

people who have visible disabilities. They need to be trained on that because honestly, an awful lot of people do not understand that part of disability.

>> Next [slide 17].

So, some shelters will be old, and some will be new. So, the old shelters - readily achievable, barrier removal and program access. That is their responsibility. That is what the standard, what they have to meet under the laws. New shelters - you need to know when construction began. Prior to March 15, 2012, they were covered by the 1991 Standards for Accessible Design. After March 15, 2012, (did I say 2012?) 2012 covered by the 2010 standards for accessible design. Our emergency management folks contracted with me a number of years ago to survey shelters. And I think I did about 27 of them. And once they got my report, they did not want me to do anymore shelters. Sometimes in the news is not good. But it's important that these shelters meet the applicable standards. It's important that people with disabilities know which are the accessible shelters and which are not.

>> Next [slide 18].

So, there is an accessibility checklist for old, older shelters. ADA Checklist for Emergency Shelters (2007). It's a pretty good checklist. It simply reminds you of what the requirements are as you go along. You may know, but the checklist kind of gives you an organizational tool. I used it a lot. And, but I guess it's what I want to say. You cannot necessarily hand that checklist to an individual who does not know anything about accessibility and ADA compliance and expect them to be able to do it. It is really a good idea to always have someone who knows something about accessibility to

at least accompany emergency management personnel in filling out and evaluating accessibility. I'd love to hear your opinions on that later.

>> Next [slide 19].

So, there is a FEMA Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters. Another great document. But once again, it requires some training for both the disability community and for shelter personnel. "Diverting to medical shelters can result in the separation of individuals with disabilities from those associated with them, such as family, friends, neighbors, and caregivers." I just can't stress too much the importance of that statement. And it is the right of people with disabilities to expect and receive that kind of integration. According to federal law. That's the bottom line. "Diverting to medical shelters can result in the separation of individuals with disabilities from those associated with them, such as family, friends, neighbors, and caregivers."

>> Next [slide 20].

So, in new shelters completed after March 15, 2012, they should comply with the 2010 standards. If there are errors in that construction. What steps can be taken to remedy this? One of the new shelters here on the Gulf Coast. You see there's a lot of steps along the way. From somebody who designs, from somebody who's in emergency management, to somebody who orders building materials to somebody who delivers building materials to somebody who actually does the construction. One of our shelters. Obviously, if the shelter they got this truck loaded toilets. So, the people putting those toilets in said, "Well, I guess men are taller than women. So, they put all the accessible toilets, in the men's restroom, and all of the

regular height toilets in the women's bathroom. So, you see, they just didn't understand. They were trying, but they didn't get adequate instruction as to how it really works. And then you can look for cost-effective methods that can provide and improve usability. There are a lot of ways to save money when we create access. If you are a Center for Independent Living, if you're an advocacy group, if you or a person that is on the disability side of this, we can help with that, But not necessarily primary at the top of the list. For engineers and those sorts of people, they want to do it legally. But cost-effective methods are, you know, if you're making money off of it, it's not necessarily the top of the list. So, I think we need a community of engineers and architects and people who know combined with individuals with disabilities.

>> Next [slide 21].

So, one of the things they provide in a lot of shelters is lockers. And they do that for people to put their personal belongings rather than have them in a big room with lots of people. You don't have to change all those lockers out, but you have to have some of them that are in an accessible height with an accessible locking mechanism. You know, it is the requirement for no control that requires tight pinching or grasping. And obviously this locker here would be pretty hard for many people to use. And that also probably applies to people who are elderly, who don't always necessarily consider themselves as a person with a disability. However, they do have the limitations that the law would consider they were an individual with disability.

>> Next [slide 22].

And the toilets. You know, this is always my favorite subject, but you know, you have to go, you have to go. A low toilet does not work for many people who have to transfer or who have limitations. That doesn't allow them to go down that low and or get back up. Usually getting down, gravity will help. Getting back up is the challenge. You see on this picture. I don't know how high that toilet was, but it doesn't look very high. But you see that toilet paper holder that is going to impede an individual who is transferring onto the toilet. That's where your leg would go and also where the toilet paper is coming out there. I can tell you from personal experience that is a very sharp metal device with teeth on it to facilitate cutting the toilet paper. But it is very uncomfortable when it hits your leg. The grab bar. You do have the more than the required inch and a half beneath the grab bar. So, you can grab the grab bar. But it's poorly placed as far as usability for an individual with the disability.

>> Next [slide 23].

The showers were just absolutely fascinating. On the left side is a famous shower that was in a shelter. Now it has a bench, that is a good thing. But you may be able to tell, that between the bench and the wall, there was not room enough to park a wheelchair to slide over onto the bench and the water control. And the, it did have a handheld shower, but they were about 6 or 8 feet away. Unless you want to shower with somebody else. It doesn't really work for a person with a disability. The one on the right, the photo on the right is one that the Rotary Club International provided in one of their shelters. And you can see it has adequate grab bars. It has a control within reach. It has a handheld shower. I always advise people to, instead of leaving the handheld shower at the highest level possible, that the

handheld shower should be left at the lowest level. And then if a person needs it higher, they can move it up or someone can. There were adequate tub benches available at this location. And as you can see, it would accommodate an individual with a disability who didn't need assistance. But it would also accommodate an individual who needed assistance. It's big enough to move into almost. So anyway, that's the difference of the way requirements can be interpreted.

>> Next [slide 24].

This one. The shower was okay. But they kinda miss the point on the bench. I guess whoever designed this thought that the bench was for sitting on and getting undressed only. But the rolling shower was okay. It did have a handheld shower. But unless they had a separate bench that was available to use in the shower, it wouldn't be useful for many people with disabilities. But you see if we have the opportunity to explain to architects, to engineers, to all sorts of people how these things are actually used. It becomes more than just words in a book. But it becomes personal, and it becomes human, and they can understand, "oh, I see why that is supposed to be like that." And that's just so critical in all of this. Excuse me.

>> Next [slide 25].

>> Jason: Christine, can I interrupt you for just a second?

>> Christine: Absolutely.

>> Jason: Well, we have about 15 min left, and we have some questions. Just let me know when you're ready to tackle those or if you want to wait till the end.

>> Christine: Well, let me do a couple more slides and then we'll do that.

>> **Jason:** Sounds good.

>> **[Next slide 25] Christine:**

Thank you. Another example of grab bars, bench away from the grab bars, has a handheld shower, but not useful in its configuration.

>> **Next [slide 26].**

This is a picture as an example of a rolling shower with a shower curtain, not the stall door and all that. However, there is probably an eight-inch barrier to keep the water in, which could be used by some with an appropriate tub bench or shower bench. But anyway, it's not useful for many people with disabilities and not within regulation.

>> **Next [slide 27].**

This one, I guess they, it's a picture of a transfer shower. And I guess they forgot that the shower should not be behind your back and the control should not be behind your back. It could be reached by a person sitting on the bench. But once again, it's just someone who doesn't understand how these are used.

>> **Next [slide 28].**

This is configured appropriately. It has a shower curtain, they can be closed. It has a bench, and it has a handheld shower and the control for the shower beside the bench. So actually, it can be used and accessed by an individual sitting on the bench.

>> **Next [slide 29].**

I wanted to be sure and get to this cot thing. These are the accessible cots. They are larger and higher and sturdier. However, they would not be sturdy

enough for most people to transfer onto sticking out into the middle of the room. However, if we're allowed to put it up against a wall, then they would be able to be transferred onto by most people or with an independent or an assistant transfer.

>> Next [slide 30].

This is a larger restroom in a new facility, The accessible stall is in the back. And there was another one behind me. But the distance from the front of the thing to the stall doors was only 39 inches. The ambulatory stall had a raised toilet and there's a really sharp corner on the platform that holds the sinks. So that's just not the way it's supposed to be in a new facility. Somebody needs to get a thought process going that meets the needs. So, if I'm in that stall and there's people at numerous sinks, I'm not going to be able to get out of that path.

>> Next [slide 31].

Another example of a smart corner, a sharp corner. They, architecturally somebody thought, "well this is cool," but it could be a hazard to people in a wheelchair, children, and people with visual impairments. You don't want sharp corners going into the path of travel.

>> Next [slide 32].

Really quick on this. But my pet peeve is, I cannot tell you how many of the shelters had accessibility in the front, but no accessibility to get out of the emergency exits in the back. There are many, many reasons that I should have the opportunity to get out of the back. There could be an active shooter. There could be a fire. There could be some kind of an emergency where people have to get out. And if somebody with a disability tried to get

out, they might block the entire emergency exit for everybody else as well. So, it's just really important that all the entrances and exits are accessible. This is a gravel with kind of a framework of plastic underneath it. And some of them have don't even have that framework, they just have gravel or dirt.

>> Next [slide 33].

And some of them had, had steps. This is an exit that has two steps going down off, out of the emergency exit. So that is obviously not accessible.

>> Next [slide 34].

And this is one going out onto grass and gravel, an emergency exit.

>> Next [slide 35].

This one is just one that goes to nowhere. So, you could get on the platform, but you could not get off. Grass, step down, dirt, which if it was a hurricane, it would end up being mud or certain other disasters, it would end up being mud. Door opens onto small concrete patio with a black mat. Okay.

>> Next [slide 36].

And parking is always an issue. Jason, why don't you go ahead and let me do some of those Q&A and then if we have time, I will speed through the end [slides 37-43].

>> Next [slide 44] Questions and Answers

>> Jason: Okay. Somebody said, "Can you talk about some of the barriers people are experiencing getting medication ahead of extreme weather events."

>> **Christine:** Oh, I mean, it's, it's just terrible. And what do you do if your medication requires refrigeration? And it, I guess that is an issue that we need to address with our communities and let them know this is a problem with hospitals, with our doctors. It is, it's just it's not acceptable that that continues to be a problem.

>> **Jason:** Somebody says, "Are the pictures, the showers that do not meet accessibility guidelines, built before 3-15-2012?"

>> **Christine:** No, those are brand new, brand new. But unfortunately,

>> **Jason:** And there's a lot of questions or comments by Ruthie G. that you may want to read over, There's several of those. Here's, here's one. "A public school has designated specs, specific classrooms during school hours as areas of rescue assistance after hours, those rooms are locked and not in use if a student or parent requests one, a safety emergency plan, like a fire tornado, whatever is developed for that student, for the individual activity that occurs after school. The school has events after school on weekends that are open to the public. Is this safety emergency approach, ADA aligned?"

>> **Christine:** Well, I would think that that would be a really good thing for a school or a community to do. And it would certainly be reasonable. It would not be against the ADA. But gosh, it, anything can be considered unless it is discriminatory, unless it violates the law. And you would think that safety for everybody in every circumstance would be paramount for schools.

>> **Jason:** Ruthie G., she's from "no barriers." It says, "I was very fortunate to be adopted by a Katrina family from the Ninth Ward. When they came to my city in California, after escaping the Astrodome. Two of the six kids

have developmental disabilities. When they were evaced to Houston, Astrodome was totally in the hallway, understaffed, and not equipped for any disability. Cross jurisdiction, never mind cross state lines. A-F-N services did not exist. After the Oro dam disaster in Oroville, California, just five-years ago, evacuation shelter services had not changed much. Where do we go from here to actually change this paradigm?"

>> **Christine:** Well, also, just to make a comment. My phone number is on the last slide, so the person who wants to talk more can call my phone number. We just really have to be active in advocating for compliance with the law. We have to let our community leaders know. I am sure, or at least I'd like to believe that many of them are not aware of the issue. And so, we just have to really step out there and talk to people who can make a difference. Talk to our political leaders. Talk to our Congress people. Talk to our emergency management people, management people. And let them know that this is a huge issue that needs to be addressed. And people with disabilities deserve the same rights and protections as everybody else. It's just our issues might be more complicated. You know, it doesn't get them off the hook. So, I think our raising our voices in this is just really important.

>> **Jason:** Okay, thanks. That's all the questions that are not, they need the answer online. Anybody have any final questions for Christine?

>> **Christine:** I'm sorry, Marsha, could you go to the last slide, so they have that, next to the last slide.

>> **Barry:** Christine, I have a question while she's going to the last slide. This is Barry. So, getting back to this issue of having medication on hand in an emergency, Have you found that, and this is a two-fold question, have you found that pharmacists will make reasonable modification to policy to

provide extra medication in advance of a disaster like a hurricane is coming or something like that or a blizzard in this case?

>> **Christine:** I have not been aware of that. I am not aware of that. I do a very bad thing which is sometimes skip my medicines to save up a few days.

>> **Barry:** Ah, jeez.

>> **Christine:** I know, most people shouldn't do that. But I do think that it would be a worthwhile thing to contact CVS and contact Walgreens. Ask them if they have a policy related to that and what we can do. You know it could be a regional or national effort.

>> **Barry:** Yeah.

>> **Jason:** I will say this from my experience. Getting to know your pharmacist well, it's very important in that situation and not having prescriptions all over town with different pharmacies. And they will, but they are a lot more accommodating when they know you in situations like vacation and stuff like that, my pharmacist does well with that. So, I'm not sure it's a policy or personal thing, but getting to know your pharmacist is pretty doggone important.

>> **Barry:** And I see a message here in my private chat from Ms. Cheri that there is a new law in Florida that in a state of emergency you can get extra and advanced medications. So, some states have addressed this, so that's a good thing. The other thing I wonder about, and I know we're running out of time. I'm thinking about those people who might be in medically assisted treatment for opioid addiction. And what are the consequences for them in getting suboxone or whatever in an emergency? And I know you probably

don't have an answer for that. I'm just kinda thinking out loud here that that's critical for those folks.

>> **Christine:** Absolutely. And that might be a really worthwhile thing for us to do, at least in our region, is get that information and make it available to people because there's a lot of people that need to know that stuff.

>> **Barry:** Yep. Thank you. Christine.

>> **Christine:** Welcome. Could you go to the next slide?

>> **Marsha:** We do need to just do our quick wrap-up. What about that slide before with those pictures that we were just?

Yes, that's what I have to talk about now.

>> **Christine:** Yeah. Yeah. Yeah. Please do that.

>> **Marsha:** Thank you all for joining us for the second session in the fourth Thursday ADA Talk series. The link to the post-test eval will be emailed to you at the conclusion of this session.

You want to pay attention though to this information on this slide. It's says, "Greetings from Mississippi." It has a picture of Christine. And she's also with Christy Dunaway, who was a former president for the CIL of Mississippi. And that may, may come into play on the post-test. So, make sure you know greetings from Mississippi from Christine and Christy.

>> **Christine:** And that is our MIMO headquarters in the background. And also, again, thank you for joining us.

>> **Marsha:** Again. For the certificate of participation, you must complete the post-test eval. You must submit your confirmation of attendance for the

entire session. Attendance will be verified. And the link I will put in the chat, but it will also be sent out to you as well by email.

>> **Jason:** I also wanted just to add that we will be back on March 23rd, the fourth Thursday of March, and that is: Program Access and Structural Accessibility of Public Facilities, exploring specifically Title two (II). And hope everybody can join us for that. Should be able to use the same link that you used to register for this month. And again, thank you so much for participating and I hope to see you again in March. Everyone have a good day.

Contact and Questions?

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