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**Disaster Management Policy and People with Disabilities
in the United States and Jamaica**

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor
of Philosophy at Virginia Commonwealth University.

by

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Acknowledgment

I am deeply grateful for those who have supported me during this pursuit. I owe a lifetime of thanks to Jack, whose unwavering support empowered me to follow this dream, in good times and in bad. And to Ian, who boldly went along for the ride, sometimes following and sometimes leading, always smiling.

I would like to offer my deepest gratitude to my chair, Dr. Ellen Netting, whose calm reassurance and constant encouragement made it all seem possible. I would also like to thank my committee members, Dr. Sarah Kye Price, Dr. Mary Katherine O'Connor, and Dr. Fred Orelove, and peer reviewer, Dr. Monica Leisey, whose support kept me going and cheered me on even when the power was out and the taps ran dry. And to Dr. Patrick Shannon, the auditor for this study, thank you for commitment to the methodology and willingness to dive in and make sense of my process.

I would also like to take the opportunity to thank friends and mentors in Jamaica, including Gloria Goffe, Loraine Cook, David and Joyce Chin, the Catling family, and the community of St Andrew Lutheran Church.

Many thanks to those who planted the seed a few years back during my MSW program, Dr. Waldo Klein and Dr. Nancy Humphreys, and to my mentors in disability policy who took a green intern and sparked a passion.

To all the friends and family who have cheered me on along the way, I thank you. And to those who made these four years memorable, I heart my cohort.

Dedication

I would like to dedicate this dissertation to the participants in the study. To all those who opened their homes or offices to me and shared their stories, this dissertation would not have been possible without you.

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Abstract

DISASTER MANAGEMENT POLICY AND PEOPLE WITH DISABILITIES IN THE UNITED STATES AND JAMAICA

By Jessica Carol Jagger, PhD

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at Virginia Commonwealth University.

Virginia Commonwealth University, 2011

Chair: F. Ellen Netting, PhD
Samuel S. Wurtzel Endowed Faculty Chair and Professor
School of Social Work

Natural and human-influenced disasters impact every demographic group around the world. People with disabilities face unique barriers to disaster preparedness, mitigation, response, and recovery related to functional needs and societal barriers. This study examines the relationship between emergency management planners and disability communities, by exploring the intent of emergency management policy, implementation of the policy, and the experiences of people with disabilities in Jamaica and Virginia. In this study, 36 people with disabilities were interviewed about their experiences with disaster, and 18 planners were interviewed about the intent and implementation of disaster management plans. Participants were from different communities across Jamaica and Virginia, and included people with various disabilities as well as individuals in various planning roles from government employees to agency representatives

involved in municipal, regional, and national level planning. In addition, the researcher analyzed the National Disaster Action Plan of Jamaica and the Comprehensive Preparedness Guide 101 of the United States. Findings indicate that in Jamaica and Virginia, strengths exist, including some instances of collaborative planning, a focus on subsidiarity to answer needs as close to home as possible, and an emphasis on flexibility. Challenges were also identified, instances when planning and response did not meet the needs experienced by persons with disabilities, and in which vulnerabilities were exposed. These challenges interfered with participants' equal access to services afforded by the Americans with Disabilities Act in the United States and the United Nations Convention on the Rights of Persons with Disabilities in Jamaica. Implications of these strengths and challenges for social work practice, education, and research are discussed in the context of this study, in the context of the principle of social and economic justice.

Chapter 1: Problem Definition and Research Question

Across the United States and around the world, people of every race, ethnicity, gender, socioeconomic status, and ability are affected by natural and human-influenced disasters. However, for people with disabilities, the barriers to disaster preparedness can be compounded by functional needs and societal barriers. When preparedness is inadequate, disadvantage and suffering often carries over to survival and recovery. Disasters affect people around the world and require rapid intervention, and social workers must know how to respond when disaster strikes. Even more importantly, they need to advocate for the voices of oppressed people to be heard in disaster planning so that functional needs do not render people vulnerable and dependent, and so that first responders provide appropriate, sensitive, and competent response to people with disabilities. Social workers are often the professionals who intervene with lingering economic, social, and psychological factors impeding full recovery after the initial wave of disaster response has ended.

In this research, policies created to protect and serve people with disabilities during disasters are studied. These policies are crafted with specific intents, and they are experienced by people with disabilities in ways that may or may not be consistent with those intents. The study of these policies, exploring intents and experiences, is critical to understanding their formulation and implementation in context. The researcher

traveled to Jamaica for ten months to study the policies in intent and experience there, and then returned to study the policies in communities within the United States.

In recent decades, people with disabilities have worked to increase inclusion in their communities across the United States and throughout the world. As inclusion grows, people with disabilities are becoming more and more visible beyond the scope of traditional disability services (Asch & Mudrick, 1995; Roth, 2005). Government and community services are recognizing the presence of people with disabilities within their communities and attempting to respond to their needs (American Red Cross, 2004; Smithsonian Institution, 2000; UConn UCEDD, n.d.). People with disabilities are advocating for equal access to these services to which they are entitled as citizens (Kailes, 2006; Moore & Moore, 2008; National Council on Disability, 2005).

Emergency management is one such service in which planners are learning about people with disabilities as community members for whom they must provide equal access to services. States and municipalities in the United States look to the Federal Emergency Management Agency and similar sources for guidance, and Jamaican parishes look to the nation's Office of Disaster Preparedness and Emergency Management. Because emergency management for people with disabilities is a relatively new policy arena, recommendations, including those of federal agencies, are based on previous experiences and sometimes the beliefs of emergency managers and disability advocates or service providers (Jagger, 2009; Roth, 2005; Rowland, White, Fox, & Rooney, 2007). Recent experiences with disasters have taught many lessons and have indicated that the policies adopted so far are not meeting the needs of people with disabilities (Deal, Fountain, Russell-Braoddus, & Stanley-Hermanns, 2006;

Gooden, Jones, Boyd, & Martin, 2009; Hess & Gotham, 2007; Hoffpauir & Woodruff, 2008; Kailes, 2006; Kendra, Rozdilisky, & McEntire, 2008; Kirkpatrick & Bryan, 2007; McClain, Hamilton, Clothier, & McGaugh, 2007; Metz, Hewett Jr, Muzzarelli, & Tanzman, 2002; Roth, 2005). Reporting of lessons learned is a first step, but systematic study is needed to understand if the policies are working as intended, in order to establish empirically supported policy guidance on emergency management for people with disabilities.

Since Hurricanes Katrina and Rita in 2005, many disability community and emergency management leaders in the United States have worked to improve preparedness and outcomes for people with disabilities in times of disaster. Similar efforts are also underway in Jamaica, following the experiences with hurricanes such as Ivan in 2004, Dean in 2007, Gustav in 2008, and various other storms that have caused surges and flooding as they passed through the Caribbean. These planning efforts are often two-pronged: (1) educate emergency managers about disability and people with disabilities so that plans can become more inclusive and responsive to community needs, and (2) increase personal preparedness among people with disabilities. Despite the growth of these efforts, research has shown that in many ways, people with disabilities are faring no better in emergencies than before Katrina, Rita, or the attacks of September 11, 2001 (Kailes, 2006; National Council on Disability, 2005). Since people with disabilities are entitled by law to equal access to government services, and because emergency management is a government service, more must be done to better meet the needs of people with disabilities in an emergency.

Disability and Disaster: A Social Work Concern

The need for emergency management to be inclusive of people with disabilities is clear, and the social work profession has an important role in this. Social workers have an established working relationship with the disability community and an approach to working with oppressed groups that fosters self advocacy and promotes equal access and social justice. Social workers also are integral to disaster response; when disaster strikes, social workers work with emergency management to respond to the service needs of the community, and social workers continue to respond long after the initial impact of the disaster.

Disability and social work. Asch and Mudrick wrote in their entry in the *Encyclopedia of Social Work*, “[f]or as long as there has been an organized social work profession, social workers have been involved with people with a wide range of conditions defined as disabilities” (1995, p. 752). Though not all people with disabilities require social work services, the community of people with disabilities is recognized as an oppressed population, and social work is at its core a profession dedicated to serving persons who are oppressed (Pardeck, 1998). Members of the social work profession serve many people with various types of disabilities across various settings throughout the lifespan (Asch & Mudrick, 1995; Pardeck, 1998).

Emergency management and social work. Social workers are needed in emergency management. The biopsychosocial lens of social work provides important insight into the impact of disaster on individuals and communities, and is a valuable perspective in any planning effort (Wodarski, 2004). At the core of the social work profession is helping people access basic needs, and disasters threaten access to food,

clothing, and shelter for everyone in the affected area, especially those who may require additional assistance or accommodations to services planned for by emergency management. Committed to linking at-risk populations to needed programs and services (Minahan & Pincus, 1977), social workers often have access to a wide array of service providers, both nonprofits and government services. This expertise about community resources is especially useful since emergency management begins and ends locally, and a well-connected social worker can be an effective advocate for change. The collaboration with service providers and resources can promote social justice in the preparedness for and response to disasters (Farquhar & Dobson, 2005).

Communities of Study: Jamaica and Virginia

Jamaica. Jamaica is a small island in the Caribbean, south of Florida and Cuba, and west of Haiti. The island is nearly 4,250 square miles with an estimated population of nearly 2.7 million in 2008, 6.2% of whom report having a disability or infirmity (Statistical Institute of Jamaica, 2009). According to the World Bank (2009), the gross domestic product for Jamaica in 2008 was \$15,068,000,000 USD, and the reported incidence of poverty is 19.7% (Economic Commission for Latin America and the Caribbean, 2004, p.5). Jamaica is made up of fourteen parishes, each with its own municipal government, parish disaster coordinators, and disaster plans (Office of Disaster Preparedness and Emergency Management, 2008b). ODPEM also has four regional coordinators, each of which collaborates with three to four parishes.

ODPEM and the disability community have already demonstrated a commitment to improving disaster outcomes for people with disabilities. ODPEM has collaborated with the Combined Disabilities Association (CDA) to train more than 200 planners and

responders on disability awareness and more than 200 people with disabilities on disaster preparedness and response (G. Goffe, personal communication, October 21, 2008). This effort mirrors some of the efforts underway in US communities in Virginia. On disability policy Jamaica is a leader, having been the first nation to ratify the United Nations Convention on the Rights of Persons with Disabilities in 2007 (Morrissey & Guernsey, 2009; see Appendix A for the text of the convention). The discussion of disability policy began in Jamaica more than fifteen years ago when the National Policy for Persons with Disabilities was first offered for consideration in the Jamaican Parliament in 1993 (Ministry of Labour and Social Security, 2006). However, currently the policy has not been fully implemented and is not legally enforceable. Certainly the Jamaican government, having ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD), has demonstrated to the international community a commitment to disability policy. And although the national policy is not yet enforceable, the CRPD holds the Jamaican government accountable for the treatment of people with disabilities, including equal protection in disasters (Morrissey & Guernsey, 2009). Given this commitment to the rights of persons with disabilities, the dedication shown by advocates, ODPEM's efforts to improve disaster outcomes for people with disabilities, similarity of hazards to those in eastern coastal states of the United States, Jamaica was selected for this study.



Figure 2.1: Map of Jamaica and the Caribbean. The island of Jamaica is circled in dark blue. It is located south of Florida and Cuba and west of Haiti. The Gulf of Mexico is to the northwest, Mexico and Belize to the east, Panama and Colombia to the south.

The United States. On July 26, 2009, the nineteenth anniversary of the signing of the Americans with Disabilities Act, President Barack Obama announced that the US would sign the United Nations CRPD, which it did four days after the announcement (Morrissey & Guernsey, 2009). Signing is the first step in accepting a United Nations convention and indicates interest and intent, but it must be ratified by the nation's legislative process before it becomes binding for that nation. In the United States, the CRPD must now move through the approval process in Congress before it becomes legally binding. While the CRPD does not afford protections beyond what is already given by national policies, it does hold the US accountable to the international community on this issue. This presidential administration has indicated its commitment to this convention, although there are other UN conventions that predate this one yet to be ratified in the US (Morrissey & Guernsey, 2009). Nationally, disability civil rights

policy includes the Rehabilitation Act (1973), as well as the Americans with Disabilities Act (1990). The median household income in the United States in 1999 was \$41,994 USD, with 12.4% of the population living below poverty level (United States Census Bureau, 2009a). According to the World Bank (2009), the gross domestic product for the US is \$14,204,322,000,000, more than 900 times that of Jamaica. The Department of Homeland Security and the Federal Emergency Management Agency (FEMA) within DHS provide supports to states on emergency management. FEMA has a national and regional infrastructure, with ten regions of operation covering the fifty US states, the District of Columbia, and the six territories (Federal Emergency Management Agency, 2009).

The Commonwealth of Virginia is large, with a significant area along the Atlantic coast. As a coastal state, Virginia experiences threats similar to those impacting Jamaica, though not as often as Jamaica or even the Gulf Coast states in the United States. Virginia was selected for this study because of this variation in the frequency of disasters; Jamaican policy makers may draw largely on direct experience to craft policies, while the policy makers in Virginia will have likely considered some direct experiences while also contextualizing the experiences and decisions of policy makers in the Gulf Coast and other states. Virginia is made up of many smaller, municipalities (counties, cities, and towns) and these municipalities vary with regard to wealth and poverty as well as rural and urban classification. It is also part of the United States, and as such, is subject to federal law.

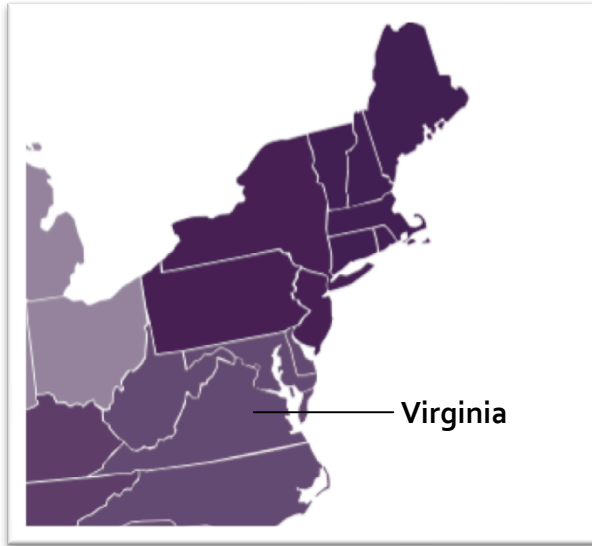


Figure 1.2: The northeastern and mid-Atlantic United States. The Commonwealth of Virginia in the mid-Atlantic is shown in this map.

Virginia. Virginia is located in the mid-Atlantic region of the United States. Covering nearly 39,600 square miles, Virginia's 2008 population estimate of almost 7.8 million people covers urban, suburban, and rural communities organized into 134 counties and independent cities (United States Census Bureau, 2009b). The median household income in Virginia in 2009 was \$59,372, with the highest in Loudoun County at \$114,200 and the lowest in the city of Martinsville at \$28,298 (US Department of Agriculture, 2010). More than 10% of Virginians were living below the poverty line in 2009. Much like Jamaica, the natural hazards in Virginia include droughts, floods, hurricanes, thunderstorms, tornadoes, fires, winter weather, and geologic events such as earthquakes, mudslides, and sinkholes (Virginia Department of Emergency Management, 2009a). Most recently, Hurricanes Isabel and Gaston profoundly impacted communities in Virginia (Virginia Department of Emergency Management, 2009b). Hurricane Isabel moved across Virginia in September of 2003, causing 36 deaths, loss of power in more than two million homes, and more than \$625 million in

damages. Tropical Storm Gaston moved through Virginia in August of 2004, killing eight people in flash flooding in Richmond, sparking thirteen tornadoes, and causing \$130 million in damages. Other hurricanes and tropical storms have impacted Virginia communities along the coastline as well as inland communities. The Virginia Department of Emergency Management is the state agency tasked with emergency management.

In Virginia, one initiative that has begun to bridge the divide between the disability and emergency management communities is the Are You Ready? training program from Voice for Gap Kids (Moore & Moore, 2008). What began as a youth leadership project for a young man with autism became a regional training effort reaching hundreds of planners and people with disabilities in central Virginia. Mr. Moore, the young man with autism struck by Katrina's devastation and disproportionate impact on people with disabilities, was recognized by the governor of Virginia for his efforts to increase community preparedness and has earned the respect and appreciation of many local planners and responders. Local students with disabilities prepare "go kits" of water, first aid, and other supplies obtained mostly through donations. These kits are then given to training participants who learn from Mr. Moore about personal preparedness for people with disabilities.

Comparing Jamaica and Virginia. Virginia and Jamaica have some key similarities. Virginia and Jamaica have extensive coastlines. Each has wealthier communities as well as working class communities, rural areas as well as major metropolitan areas. Each is impacted by similar hazards, which threaten lives, damage property, and disrupt the economy. For each of these locations, tourism (including

tourism to the coastal communities) is an example of a large revenue source that can be disrupted by a disaster and the ensuing recovery. In 2007, tourism brought \$18.7 billion in revenue to the Commonwealth of Virginia, 4.9% of the gross state product (Virginia Tourism Corporation, n.d.). In Jamaica, travel and tourism brings nearly \$4 billion in revenue, or 27% of its gross domestic product (World Travel & Tourism Council, 2007). The similar natural hazards are of primary focus in this study, as well as the economic and rural/urban diversity prominent in each location.

Jamaica and the US were selected for this study because of the similarities they share and the interesting juxtaposition of disability policy in the two nations. Jamaica, a small, developing country, has taken on a leadership role on the international level by being the first to ratify the United Nations Convention on the Rights of Persons with Disabilities. The United States, which has had civil rights policies for people with disabilities for more than thirty years, has yet to ratify this same convention. The two locations make for a germane comparison with similar hazards, varying size, and extensive coastlines.

Defining Disaster

Disasters occur across the United States, and include storms, floods, extreme heat and cold, tornados, and more. According to the National Weather Service (2007), there were 566 weather-related deaths, 3489 injuries, and more than \$1.26 billion in property and crop damages in 2006. In 2005, there were 1451 weather-related deaths, 1834 injuries, and more than \$100.8 billion in property and crop damage. Of course, these numbers do not reflect disasters such as fires (not weather-related), structural failures, or acts of terrorism, all of which also disproportionately impact people with

disabilities through barriers to preparedness, evacuation, sheltering, and recovery (Kailes, 2006; Roth, 2005). As emergency management professionals prepare for and respond to such disasters in their communities, they are faced with and expected to address the complexities of such disasters for people with disabilities (Clarke, 1999; Gooden, Jones, Boyd, & Martin, 2009; Hess & Gotham, 2007; Kendra, Rozdilisky, & McEntire, 2008).

The natural hazards in Jamaica include storm threats like flooding and storm surges, hurricanes, and tsunamis, as well as fire, drought, earthquakes, and mudslides (Office of Disaster Preparedness and Emergency Management, 2008a). Hurricane Ivan in 2004 had a lasting impact on emergency management in Jamaica. Meeting emergency needs immediately following the hurricane cost \$4.5 million USD, paid by the Jamaican government and international aid, and the total financial impact of Hurricane Ivan was calculated to be \$580 million USD, or 8% of the gross domestic product for Jamaica (Economic Commission for Latin America and the Caribbean, 2004). Fourteen percent of the Jamaican population was impacted by Hurricane Ivan, and seventeen people died. Hurricane Ivan's impact has also been compared to the more severe Hurricane Gilbert in 1988, which claimed the lives of 49 Jamaicans and cost 65% of the GDP. The differential experiences of people with disabilities in Jamaica have yet to be documented in the literature, although the underestimation by the government of the prevalence of disability in Jamaica has been noted (Thorburn, 2008).

The emergency management community in the United States and other countries including Jamaica utilize a cyclical model of disaster, shown in Figure 1.3 (Wodarski, 2004). This model describes the four stages of emergency management,

each of which is an opportunity for interventions that will improve outcomes for citizens and communities. Preparedness refers to what individuals, groups, and organizations do to prepare themselves for an emergency. The emergency management community promotes personal preparedness through media and publicity campaigns, on websites such as www.ready.gov, and other community initiatives. Mitigation refers to actions taken to lessen the potential impact of a disaster, such as building code requirements that require additional measures to withstand earthquakes or high winds or sprinklers installed in buildings to mitigate fire damage. Response is what individuals, groups, and communities do to save lives, such as evacuating or sheltering in place. What is done to restore equilibrium to individuals' lives and the community is known as recovery.

Recovery may involve transporting people home, performing repairs to homes and removing debris, providing social services and financial supports, crisis intervention and other interventions with individuals, groups, and communities to return as closely as possible to what life was like prior to the disaster. The model is depicted as circular because what is done in the recovery stage can also help to prepare for the next disaster, which may occur next year or next month, as in the case of Hurricanes Katrina and Rita. The duration of recovery, especially for larger or widespread disasters, and the frequency with which we experience disasters makes it difficult to draw a clear delineation between the end of recovery from one event and preparedness for the next.



Figure 1.3: The Cyclical Model of Disaster and Examples of Barriers for People with Disabilities. This model is widely used by planners and responders to understand the four stages of emergency management at which interventions can improve outcomes: preparedness, mitigation, response, and recovery. Examples of barriers for people with disabilities are adapted from Kailes (2006) and Roth (2005).

Defining Disability

The term “people with disabilities” is defined here to include a diverse group of people of all ages with physical, cognitive, psychiatric, sensory, and/or communication disabilities. Data on the prevalence of disability in Jamaica are questionable at best. The national census estimates that 6.2% of Jamaicans have a disability or infirmity (Statistical Institute of Jamaica, 2009), while other studies have estimated at least 8% of Jamaicans have an intellectual disability (Thorburn, 2008). According to the census data from 2001, 30.1% of Jamaicans with disabilities have a sight disability, 20.1% have a physical disability, 9.7% have a hearing disability, 9.2% have a psychiatric disability

(mental illness), 6.1% have intellectual disabilities and 4.0% have learning disabilities, and 6.4% have multiple disabilities (Nam, 2005). In contrast, the Pan American Health Organization (PAHO, 2011, p.2) estimates that 29% of Jamaicans with disabilities have physical disabilities, 12% have visual disabilities, 14% have multiple disabilities, eight percent have mental illness, and five percent have intellectual disabilities. Attitudes and beliefs in Jamaica about disability are still dominated by faith and spirituality; many adults believe children with disabilities are sent by God, are punishment for sins of the parents, or are otherwise the result of supernatural forces (Thorburn, 2008). Jamaican families are often unaware that educational, therapeutic, and rehabilitation needs can be met through home and community based services. Special schools and homes for people with disabilities are still in use, though their numbers are dropping because of the work of disability advocates promoting community inclusion and community based rehabilitation.

The Centers for Disease Control and Prevention (CDC) indicate that 34.1 million people in the United States have limitations in daily activities due to disability or chronic condition (Centers for Disease Control and Prevention, 2007). In the United States, 36.5 million adults have hearing impairments, 20.3 million have vision impairments, and 15.4 million are unable to or have great difficulty trying to walk one-quarter mile (Centers for Disease Control and Prevention, 2007, para. 1). Also, as people in the United States get older, they are increasingly likely to have a disability. According to the US Census (2007), 40.5% of those ages of 65 and older living in the community (non-institutionalized) have a disability, while the overall statistic for the percentage of non-institutionalized people in the US ages 5 and older with a disability remains between 15

and 19% (United States Census Bureau, 2007, section 1). Poverty also compounds issues faced by people with disabilities; 21.1% of people with disabilities are living below the federal poverty level, while only 11.3% of the population of people without disabilities live in poverty (United States Census Bureau, 2007, section 7).

It is noteworthy that the statistics in the United States reflect people living in non-institutional settings. Only within the last few decades has the US shifted from sending people with disabilities to live in hospitals, group homes, or other institutions toward inclusive community living, and only more recently has this shift occurred in Jamaica. The shift to independent community living and inclusion has real implications for disaster preparedness and response. There exists in the emergency management community a misperception that most people with disabilities live in an institution, and that the institutions, whose licensure requirements mandate disaster planning, will take care of their own residents without assistance (Gooden, Jones, Boyd, & Martin, 2009; McClain, Hamilton, Clothier, & McGaugh, 2007). In general, the emergency management community is receptive to learning about the shifting demographics of disability, about the needs that exist within the community in an emergency, and especially about strategies for improved preparedness, response, and recovery (Jagger, 2009; Moore & Moore, 2008; Rowland, White, Fox, & Rooney, 2007; UConn UCEDD, n.d.). Emergency management policy has evolved from failing to address people with disabilities to addressing “special needs” or “vulnerable populations” and now is moving toward an informed understanding of the unique ways planners, responders, and people with disabilities can work together to ensure that no one is left behind (American Red Cross, 2004; United States Department of Homeland Security, 2006).

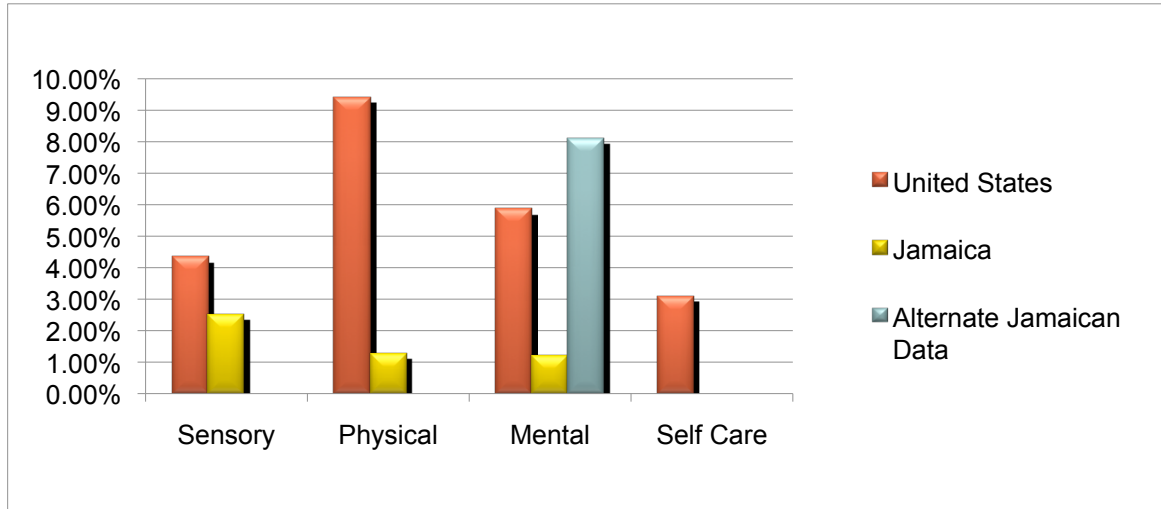


Figure 1.4: Disability types in the US and Jamaican populations. This figure illustrates the percentage of people in the US and Jamaican populations with sensory, physical, and intellectual (known as mental in Jamaica) disabilities. The numbers are from the US American Community Survey (United States Census Bureau, 2007) and the Jamaican census (Statistical Institute of Jamaica, 2009). However, other studies have questioned the accuracy of the census in Jamaica, estimating the percentage of individuals with intellectual disabilities to be 8%, shown in blue (Thorburn, 2008).

Nussbaum (2006) documents disability as a social justice issue, in which individuals with disabilities are unjustly not afforded the same capabilities and opportunities as other human beings. Nussbaum proposes a socially just goal of a society that affords every individual these essential capabilities as matters of dignity, citing examples of inclusive education, ramps for basic physical access, and self-determination. This goal is often promoted by social workers and providers as well as self-advocates who work to level the playing field and provide accommodations individuals need to fulfill their capabilities. Social workers have a unique understanding of the complexity of clients' lives, including their social, behavioral, equipment, assistive technology, and medical support needs as well as their strengths and capabilities (Pardeck, 1998). Additionally, social workers are connected with many disability and

social services networks, allowing practitioners to access resources for clients from a variety of sources and agencies. And although time with clients is limited and easily usurped by numerous other priorities, social workers have a unique ability to view the individual as a whole in her/his environment in a way that physicians, nurses, therapists, teachers, and other medical or educational professionals may not. Social work practice involves working with people with disabilities, and social work scholarship must reflect this longstanding practice relationship.

In this study, the author explores how policy makers and members of the disability community influence emergency management policy on the local (county/parish) level, and how those policies are perceived to impact the disability community. Specifically, the study investigates the intent of emergency management policy, how the experience of implementation leads to reevaluation of the policy, and what roles and experiences with disasters people with disabilities play in that reevaluation.

Disability and Disaster

People with disabilities are identified as a nondominant group and protected under civil rights laws including the Americans with Disabilities Act (1990) in the United States and the UN Convention on the Rights of Persons with Disabilities in Jamaica (Morrissey & Guernsey, 2009). The current definition of the problem and description of Jamaica includes what was available from afar before embarking on the study, augmented by what was learned during ten months of living and researching on the island. There are many nuances between how the two countries count and plan for people with disabilities, but the overriding policy guidance of equal access remains

clear: both countries prohibit discrimination on the basis of disability, including in the provision of emergency management services. The ADA documents the need for protection from (and therefore the existence of) discrimination on the basis of disability in employment, housing, public accommodations, transportation, and education (Pardeck, 1998). Title II of the ADA prohibits discrimination in government services, which include emergency management provided or funded and contracted at local, state, and federal levels. And although the ADA has banned this discrimination for nearly 20 years, the differential experiences of people with disabilities in disasters is documented in the work of Kailes (2006) and the National Council on Disability (2005) as well as in images of Hurricane Katrina and other disasters in the media of people dying in their wheelchairs and stories told by friends and loved ones of lives lost (Roth, 2005). Similarly, Article 11 of the CRPD entitles people with disabilities to equal services in disasters (Morrissey & Guernsey, 2009). Using the cyclical model of disaster in Figure 1.3, we can see the potential barriers for people with disabilities.

Preparedness involves spending time and money to accumulate resources needed during a disaster. For people with disabilities, it may be difficult to physically or cognitively access preparedness materials, and individuals who utilize equipment often cannot afford the cost of purchasing backup equipment, especially since more than one-fifth of people with disabilities in the United States are living below the poverty line (United States Census Bureau, 2009a), and some estimate that nearly one-fifth of all Jamaicans are living below their poverty line (World Bank, 2009). Mitigation may not look different for people with and without disabilities, especially when looking at infrastructure issues like building codes already compliant with the Americans with

Disabilities Act accessibility requirements. On the individual level, the best mitigation can be preparation. Response issues for people with disabilities have been explored in the work of Kailes (2006); evacuation is impeded for some with disabilities who do not drive or otherwise are unable to evacuate due to physical or cognitive disabilities. For example, although only 15% of New Orleans' population was over 60 in Fall 2005, they accounted for nearly 74% of deaths, and 50% of the dead were over 75 (Brunkard, Namulanda, & Ratard, 2008; Dyer et al., 2006; Senior Journal, 2008). For those who require additional assistance in evacuation, the evidence clearly indicates a need for improvement in the transportation and evacuation system (Hess & Gotham, 2007; Kendra, Rozdilisky, & McEntire, 2008; United States Government Accountability Office, 2006). Sheltering in place is challenging for people who have not prepared the needed supplies to stay at home (see preparedness barriers above) or who require the support of other individuals from outside their homes. For example, for several days, personal assistants were unable to reach people with disabilities living inside the restricted zone in New York City after the attacks of September 11, 2001 (Roth, 2005). Recovery challenges are compounded by systemic issues for people with disabilities. Recovery may include replacing lost or damaged equipment, repairing a home or finding a new home, or other activities made difficult or impossible by limited financial resources, physical or cognitive impairments, the shortage of accessible housing, barriers to accessible transportation, and other issues beyond the scope of emergency management's recovery activities (Kailes, 2006; Roth, 2005).

Research Question

Emergency management professionals are becoming increasingly aware of the presence of people with disabilities in the communities they serve and of the additional barriers people with disabilities may face in preparing for, responding to, and recovering from a disaster. For statistical, legal, and ethical reasons, many planners are attempting to write policies that include strategies to address the needs of people with disabilities. But questions remain about from where these policies are coming, how appropriate they are to the context of the specific community, and how the intent of the policies is translated through the implementation process and experienced by community members with disabilities. Within specific communities, what are the policies written to address the needs of people with disabilities? Who contributed to the creation of these policies, and what resources were used to guide their creation? When implemented during a disaster, how are people with disabilities experiencing them? Do the personal experiences of individuals reflect the intent of the policy, or is there a disconnect? If the policies are not working as intended, why not? Additional research is needed to begin to answer these questions in the selected communities. Through such research we can establish which of the current policies work as intended and which may need changing. It is therefore most appropriate to begin by analyzing the policies in contexts, exploring the intent behind them, the lessons learned from implementation, and the experiences of those affected by them. Once context is selected, three key questions emerge:

1. What is the intent behind specific policies communities are adopting in their emergency plans to meet the needs of people with disabilities?
2. How are those policies experienced by community members with disabilities?

3. Does the intent match the experience? Why or why not?

By asking these questions in communities that have experienced disasters and the implementation of emergency plans, research can systematically establish which policies were successful in the communities of study and which are not, and then learn about how persons with disabilities used their experience to inform the revision of current and future policy development. In doing so, preparedness is improved in these communities; planners learn what works and what does not, and they have the opportunity to revise policies as needed.

In the preparedness stage of the emergency management cycle, change can come from both personal preparedness interventions as well as systems preparedness interventions, as in this study. It is an ideal time in the cycle to advocate for the needs of people with disabilities. Mitigation rarely differs from people with and without disabilities, and response refers to how first responders answer the needs of people with disabilities in a disaster, informed by what they know about people with disabilities before the disaster strikes, also known as systems preparedness. Recovery is dependent upon larger contextual issues such as housing, transportation, accessibility of society, as well as effective preparedness. Through systematic study of emergency plans and policies, we can improve preparedness for the targeted locality; bridge the divide between the emergency management and disability communities, and ease the work of response and recovery.

Chapter 2: Literature Review

The literature on emergency management and disability at present consists of many conceptual and theoretical works as well as some empirical studies. This research is almost entirely from the United States, although there are some international studies available in the academic literature (Keim & Rhyne, 2001; Mishra & Suar, 2007). Resources on disability and disaster in Jamaica are lacking from the academic literature, although many practical resources were gathered from advocates and disaster management professionals during the course of the ten months in country. Since this study involves collaboration with stakeholders in the disability community and the emergency management community, access to information on disability and disaster in Jamaica increased.

With some understanding of the demographics of disability and of disaster, we can begin to review what has been established in the literature, which can be grouped into the following themes, shown in Figure 2.1: disability & disaster in social work; emergency management awareness of disability; personal preparedness trends; community participation in planning; and some areas of emergency management of particular concern for people with disabilities, including transportation and evacuation, health system preparedness, and registries.

Disability and Disaster in to Social Work

Social workers' roles as advocates for people with disabilities and as providers of various social services are well documented. Social workers have worked with people with various disabilities throughout the history of the profession (Asch & Mudrick, 1995). This work has spanned the lifespan of people with disabilities as an oppressed group and the realms of social work practice, from clinical practice with individuals to community organizing and policy practice (Pardeck, 1998).

Additionally, there is a growing body of literature on the roles social workers have in emergency management. Special issues of professional journals have been devoted to the topic, promoting social work research and practice in disaster preparedness and response (Williams, 2008). The professional knowledge base is quite useful in understanding the psychosocial impact of disaster (Wodarski, 2004), and social workers can develop and foster community collaborations that promote social justice in emergency management (Farquhar & Dobson, 2005). This idea of community collaborations is also supported by Daughtery and Blome (2009), who note that social workers can bring in agencies not traditionally involved in disaster preparedness planning, like child welfare, and can encourage their agencies to plan and to participate in community planning. Social workers are uniquely qualified to address the cultural and social contexts of disaster; both of which have an impact on experiences and recovery (Otani, 2010). Effective response focuses on individual needs, not government-expected formulaic responses, and the social work person-in-environment

perspective is well suited for such response (Otani, 2010).

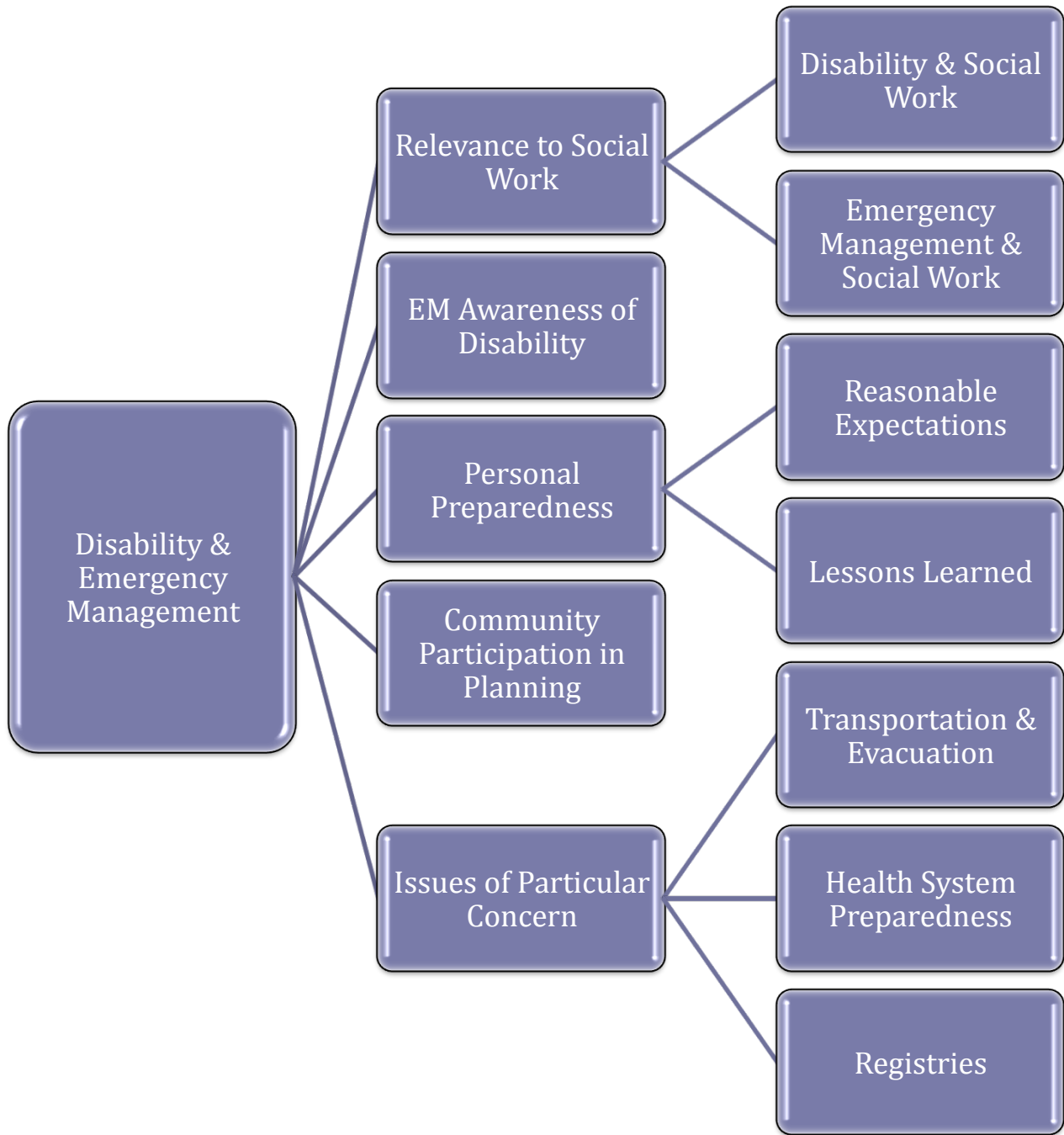


Figure 2.1: Review of themes in the literature. The germane literature can be grouped into five key themes, shown in this figure. Relevance to social work is established through the existing literature on social work in disability and social work in emergency management. Personal preparedness involves both setting reasonable expectations and learning from previous disasters. Issues of particular concern include transportation and evacuation, the preparedness of the health system, and registries.

Social work's role in disaster response was supported by the evaluation of two post-Katrina relocation efforts. Katrina evacuees to Oklahoma were individuals with elevated risk for post traumatic stress disorder (PTSD): they were mostly black males with lower socioeconomic status, pre-existing physical and mental health conditions, and exposure to trauma (Rodriguez et al., 2006). Social workers offered the critical skill of assessment and ongoing monitoring for PTSD as well as assistance in finding medical and financial resources as needed. In Arkansas, the collaboration between the state chapter of the National Association of Social Workers (NASW) and the state Department of Public Health proved able to integrate the professional knowledge base and newer theoretical understandings of the impact of disaster to intervene for and meet the needs of Katrina evacuees on the micro and macro levels (Hoffpauir & Woodruff, 2008). Zakour and Harrell (2003) highlighted the need for social work emergency management interventions for vulnerable populations. Using geospatial analysis, they found that in addition to the social injustice of being in an oppressed group, vulnerable populations are at risk in disasters because of the vulnerability of the communities in which they live, the insufficient number and capacity of local service organizations, and barriers to redistributing resources into needier communities (Zakour & Harrell, 2003).

Emergency Management Awareness of Disability

Equal access to any municipal services, including emergency preparedness and response services, is a right protected by Title II of the Americans with Disabilities Act (ADA) (1990) and the United Nations Convention on the Rights of Persons with Disabilities (Morrissey & Guernsey, 2009). However, it is unclear whether and how communities are complying with that mandate. What do emergency managers know

about disability? Where do emergency managers get information about planning for people with disabilities?

The evidence indicates that the knowledge of disability among emergency management at present is questionable. The presence of disability content in emergency plans has been noted in one study. The authors randomly sampled thirty-one local emergency operations plans from US municipalities, searched them for disability and other “special needs” keywords, and found thirty specifically mentioned disability (Gooden, Jones, Boyd, & Martin, 2009). However, most of the content referred to institutionalized populations, and plans lacked attention to people with disabilities living independently in the community. Other emergency management research has been silent on the presence of people with disabilities in communities. Jones and Andry (2007) developed and tested municipal vulnerability and recovery indices in Vancouver, Canada. Despite focusing on mobility/transportation and communication barriers, which are often key issues for people with disabilities, the authors failed to include any measures of disability statistics as part of the indices. In 2007, disability researchers from Kansas researched municipal plans, policies, and trainings for emergency management and first responders on awareness and understanding of people with mobility disabilities (Fox, White, Rooney, & Rowland, 2007; Rowland, White, Fox, & Rooney, 2007). Through interviews with emergency managers and document analysis, they found that this population is one of many targeted by emergency managers for improved planning and policies, but that limited time and funding combined with high demand for knowledge of “special populations” has stalled efforts to improve awareness.

For emergency managers who realize the need for addressing the needs of people with disabilities, one of the first challenges is discovering the number of people with disabilities who actually live in the community. McGuire, Ford, and Okoro (2007) promote the use of the Behavioral Risk Factor Surveillance System (BRFSS) from the Centers for Disease Control and Prevention (CDC) as a means of getting to know a community's population. The BRFSS is collected in all fifty states, the District of Columbia, and three US territories, and tracks need for assistance with activities of daily living (related to functional needs) as well as other demographics. These data can be compared with census data in the United States to give an estimate of the number of people with disabilities in the community; although the BRFSS and the Census measure disability differently, and each data set has limitations, the numbers can help form a baseline understanding of the disability community within a town, city, county, or state.

Finally, Clarke (1999) asserts that emergencies never occur according to plan. He calls emergency operations plans fantasy documents because they attempt to predict that which cannot be predicted. As efforts to prepare and raise awareness are advanced, one must be aware of debates within the emergency management community such as Clark's concern about the usefulness of prescriptive planning.

Personal Preparedness Trends

As emergency managers endeavor to create policies and plans to meet the needs of people with disabilities, it is important to consider what is known about personal preparedness. The policies put forth by planners should reflect this knowledge about who prepares, what strategies effectively promote preparedness, and what people with disabilities have identified as critical to preparedness.

Realistic expectations. Some of the studies exploring who prepares and how to promote preparedness help to form realistic expectations of individuals. In 2003, the state of Rhode Island launched a massive outreach campaign for personal preparedness (Marshall et al., 2007). They produced a 32-page booklet and brochures on the three domains to preparedness promoted by the Department of Homeland Security: get a kit, make a plan, stay informed. The authors estimated that as a result of the campaign, 10% of the population increased preparedness in one or more domains. From an international perspective, Mishra and Suar (2007) surveyed individuals on their experiences and personal preparedness and found that experience with heat wave and especially flooding disasters combined with public education can increase personal preparedness. In other words, educational campaigns are most effective in conjunction with personal experience. Hausman, Hanlon, and Seals (2007) found through survey that individuals with increased measurable social capital also have an increased understanding of terrorism consequences and an increased valuing of preparedness. It is important, then, to recognize the systemic barriers, such as decreased social capital, that impede personal preparedness for people with disabilities. Fernandez and colleagues (2002) have documented some of these barriers; they note that while preparedness is a personal responsibility, some factors like the details of the event and how information is disseminated are outside the individual's control. Community agencies should prepare to assist in an emergency and work with planners because unmanaged disaster-related needs, especially among older people with functional needs, can result in costly medical, psychological, and chronic health care needs (Fernandez, Byard, Lin, Benson, & Barbera, 2002). Fernandez and colleagues (2002),

as well as Otani (2010), also emphasize that the vulnerability among older adults is due to functional needs, not age alone, and that planning should address those functional needs.

Lessons from people with disabilities who have experienced a disaster.

Spence, Lachlan, Burke, and Seeger (2007) surveyed Katrina evacuees and found that people with disabilities were more likely to have emergency supplies but less likely to have a plan for evacuation. Depending on the hazard, evacuation may be the appropriate course of action, and planners who understand why people with disabilities may or may not choose to evacuate can develop more effective evacuation planning. Older adults who did not initially evacuate for Hurricane Katrina indicated that they chose to stay based on previous experiences (near misses, lesser impacts) and to protect their property (Henderson, Roberto, & Kamo, 2010). These Katrina survivors identified needing basic resources, communications with loved ones from whom they were separated, and transportation in the days and weeks after Katrina. They also noted that spirituality and staying busy helped them to cope with the disaster (Henderson et al., 2010). Rooney and White (2007) asked people with mobility disabilities who had experienced a recent disaster to make recommendations for personal preparedness for others with mobility disabilities. Their recommendations are consistent with and support the recommendations seen in practical guidance from FEMA and other sources, including having supplies ready, having a plan in place including knowing who you would call for help or support before, during, and after a disaster, and following recommendations and information from emergency management. In addition to key recommendations about personal preparedness,

participants emphasized the importance of cooperation and communication with the emergency management community, ideally in the planning stage before any sort of emergency has occurred.

Community Participation in Planning

Many have supported the idea that the best way to plan for a specific group is to involve that group in the planning process. As Faffer (2007) has noted, “no one entity can sufficiently and effectively respond to large-scale disasters alone” (p. 74). Reddick (2008) cites adaptive management theory, which states that management is improved when consumers are involved. However, when he surveyed emergency managers, only 58% of respondents reported including consumers and businesses in the planning. This does not even begin to address representation of specific groups including people with disabilities, but it points out that there is variation in planning approaches when it comes to inclusion. This variation has a long history in the community planning literature.

The community planning literature reveals a number of different approaches to the process, some more prescriptive and others more emergent. In the case of emergency planning, it is important to recognize the distinctions. In 1979 Hudson compared planning theories, which he identified as synoptic (rational), incremental, advocacy, transactive, and radical. Hudson’s comparison revealed the dominance of rational planning, particularly in publicly mandated programs with their specific rules and regulations that needed to be followed in a linear manner. Netting, O’Connor, and Fauri (2008) reexamined Hudson’s theories, taking into account contemporary human service initiatives and recognized that incremental, advocacy, transactive, and radical planning approaches developed in response to perceived limits of prescribed rational models.

Associated with Charles Lindblom (1959) and his science of muddling through in which he criticized rational planning models, incremental approaches involve compromises between competing groups in which the “most politically expedient policy rather than the best plan is adopted and implemented” (Hardina, 2003, p. 256). In emergency management planning, this may take the form of comparing recommendations from diverging sources, such as those within a community who want to plan a medical shelter to take all people with medical needs or disabilities and others who do not wish to segregate. Political, financial, and other factors may push the planners in one direction rather than another.

Participation and engagement of stakeholders and other groups characterize advocacy, transactive, and radical theoretical approaches to planning. The goal of change on a large scale is emphasized throughout the inclusive process. Issues faced by groups are the target of actions by advocacy planners. Advocacy planners address these issues while also acknowledging the contrary needs within groups, and planners must work to maintain balance of power and voice among the divergent groups involved in this interpretive process (Netting et al., 2008). Advocacy emergency management planners might bring together various disability groups to develop policies that meet shared needs while attending to unique differences.

Transactive planning is more focused on relationships and mutual learning than advocacy planning, emphasizing the importance of interactions and processes in creating substantial change. Like the advocacy approach, transactive planning builds collaboration and buy-in among those involved, while transactive planning takes the additional step of building consensus through relationship building (Netting et al., 2008).

In emergency management, this is exemplified by events and activities like the December 2005 conference of emergency managers and people with disabilities (UConn UCEDD, n.d.), in which the two groups spend time together learning each other's strengths and needs and finding consensus on how to utilize resources to meet those needs.

Radical planning theories are based on the assumption of oppression and power manipulation in the current planning system. In radical planning theories, the goal is change through emancipation and empowerment of the oppressed, with the benefits of change shared among all those who were oppressed. Perhaps because of the conflict and time often required in radical planning (Netting et al., 2008), and since those with the ability to change the planning process are often working within the system, this theoretical planning orientation is not seen as frequently in the emergency management planning process.

Rational, incremental, advocacy, transactive, and radical planning theories each influence one another and contribute in different ways of planning (Hudson, 1979). While rational planning is often used to develop or access services without a need for systems change, incremental planning allows for smaller steps toward larger goals without alienating powerful stakeholders. Advocacy planning brings in the voices of those previously left out of the process and in so doing begins the process of systems change. Transactive planning fosters communication between groups, shared meaning making, and an inclusive process that is more circular than linear and can push toward meaningful change in planning. Radical planning is intently focused on systems change, rejecting the current understanding of the stakeholders targeted by the planning and

sacrificing rapid resolution and consensus for meaningful change (Netting et al., 2008).

The National Council on Disability (NCD) released a report just prior to Katrina, highlighting the need for disability participation in community emergency management planning (2005). Since Katrina, they have collected information on personal preparedness and community planning efforts from across the US and released an extensive report on promising practices in August 2009. NCD remains committed to the inclusion of people with disabilities in emergency planning. Allen and Nelson (2009) identified gaps in America's Disaster Response System related to problems faced by institutionalized elders with disabilities who suffered disproportionately during mass casualty events when local resources were overwhelmed. Kailes (2006) has also advocated on the national level for disability community participation in emergency management. In 2006, she collected information from Katrina survivors and found that nearly half of those who did not initially evacuate were physically unable or caring for someone physically unable, and that much of what happened during Katrina could have been ameliorated by involvement of people with disabilities and other members of the disability community in planning. She noted stories of individuals with disabilities turned away on the basis of disability in violations of the Americans with Disabilities Act, and of service providers and other experts being turned away when offering assistance. While assistance in response could have been useful, it would have been easier to integrate individuals' perspectives and knowledge in the preparedness stage, rather than in the high-stress, urgent, and sometimes chaotic response stage. This is echoed in the evaluative reflections of McClain, Hamilton, Clothier, and McGaugh (2007), who assisted in evacuating individuals from inpatient mental health facilities during Katrina.

They noted that their efforts would have been improved if patients had been involved in the planning process.

In theory there are multiple ways to plan, some of which involve consumers/stakeholders more than others. Data that have been collected from recent disasters suggest that consumer participation in planning can improve outcomes for people with disabilities, but there is limited information available about how planning partnerships can foster dialogue between the emergency management and disability communities while encouraging personal preparedness and community inclusion.

Emergency Management Issues of Particular Concern for People with Disabilities

There are some emergency management topics that are more relevant to people with disabilities than others. People with disabilities are among those considered in the population of *transportation disadvantaged* (United States Government Accountability Office, 2006) because some are unable to drive or unable to afford the expenses associated with driving. The preparedness of the health care system is also of interest because many people with disabilities receive services from one or more allied health professions. In addition, people with disabilities are sometimes misdirected to health care facilities like hospitals when the system is not prepared and triage is not working effectively (Kailes, 2006; Roth, 2005). This can result in surges that overwhelm the health care system and keep those who need a hospital from accessing one. Finally, registries are often a contested topic among disability advocates and emergency managers. Planners would like to know in advance of any emergency exactly who is in the community, what they need, and where they can be found in the event of an emergency. However, many in the disability community resist registries for practical and

philosophical issues, including privacy, impracticality of maintaining a current and accurate list, and fear of stigmatization and labeling (Kailes, 2006; Metz et al., 2002).

Transportation and evacuation. Transportation and evacuation can be a critical issue within the disability community, as some persons are unable to access personal vehicles, may rely on public transit or specialized transit systems, or may rely on family, friends, or assistants who may be unavailable when disaster strikes (Fox, White, Rooney, & Rowland, 2007; Hess & Gotham, 2007; United States Government Accountability Office, 2006). Since accessible transportation is a critical issue and failures in transportation and evacuation planning proved problematic during Katrina and other recent disasters, there are some studies on this topic available in the literature.

Smith, Peoples, and Council (2005) compared New Orleans evacuation efforts during Katrina to prior efforts in Florida. They analyzed documentation of the existing evacuation policies, evacuation orders issued during the disasters, and other records of the evacuation processes. They concluded that the efforts in New Orleans did not start early enough, did not integrate the use of Geographic Information Systems (GIS) mapping technology to move evacuees around hazards en route, did not have adequate destination planning, and did not reflect an understanding of human behavior in a disaster.

The United States Government Accountability Office (2006) reported that for the transportation-disadvantaged population, efforts during Katrina failed to track where to send resources such as accessible vehicles and to route around hazards to utilize resources more effectively. Planning for the evacuation of people with disabilities also

did not account for family, friends, service animals, pets, and equipment that individuals would want or need to accompany them. In addition, emergency management did not anticipate staffing problems when drivers were unable or unwilling to report to work because they were caring for and evacuating their own families, concerned about legal liability if individuals were injured in transport, and social support concerns when attempts were made to separate loved ones, service animals, pets, and equipment.

Kendra, Rozdilisky, and McEntire (2008) also analyzed the evacuation process during Katrina. They reviewed news coverage of the evacuation process and collected data from those who were evacuated to the Houston area. They estimated that more than 104,000 did not initially evacuate. Those who were able to self evacuate needed clear instructions to counteract the human tendency to downplay risk. Those who could not evacuate because of disability, income, lack of transportation, or other reasons needed more than buses, food, and water brought to them. They noted that hospitals and nursing homes are not self sufficient, and that large stadiums are not well-suited for sheltering large numbers of people.

Despite the lessons of Katrina, some communities are still underprepared for evacuations. Hess and Gotham (2007) looked at the existing emergency operations plans for evacuations in communities in upstate New York post-Katrina to investigate planning for the carless. They searched documents for procedures or guidance on evacuating the carless and found some communities have a higher percentage of carless than New Orleans, yet except near nuclear facilities, plans were not in place, not well-developed, too cookie cutter, not regional, and not utilizing alternative transportation.

Health system preparedness. Some people with disabilities have health care needs beyond routine and preventative care. These individuals may want or need sheltering that provides additional health supports, often called *special needs shelters*. Deal and colleagues (2006) surveyed nurses volunteering in special needs shelter during Hurricane Rita and found a need for more preparedness training for volunteers, improved access to medications and equipment, identification for shelter users, and integration of natural supports of people with disabilities. They concluded by recommending that people with disabilities use this evidence to better prepare themselves by packing go kits with medication and equipment needs as well as identification, and by planning for how they will remain with or find their natural supports during evacuation.

Around the world people with disabilities whose needs cannot be met in a community shelter may be routed to hospitals during a disaster. Keim and Rhyne (2001) found through the development and testing of an extensive survey that emergency departments and public health agencies in the five Pacific Island nations were not prepared for the surge they were likely to see, as well as the agencies and organizations looking to them for guidance and assistance in an emergency. Their survey showed that public health and other state agencies are important to the planning process because they often grant the licenses to health care and residential facilities utilized by some people with disabilities. The provider agencies who receive a state license often prepare some sort of disaster plan as part of the licensure process, and this requirement may provide agencies with a false sense of preparedness or an expectation of assistance during an emergency. Professionals responding to the needs

of older adults during an emergency developed a tool for assessing and prioritizing medical need, to ensure resources were utilized appropriately and to control for the surge typically seen at hospitals when a disaster strikes (Faffer, 2007).

There is some debate in the literature about what agencies should expect of local, state, and federal governments during a disaster. Hawley and colleagues (2007) documented that agencies continue to assume that the government will provide in-depth support of their preparedness and disaster response. The authors surveyed 144 public and allied health professionals in a mental health and emergency preparedness training and found that participants would rely on state and community mental health agencies to guide their preparedness and planning. However, Kirkpatrick and Bryan (2007) chronicled the experiences of five home health care agencies impacted by Katrina. The agencies found that they could not rely on government agencies to assist during disaster; they needed to plan to be on their own, to practice before an emergency occurs, and to not rely on the government for assistance. Based on their research with nursing home administrators whose facilities were evacuated for Hurricane Katrina, Laditka and colleagues (2008) recommend that community plans include nursing homes as having the potential to need and/or offer resources. They also noted that nursing homes need to better prepare by having enough supplies, preparing information for the facility receiving evacuees, and planning for staffing shortages. Mead (2006) noted the difficulty faced by nursing homes in evacuating; transfer trauma is a real concern for many nursing home residents, and the window of opportunity between when management knows the danger and when it is too late to evacuate can be a very short duration.

Registries. The literature reveals that registries are often a challenging topic for disability advocates. Emergency managers often expect that there could or should be some universal list of people with “special needs” in time of a disaster. They often do not understand the breadth of the term “special needs,” which can include people with disabilities, low English proficiency, non-English speaking, children, pregnant women, individuals with temporary disabilities such as broken legs, pets, and more (Kailes, 2006; Roth, 2005). The research on the usefulness of registries is mixed at best, but new approaches to registering offer some promise.

Metz and colleagues (2002) attempted to build a special needs registry for an Alabama community near a chemical weapons storage site. The registry was broader than even the US Census definition of disabilities, and included people with disabilities, those who lacked transportation, and children home alone in need of assistance at some time during the typical day. Nine percent registered, well below the minimum expected when compared with Census (2007) data indicating that between 15% and 19% of Americans have a disability.

Troy, Carson, Vanderbeek, and Hutton (2007) developed and tested the Community Disaster Information System (CDIS) for asset mapping of physical, information, and human resources available in a disaster. The CDIS was put online for computers and personal data accessories, and users could search by keyword or location so that needs can find resources and resources can find needs. Some refinement is needed to allow multiple users to access at the same time. However, this is a promising practice with a strengths perspective rather than the medical or deficits-based model, which is consistent with efforts to move toward a social model of disability

addressing barriers to access rather than diagnoses or individual needs (Kailes, 2006; McRuer, 2006).

There is a small but growing body of research and theoretical work on disability and emergency management in the United States and select other nations. This knowledge base establishes the equal access of people with disabilities to emergency/disaster services and the inclusion of people with disabilities in the planning process as the domain of social work. Within the existing literature is useful information about emergency management knowledge of disability, personal preparedness trends, the importance of collaborative planning, and specifics about challenging issues like evacuation, health system preparedness, and registries. However, there remains a need for systematic analysis of the policies written to address the needs of people with disabilities.

Relevant Conceptual Literature

Guba (1984) offers eight distinct definitions or functions of policy, three of which contribute to the conceptual underpinning for this study. Guba originally articulated these definitions in response to various definitions in the literature implied by the research question and the methodology used to analyze policy. Guba's definitions most relevant to this proposed research are that policy is: (1) "an assertion of intents of goals", (2) "a guide to discretionary action", or (3) "the effect of the policy-making and policy-implementing system as it is experienced by the client" (1984, pp. 63-64). The first and second definitions describe the intent of the policy, or how it is meant to be understood and used. These definitions are both relevant in exploring the intent of emergency management policy. The civil rights and social justice components of emergency

management policies for people with disabilities are consistent with the first definition, while the second definition fits well with the emergent nature of disaster (Clarke, 1999). The third definition gives voice in the policy analysis to clients or targeted populations, which is consistent with the subjectivity of the experience of disability and disaster and the social model of disability (Hughes & Paterson, 1997).

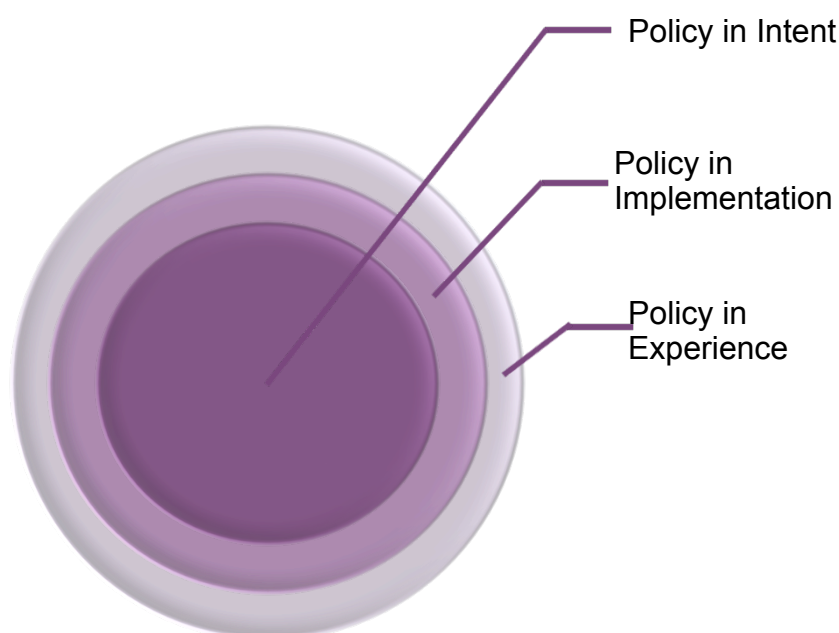


Figure 2.2: Policy in intent, policy in implementation, and policy in experience.

This figure depicts the nesting of policy in intent, implementation, and experience (Guba, 1984). Implementation is grounded in intent but extends beyond intent as planners and responders, for example, go somewhat beyond the explicit content of the policy as written to assist and accommodate people during the disaster. The experience extends beyond implementation to indicate the felt needs and experiences of people with disabilities that were not addressed in implementation, possibly because they were unknown to planners and responders.

Using this framework from Guba (1984), one might expect to see intent nested in implementation and experience; the plan may never explicitly list out all the ways in which implementation occurs, and individual experiences may extend beyond what is conceived in intent and what is implemented in response to identified need. Figure 2.2

shows the intent nested within implementation, as planners go beyond the minimum to answer need, all nested within the experiences of people, some of whose needs may not be expressed to planners. If intent were to extend beyond implementation and experience, it would indicate that what was planned was not actually implemented and did not reach intended recipients. Similarly, if implementation extended beyond experience, it would indicate that what planners and responders were doing in response to the disaster was not matching with what people were experiencing.

The social model of disability also contributes to this study's conceptualization (Hughes & Paterson, 1997). This approach to understanding disability is termed a "model" by its proponents, yet is less prescriptive than the word "model" would indicate. The approach views disability as socially constructed by the barriers in the environment, not by the functional needs of individuals. This approach is useful in so far as it allows one to explore how individual functional needs are met, exacerbated and accentuated by inaccessibility in society, but it also acknowledges context and stops short of reaching for universality of experiences or conclusions about a singular *disability experience*.

Intersectionality theory, developed by Crenshaw Williams (1989) and applied in policy analysis by Manuel (2007), offers a lens through which to conceptualize the multiple identities and distinctions that contribute to otherness, stigmatization, and victimization. The subjective nature of this theory allows for recognition of the unique oppression experienced by individuals and avoids quantification and ranking of individual experiences. Intersectionality as a concept focuses on the participant's construction of her/his identity and her/his explanation of how various distinctions in

identity contributed to any perceived oppression during her/his experience with the disaster.

Based on this review, it is clear emergency management policy impacts people with disabilities, and that this issue is within the domain of social work practice and research. The policies are created in response to what emergency management and people with disabilities understand about each other, and the research shows that communication and understanding remains limited between these two groups. Personal preparedness is a piece of the puzzle as well; planning must account for the feasibility issues in personal preparedness and the differential impact preparedness can have for people with disabilities. Research and experiences document the importance of three key subjects within emergency management that warrant particular attention: transportation and evacuation, health system preparedness, and registries. Finally, planning is a process shaped by theoretical orientations that can take various forms from maintenance of the status quo to entirely inclusive coalition building to spearheading by one powerful individual or group that does not attempt to represent diverse needs and multiple variations between these extremes. While advocates in the disability community may value one theoretical planning orientation over others, this preference may not be shared by emergency management, and the research shows that there is a disconnect in current planning approaches that leaves some voices unheard. The methodology of this study, which follows in the next chapter, will allow for exploration of the planning approaches, intents of those creating policy, experiences of those impacted by the policy during a disaster, and if and how those experiences are considered in the ongoing policy process.

Chapter 3: Study Design and Methods

Emergency operations plans in the United States and disaster plans in Jamaica are the policies in place in preparation for a disaster that guide response and recovery. These policies frame how numerous emergency management and first response representatives answer the needs of the community during and after a disaster. Policies are formulated with specific intentions, yet those intentions may or may not be informed by the lived experiences of the individuals for whom the policies are targeted. While the attitudes and intentions of individual emergency managers may influence the policy process, various approaches are used to develop socially and legally just policies, including consumer participation in the policy process. Through analysis of the intentions behind the policies and recognizing the experiences of those they impact in the policy formulation process, it is possible to better understand how policy intent is translated into a product that is meaningful to its intended beneficiaries. If discord between intent and consumer experiences exist, it is also important to explore that discord and identify possible impediments to synchronization.

Policy Analysis Research

Policy analysis as research in social work is supported by the works of O'Connor and Netting (2008; 2011) and Jansson (2008). Multiple disciplines have viewed policy analysis as research, including a focus on understanding social problems in context, examining the goals of particular policies as well as the driving and restraining forces in

the formulation process, the decision-making process of policy enactment, policy content analysis, implementation of policies through programmatic structures, and the impact of policies on various constituencies (Bardach, 2005; Lennon & Corbett, 2003; Lincoln & Guba, 1986). Gilbert and Terrell (2010) identify three policy stages– process, product, and performance. O'Connor and Netting (2011) augment these stages and identify four foci of analysis: formulation, product, implementation, and performance. Through policy analysis research on one or more of these foci, one can build the evidence base for recommended policy changes.

If the targeted policies in this study are experienced in the way in which they were intended, it may be possible to establish the evidence base for those policies in their specific contexts. If the targeted policies are somehow lost in translation, that is to say experienced in a way inconsistent with the intent, policy analysis can identify the policies needing further exploration and begin to hypothesize possible sources of the discord from the data collected. This study requires the selection of an appropriate policy analysis framework capable of exploring the process of policy creation to capture the intent (formulation), the content of existing policies (product) and the performance of the policy to analyze whether the experiences of those targeted by the policy is consistent with the intent (O'Connor & Netting, 2008). Guba (1984) offers a policy analysis framework appropriate for this study of policy intent and experience.

Methodology in Detail

Design. The core questions originate from Guba's (1984) approach to policy analysis, and the overall design uses constructivist methods as a guide for developing a grounded theory. The design for this study was emergent; in an orderly way, the inquiry

was influenced by context and by those who participated in the process. Human subjects protection and ethical research were of primary importance; the researcher submitted the design in two phases to the Institutional Review Board (IRB) at Virginia Commonwealth University. Phase one described the study in Jamaica, for which Dr. Loraine Cook of the University of the West Indies Mona fulfilled the role of a cultural consultant, reviewing the methodology prior to IRB submission to ensure cultural relevance. The second phase, which was submitted shortly after the completion of the first phase's data collection, described the study in the United States and was informed by the first phase. Specifically, the researcher adapted terms like "disaster coordinator" from Jamaica to "emergency manager" in Virginia and added probes to determine if people lost power or water, and what feedback they would give if they were asked to give feedback to planners. The key elements that are characteristic of a constructivist inquiry, such as entry, design, data collection, data analysis, rigor, and the inquiry product will be described below (Rodwell, 1998).

Entry. Conducting the research in the natural setting and incorporating prior knowledge grounded the study in the context of the participants are key elements of constructivist inquiry.

Natural Setting. The research was conducted in Jamaica and Virginia, the two study sites. The research began in Jamaica, an intentional element of the design that allowed the sample to emerge in response to the culture and context noted in Jamaica. The Jamaican study constituted the first phase of this inquiry, and the second phase, also emergent, was conducted in Virginia. The researcher lived and conducted her research in Jamaica for ten months as a Fulbright Student Fellow; the fellowship was

received in support of this research methodology. The researcher had not been to Jamaica prior to this study. During the ten months, the researcher experienced living in an affordable apartment in a middle class neighborhood in the area of the capital city. The researcher's experiences in the natural setting included water lockoffs due to drought, somewhat frequent power outages, and civil unrest during the Labour Day violence in May 2010 (Jamaica Gleaner, 2010) as well as the routines of daily life such as grocery shopping, participating in a faith community, getting to know neighbors, and networking with professional colleagues. Upon completion of the ten months in Jamaica, the researcher returned to Virginia, where she continued data collection and analysis.

Prior knowledge. Since initially applying for the fellowship in Jamaica, the researcher sought information about disasters, disabilities, and Jamaican culture from fellow researchers who have conducted research there (R. Leavitt, personal communication, September 25, 2008), a Jamaican disability researcher (M. Thorburn, personal communication, October 1, 2008), a representative from a Jamaican disability advocacy organization (G. Goffe, personal communication, September 29, 2008), and various websites and other resources. The contacts with Dr. Thorburn and Ms. Goffe were and are ongoing; both have played an integral role in the research process. Ms. Goffe and the Combined Disabilities Association have worked with the disability community as well as the Office of Disaster Preparedness and Emergency Management (ODPEM) in Jamaica, and was a gatekeeper for study participants. Dr. Thorburn was available for ongoing consultation regarding culturally competent research in this community. The researcher began her time in Jamaica by conducting a

prior ethnography (Rodwell, 1998), learning about Jamaican culture and its disability and disaster management communities. This process was documented in the reflexive journal and included in the audit process.

The researcher studied in Richmond, Virginia for two and a half years prior to beginning this study, and has conducted a small pilot study in a central Virginia county in the spring of 2009. In addition, the researcher has worked on disaster and disability issues since September 2005, advocating and participating in planning processes in another state prior to relocating to Virginia, and working with a self advocate in the central Virginia area on program support and evaluation for his trainings about disaster preparedness and disability. While her prior knowledge drives her interest in this area, she is significantly less familiar with the locations in this study, and has utilized her reflexive journal to bound her own subjectivity (Rodwell, 1998). Journaling and other aspects of trustworthiness can be found in the later section on rigor.

Participants. Upon arrival in Jamaica in November of 2009, the researcher met with cultural advisors and the primary agency through which participant recruitment was conducted. The study plan, recruitment materials, and interview protocols were reviewed by these advisors, and appropriate changes were made to use the appropriate terminology and to make the materials accessible to people with disabilities (e.g., “disaster” instead of “emergency” and explaining concepts like de-identification of information more clearly). The study was then submitted for review to the Virginia Commonwealth University Institutional Review Board. IRB approval was received in the early spring of 2010, and the formal recruitment process began then. Maximum variation within the theoretical categories was a goal of interview sampling in each site,

for the purposes of capturing as much chatter or diversity as possible (Flick, 2006). As such, sampling has been purposive.

Gloria Goffe at Combined Disabilities Association served as gatekeeper in Jamaica, linking the researcher with policy makers as well as people with disabilities. The researcher worked with Ms. Goffe at Combined Disabilities Association to identify communities affected by disasters with advocacy groups large enough to provide a sample with diverse disabilities and diverse experiences. It took just over a month to begin interviews once approval was received. Diversity of disability and diversity of policymaking perspective, as well as diversity of satisfaction with the policy, were sought (Marshall & Rossman, 2006). Participants were not asked to identify their disability type; this information was gathered through their descriptions of their experiences corroborated by visible disabilities and information volunteered by the person who introduced the participant to the researcher. For example, someone who described not being able to get around the debris after the storm and who used a wheelchair was considered as having a physical disability. This means that some secondary disabilities that were not mentioned were not captured in data collection, so for example, there may have been participants in Jamaica who had psychiatric disabilities in addition to whatever disability type they described when they described their challenges with a storm experience.

This purposive sampling allowed the researcher to interview individuals who represent the typical, extreme, political, and/or convenient cases, as suggested by Patton (1990) and Rodwell (1998), with a goal of understanding those individual cases, rather than asserting generalizability to similar cases. This purposive sampling, rather

than having predetermined geographic boundaries, guided participant selection; participation was not restricted to specific parishes in Jamaica. Ms. Goffe linked the researcher to self advocates in two communities and a vocational training program supervisor in another community, who then shared recruitment materials with members of the communities and found several individuals willing to participate in the study. The researcher arranged travel to the communities based on participants' availability, staying overnight in the farthest community (3.5 hours by car each way) to facilitate interviewing as many individuals with disabilities as were willing to participate while maximizing the limited travel budget for the research. This meant that on longer trips, the researcher interviewed several people in one day. In order to keep the interview participants distinct in her memory, the researcher included some notes of the clothes participants wore and/or the surroundings in which interviews were conducted in the field notes. In addition, the researcher was reliant upon a driver, which meant she was able to add to her notes and take breaks in the 20 to 60 minutes of transit time between interviews. These two strategies helped the researcher to maintain distinctions between various participants interviewed on the same day.

Ms. Goffe also linked the researcher to contacts at ODPEM, who were able to share recruitment materials with colleagues. Interviews with planners were set by telephone or email. The researcher took opportunities as she traveled to interview planners away from the metropolitan area in which she lived, but was also able to access researchers and national government planners within the metropolitan area. The Jamaican sample included participants from a nongovernmental organization (NGO),

research centers at a university, parish disaster coordinators, regional planners, and national government planners.

For all participants, the communication began with an explanation of the study, as an opportunity for rapport building and to ensure that participants met study inclusion requirements, followed by obtaining informed consent. The recruitment materials and informed consent forms for Jamaica can be found in Appendix B. Twenty-three people with disabilities and 10 planners participated in the study. The different disability types or planning roles of participants are shown in Table 3.1.

Upon return to Virginia, the researcher worked with contacts at Virginia Department of Emergency Management, several centers for independent living and community services boards, and local emergency managers to locate both policy makers and people with disabilities. The researcher reached several contacts to determine interest in and viability of the study, then based on responses, prepared and submitted the research proposal to the Institutional Review Board in the fall of 2010. Approval was received from the IRB in November, and interviews began in December. Again, diversity of disability and diversity of policymaking perspective, as well as diversity of satisfaction with the policy, were sought (Marshall & Rossman, 2006). Participants who represented the typical, extreme, political, and/or convenient cases, as suggested by Patton (1990) and Rodwell (1998), were invited to participate, with a goal of understanding those individual cases, rather than asserting generalizability to similar cases.

As in Jamaica, this purposive sampling allowed the researcher to select participants from across geographic boundaries. Recruitment proved much more

challenging in Virginia, especially for participants with disabilities, although there were also some challenges finding from outside the local and regional perspectives. The researcher worked with an independent living center, a drop-in center affiliated with a community services board, and regional and municipal planners identified through the Virginia Department of Emergency Management to recruit participants.

Participants in Virginia were from different communities in and around three of the largest metropolitan areas, representing 10 different counties and cities including some coastal communities. Recruitment had originally targeted several additional communities as well as state and federal planners, but the scope narrowed based on who was interested in participating after several weeks of attempting to recruit more broadly. While there was diversity in disability types among participants with disabilities, there was less diversity in planning roles; the researcher attempted to recruit some national and regional planners from FEMA but was unsuccessful. The researcher scheduled two separate trips to the coastal communities, two to one of the other metropolitan regions, and three trips to the remaining metropolitan region. Each interview was conducted in person. The researcher explained the study and established some level of rapport in the process of scheduling the interviews via phone or email, and this process continued as the interviews began. Informed consent was obtained at the start of every interview. The recruitment information and informed consent forms can be found in Appendix C. Thirteen people with disabilities and eight planners participated in the study. The participants by disability type or planning role are shown in Table 3.1.

In both settings, interviewing ceased when saturation was reached (Rodwell, 1998). The process of realizing saturation involved reviewing field notes and expanded field notes and journaling as well as reflecting while preparing updates for the researcher's dissertation committee. In Jamaica, less familiarity with the experiences of people with disabilities and with the disaster management system meant that it took longer to realize that saturation had been reached; despite being fairly immersed in the natural setting of the research and of reading and researching about culture and context, it took longer to recognize and accept that saturation had been reached. The experience of seeing saturation in Jamaica and the increased familiarity with the Virginia research setting made it easier to recognize saturation in the second phase of the study. The participants helped to identify the problem(s) at the focus of this study. These "problem-determined boundaries" included specific issues in disaster management, such as power outages, evacuation, or sheltering, as well as more broad issues such as communication and access, depending upon the needs of the context and the participants (Rodwell, 1998, p. 56).

Given the vast differences between the participants and the urban and rural communities in Jamaica and Virginia, the participants' characteristics that were explicitly available to the researcher and their communities of residence were noted, and comparisons were made as the sampling allowed it. For example, many participants in Jamaica were from a few more urban areas, as were most of the Virginia participants. But the cultural context is quite different, as one might expect to see goats wandering through some urban neighborhoods visited in Jamaica, but not in the urban areas visited in Virginia. However, several participants with disabilities spoke of the impact of

	Jamaica	Virginia
Deaf or Hard of Hearing	2	1
Blind or Visually Impaired	5	2
Physical Disability	14	5
Cognitive Disability	2	3
Psychiatric/ Mental Health Disability	*	2
<i>Subtotal: People with Disabilities</i>	23	13
Nongovernmental Organization (NGO)	1	
Researcher	3	
Parish Disaster Coordinator/ Emergency Manager	2	3
Other Local Planner	1	2
Regional Planner	1	3
National Government Planner	2	
<i>Subtotal: Planners</i>	10	8
Total	33	21

Table 3.1: Participants by disability type or planning role. This table shows the numbers of participants with various disability types, including sensory, physical, cognitive, and psychiatric disabilities. The different roles of the planners who participated in the study are also depicted.

disaster experiences on their livelihoods, and several planners spoke of focusing on saving lives, protecting property, and expecting some personal responsibility. So some comparison is possible, grounded in the unique context of the two sites. Additionally, many of the Jamaican participants talked about hurricane experiences, while the participants in Virginia were mostly split between hurricane and major snow storm experiences.

	Jamaica	Virginia
Hurricane Gilbert (1988)	4	
Hurricane Isabel (2003)		5
Hurricane Ivan (2004)	14	
Hurricane Gaston (2004)		3
Hurricane Gustav (2008)	4	
Major Snow Storm (2010)		4
Flooding (early 2000's)	1	
Building Fire (mid 1990's)		1
Total	23	13

Table 3.2: Disaster events described by participants with disabilities. This table shows the various storms and events that participants with disabilities described. The intent was to recruit more Virginians with hurricane experiences, but that was not feasible, so the type of disasters included in the study was broadened to include major snow storms and a building fire. The snowstorm experiences highlighted similar issues as a hurricane – participants were isolated with whatever supplies they had and faced blocked access and damage to their home.

Data collection. The methodology for this study is qualitative; data collection consisted of interviews with policy makers and people with disabilities as well as document analysis of the policies identified by those interviewed. The research began with the prior ethnography mentioned above, which was followed by an initial review of the Jamaican National Disaster Action Plan and an example plan from a Virginia municipality. These plans were reviewed to inform the first interviews. First to be interviewed by the researcher were people with disabilities who had experienced a disaster in Jamaica. It was important to begin with people with disabilities because of the interventive nature of constructivist methods (Rodwell, 1998); the information from people with disabilities was then used to inform the questions and became a part of the

interview process with policy makers. Taking the information in this direction is important; disaster management typically has the means to disseminate their information and ideas to community members more easily than people with disabilities can give information and ideas to disaster managers. This research provided a mechanism to take the perspectives of people with disabilities to disaster managers; de-identified information from previous interviews was shared in subsequent interviews to build toward an emic understanding of disaster management and disability issues.

The interviews were conducted in person with all participants. The researcher was the human instrument conducting this inquiry, conducting all interviews, taking field notes during the interview, and expanding the field notes immediately following interviews. Generally, people with disabilities were interviewed first and interviews with planners scheduled later. In Jamaica, people with disabilities were first to be interviewed, with only a few planners interviewed earlier in the process to accommodate participants' schedules and the researcher's travel. In Virginia, interviews with planners were more scattered between interviews with people with disabilities based on travel and availability of participants. Many of the planners who participated in Virginia, including the first three, were also adults with disabilities or parents of a child with a disability. The researcher shared with many of the planners what had been learned in interviews with people with disabilities. After the interviews with people with disabilities and policy makers in Jamaica, the disaster plans were interrogated. More information on the interviews and the disaster plan interrogation, including the core questions, is described below. This data collection and analysis process was repeated in Virginia

after data collection was complete in Jamaica, although analysis of the Jamaica data continued as data were collected in Virginia.

The methodology from Guba (1984) provides core “foreshadowed questions” (Rodwell, 1998, p. 55) to be asked of both the policy makers and the people with disabilities who have experienced a disaster. Additionally, the constructivist methodology allows for the addition of probe questions and the pursuit of intriguing emergent themes in future interviews; the analysis of data from the earliest interviews in Jamaica not only affected community selection in the United States, but yielded lines of inquiry and additional questions for future interview participants in Jamaica and the United States (Rodwell, 1998). Some of the probes that were added in Jamaica included asking about utility outages and about family and community support. These questions were also asked in Virginia, as well as probes about what feedback participants would give if asked. The interviews lasted approximately one hour, although those who needed or wanted more time to participate were given that time. Many planners completed their interviews in about 30 to 40 minutes, while interviews with people with disabilities generally took only about 45 minutes. The longest interview lasted nearly two hours with a planner who had a lot of expertise to share.

The foreshadowed questions and working hypotheses for this inquiry focus on the intent, implementation, and experience of disaster management policy for people with disabilities (Guba, 1984). The five working hypotheses listed below guided the second phase of inquiry by shaping the core questions for policy makers/enactors and for people with disabilities and their supporters who have experienced disaster.

1. Policy makers and people with disabilities have different goals for disaster management for people with disabilities.
2. Policy makers and people with disabilities have different experiences with disaster and disability.
3. There are multiple resources available for guiding the design of disaster management for people with disabilities.
4. Disaster management for people with disabilities is shaped by the individuals who participate in the planning process.
5. Disaster management for people with disabilities is a process that continues and evolves with each disaster experience.

These working hypotheses adapted somewhat over time to respond to discoveries like the emphasis on family among Jamaican planners and the absence of family from many interviews with Virginia planners. Additionally, although some planners cited multiple resources in planning, many referred almost exclusively to the National Disaster Action Plan and the US Comprehensive Preparedness Guide 101 (or the previous draft, 301). While many reported lessons learned and changes to personal preparedness, a larger than expected number of participants indicated that they still do not plan or prepare for disasters. The foreshadowed questions for people with disabilities and their supporters as well as those for policy makers and enactors are presented in the sections that follow.

Questions for people with disabilities and their supporters. People with disabilities who have experienced a disaster were interviewed about that experience. Family members who have assisted and supported people with disabilities during a

disaster also have a unique perspective. These supporters were also interviewed about their experiences, using the same core questions as those for people with disabilities, although probes were tailored to pursue more information about the experience of supporting and meeting the needs of another. The first question explored the circumstances of the disaster experience, identifying the disaster and how the individual responded. The next two questions asked about interactions with responders. The final two questions asked about the impact of the disaster experience.

1. What was your experience like with (name or type/date of disaster)?
 - a. Did you shelter in place, seek shelter at a community shelter, or seek shelter elsewhere? Were you able to meet your needs or obtain necessary assistance?
 - b. What were your challenges in evacuation? In sheltering? In recovery?
2. Did you interact with first responders such as firefighters, police, or emergency medical services? If so, what were those interactions like?
3. Did you interact with shelter or other volunteers? If so, what were those interactions like?
4. How did the experience of that disaster change your preparedness?
5. How did the experience of that disaster change your involvement in emergency management policy?

The evacuation question and the questions about shelter volunteers were rarely relevant, as most participants sheltered in place. The final question yielded little response, so the researcher often had to follow up with questions about whether the

participant had given any feedback, to whom, and what the content of the feedback was.

Questions for policy makers. The policy makers were asked about intent, implementation, and experience. This group consisted of emergency planners, managers, first responders, public health professionals, social work and human services professionals, and community members who had participated in writing the policies and had seen the policies implemented during a disaster. The first two questions were intended to get a general sense of the intents and the contents of the disaster plans. The second pair of questions asked about the sources of the policy, and questions five, six, and seven addressed implementation.

1. What are the overall goals and intents of the disaster plans concerning people with disabilities?
2. What is in the disaster plan about people with disabilities?
3. What guidance was used to write the disaster plans for people with disabilities?
4. Who contributed to the creation of the policy? Were people with disabilities involved? Service providers? Family members?
5. What kind of and how much discretion can responders take with the disaster plans when assisting people with disabilities?
6. What do you perceive as issues for people with disabilities in disasters?
7. Has the experience of implementation with people with disabilities led to any changes in the disaster policy? If so, please describe them.

The probes for the question about who contributed to the policy became important in Jamaica and in Virginia, as planners often thought of themselves and other emergency

managers first, and then sometimes social or human services in the municipality; the prompts were very useful in getting a direct answer about whether people with disabilities were included in the process. The question about responders yielded varied reactions, and the researcher sometimes had to explain the question some more asking if responders grab and go or take the time to ask how to help a person with a disability, time permitting. The responses included a range from 'Emergency Medical Services have their own policies; we don't get involved' to 'they can call the Emergency Operations Center for help or guidance whenever they need.'

Interrogation of the disaster plans. The researcher obtained the disaster plans from Jamaica and Virginia during the course of the study and interrogated the plans based on Lejano's (2006) model for policy analysis and the four phases of the cyclical model of disaster: preparedness, mitigation, response, and recovery. The analysis of the text began by placing the document in context according to the policy creators; it was noted from the beginning if the plan was intended as a skeletal framework for response and recovery that allowed for much discretion, as a highly prescriptive step-by-step instruction manual, or as something between these extremes (Charmaz, 2006). According to Lejano (2006, p.112), the process of analyzing a policy draws "attention to the processes of meaning construction, and how power differentials affect the processes." The process opens the policy to public scrutiny and allows what is implied to become transparent, leading to a shared understanding. Lejano's (2006) approach focuses on the richness of context and how policies cohere with the context in which they are applied, suggesting that too rigidly objective as well as too rigidly subjective plans create chasms between the policy text and its context. The approach therefore

included much attention to context and was enriched by the data from the interviews in which planners described the policy. That data, or testimony as Lejano (2006) identifies it, was triangulated with the analysis of the policy texts – the National Disaster Action Plan and the Comprehensive Preparedness Guide 101. The researcher looked for how the plans fit or adjust to the context, and specifically for elements of the plans that promoted preparedness for or with people with disabilities, specific mitigation measures mandated or suggested in the plans, guidance or directives on responding to the needs of people with disabilities in a disaster, and provisions for assisting people with disabilities in recovery.

These two plans were selected because of their centrality to participants. Figure 3.1 depicts the influences on local policy and illustrates the strong presence of the national policy in the local emergency operations plan. Planners in Jamaica also talked about guidelines under development for people with disabilities and older Jamaicans, but these were not yet implemented, were still in draft form, and as guidelines, were not binding in the same way that the NDAP is. There are also parish level plans, but the parish disaster coordinators and ODPEM staff both described the parish plans as modifying the national plan for the local context, without really making substantial changes. Similarly, in Virginia there are other plans at other levels of government and guidance documents from federal agencies, disability organizations, and other sources, but CPG 101 was a foundational document. The Virginia Department of Emergency Management helps to tailor the plan to the context including hazards and state level resources, and then local emergency managers adapt even further what is in CPG 101. Additionally, many planners in Virginia noted that their plans were under review, had

recently been reviewed, or were about to be reviewed for compliance with CPG 101. Given that context, the NDAP and CPG 101 were selected for document analysis.

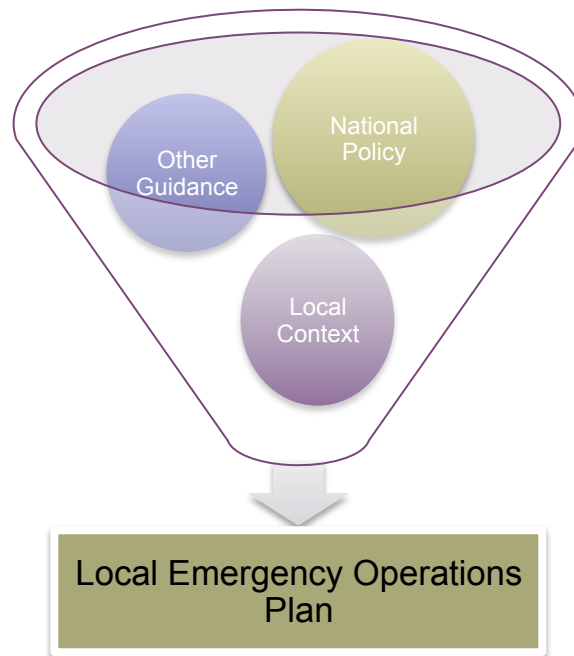


Figure 3.1: The shaping of the local emergency management plan. While local context and guidance from other resources and references are important considerations participants described as influencing the local plan, the national policy was the principal overarching influence. Because of this, the national policies for Jamaica and the United States, NDAP, and CPG 101, were selected for document analysis using Lejano’s framework (2006).

The researcher approached the policy analysis with several questions in mind:

- Are people with disabilities integrated throughout the policy, as they are throughout the community? Or are they excluded? Segregated?
- Are the expectations and assumptions about people with disabilities the same or different from the expectations and assumptions about people without disabilities (e.g., personal preparedness, evacuation)?
- Are the systems that serve people with disabilities named in the plans? Are they the wall, the filter, the link, or something else between people with disabilities and planners? Are the plans consistent with the United Nations

Convention on the Rights of Persons with Disabilities, Article 11 (see Appendix A)?

- Do the national level policies cohere with the context, or remain isomorphically distant from the context in which they are applied?

These questions were informed by the work of Lejano(2006) and information from interview participants. For example, planners in Jamaica frequently noted the absence of disability content in the National Disaster Action Plan, while Virginian planners talked often about integration throughout the Comprehensive Preparedness Guide 101. Both of these types of responses informed the first question for the policy analysis. The emphasis placed on family in Jamaica informed the second question, and the reliance in both sites on agencies serving people with disabilities informed the third, as did both countries' statuses on the UN Convention. Planners in both sites spoke of adapting the national plan to the local context, so the researcher developed the final question to explore how much space there was in the policy for adaptation to context.

Data analysis. Data analysis was an ongoing process that began with the initial review of policies and continued through the interviews and in-depth text analysis of the other policies identified by participants. Data (field notes and expanded field notes from interviews and policy interrogations) were unitized to the smallest number of words that conveyed meaning and then categorized through constant comparison (Glaser & Strauss, 1967; Rodwell, 1998). There were more than 2500 units of data analyzed and compared through constant comparison: over 1300 from Jamaica, and nearly 1200 from Virginia. Since the analysis was ongoing, the process was inductive rather than deductive; in the later stages of analysis data were reduced and interpreted, individual

units of data were compared and like units were clumped together to build toward a grounded theory bound by the context of the study (Rodwell, 1998). The stages of analysis are described in Figure 3.2. Rodwell's (1998) work provided guidance on data analysis.

Using Lejano's (2006) interpretive approach to analysis of policy texts allowed for the acknowledgement of differing meanings constructed by different interpreters of the policy text. In other words, what may have clearly appeared to planners as policy establishing a registry for the benefit of knowing where assistance would be needed may have appeared to others as a government effort to label and trace those with disabilities, a promise of prioritized service, or a list of those who need to be fast-tracked to institutional care This textual analysis attended to the processes of policy making and meanings attached to policy texts (Lejano, 2006).

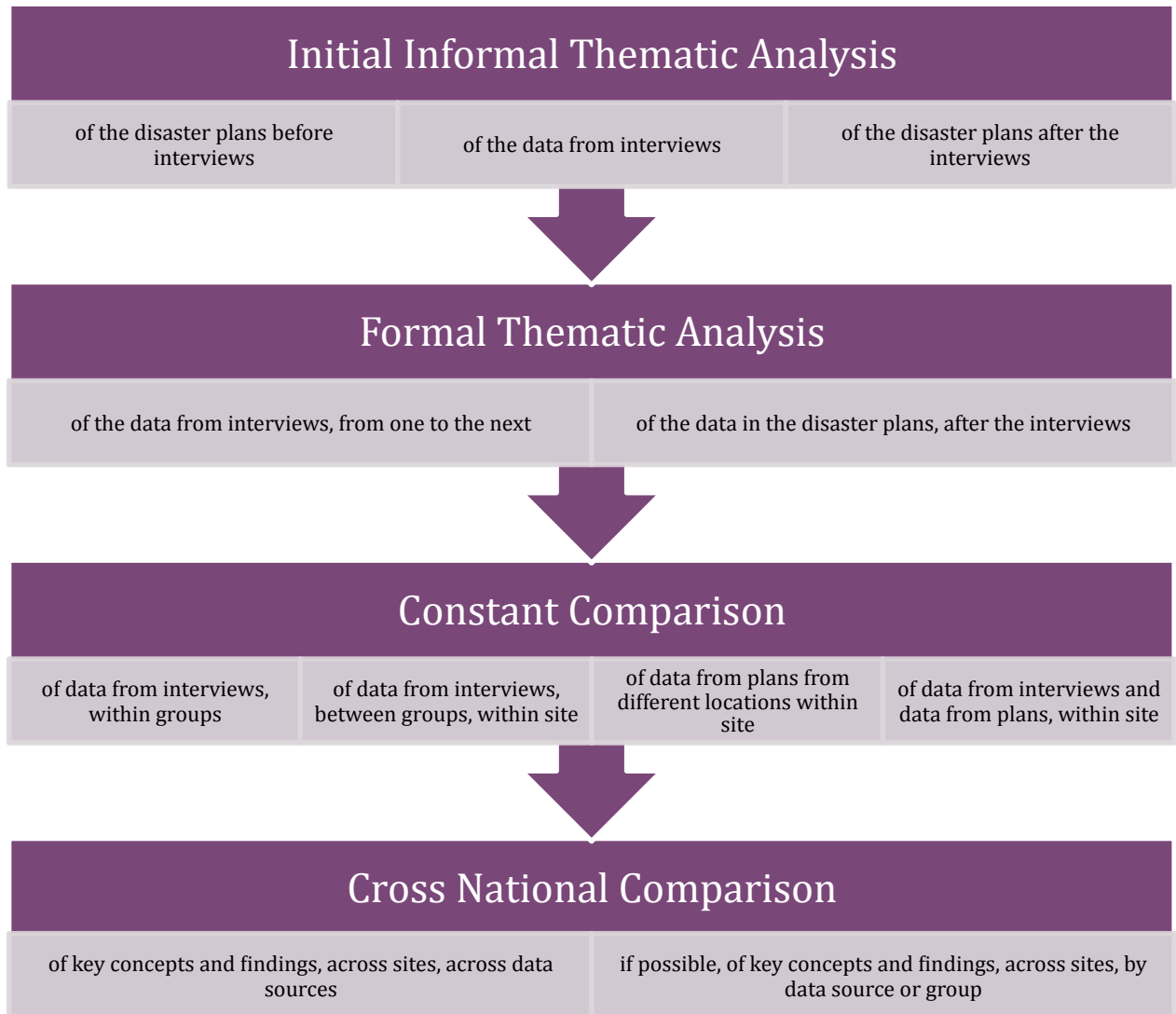


Figure 3.2: Data analysis stages. This figure depicts the process of data analysis. Though the depiction is more linear than the process actually occurred, it does convey the multiple stages of analysis, from initial thematic analysis to cross-national comparison. The term “groups” refers to policy makers/enactors and people with disabilities who have experienced disasters. The term “sites” refers to Jamaica and Virginia. The term “data source” refers to interviews and disaster plans. Additionally, key findings and concepts in the two countries were compared after both phases of the data collection and within-country analysis of the data had been completed.

Rigor

Rigor is an important element of constructivist inquiry. Keeping a reflexive journal and methodological log, maintaining confidentiality, member checking, ongoing

peer debriefing, and an audit by an experienced constructivist researcher are some of the steps taken to ensure rigor in this inquiry. The detailed means by which rigor was addressed are described below.

Virginia Commonwealth School of Social Work PhD alumna Dr. Monica Leisey agreed to participate as the peer reviewer, collaborating throughout the research process from design to analysis. According to Rodwell (1998, p. 196), the peer reviewer's role includes questioning the researcher, exploring "methodological next steps," listening to the researcher's feelings and concerns, and documenting and supervising the research. Dr. Leisey has experience conducting constructivist inquiries and knows the researcher through the PhD program at Virginia Commonwealth University.

The audit was completed by Dr. Patrick Shannon of the University of New Hampshire Department of Social Work. Dr. Shannon was recommended to the researcher because of his experience with constructivist inquiry and familiarity with disability policy. The auditor reviewed the methodology, the data collected and decisions made to reduce and reconstruct the data using the framework proposed by Schwandt and Halpern (1988) and endorsed by Rodwell (1998). The framework began with preparation, followed by an assessment of the auditability, entering into an agreement about the process, implementing the audit, and preparing a report (Rodwell, 1998). In addition to the data (raw and reduced), the auditor received the researcher's reflexive and methodological journals as well as correspondence and a journal from the peer reviewer.

Member checking occurred within each of the two phases of the study (Jamaica and Virginia). Because of the distance between the two sites, limited but representative member checking was conducted after data collection and analysis, during the development of the inquiry product. Since the researcher was able to initiate contacts with the disability and disaster management communities in Jamaica from Virginia via email, it was possible to do grand member checking with many of the participants in Jamaica via email. For those accessible only by telephone, an expanded outline was shared via phone calls from Virginia. All participants who were reached for the grand member check were asked (1) if they heard their voice in the story, (2) if they learned anything by participating in the project, and (3) if there were any factual errors to be corrected.

Ten participants were reached directly by telephone and twelve were reached directly via email. In addition, two of those reached by phone had been asked by eight participants to be present for their interview (as friends and/or sign language interpreters) and to conduct a member check on behalf of those eight. Though it is not as ideal as direct confirmation from the eight participants, the two who spoke to the researcher confirmed that they were also able to hear the voices of their friends in the case report that they reviewed. The ten who spoke via telephone to the researcher expressed positive feedback. Three participants from Jamaica were unable to be reached via the phone number they provided. In Virginia, 15 participants were reached directly via email and asked to review the case report. The remaining six were reached through two of the participants who were emailed.

Trustworthiness. Trustworthiness is one of two dimensions of rigor in constructivist inquiry, assessing the findings of the study and the reporting of those findings (Rodwell, 1998). The aspects of trustworthiness were developed in response to positivist standards of internal and external validity, reliability, and objectivity. Credibility assesses the truth and accuracy of the findings and the reporting of the findings (Rodwell, 1998). Among the ways in which credibility was enhanced in this study was a lengthy involvement in the research locations and seeking depth, known as “prolonged engagement” and “persistent observation” (Rodwell, 1998, p. 98). Triangulation, or comparing multiple data sources, and peer debriefing were also used to address credibility. Finally, member checks were conducted and incorporated into the reflexive journal or methodological log when possible to allow the members to verify that the data and the meaning made from them by the researcher fit with the intent of the participants. While this was not feasible with all, member checking did occur with many of the participants.

Dependability, or adherence to the methodology of constructivist inquiry, was tracked in the methodological log and audited by Dr.Shannon, an experienced constructivist researcher who reviewed the data collected, the data analyzed, decision rules about the sorting of the data units, and analytic categories that labeled decision rules (Rodwell, 1998). The auditor also assessed confirmability - that the conclusions made from the data are reasonable, which was also supported by triangulation and member checking. Responsibility for transferability, which refers to whether the findings of this study might be applicable in other contexts, lies in the hands of the person trying

to apply this study's findings, but the researcher has made every attempt to thoroughly describe the context of the study in the case report.

Authenticity. Authenticity attends to the multiple perspectives included in the study and to the use of the knowledge gained to make change (Rodwell, 1998). Fairness to various perspectives of participants, ontological authenticity, catalytic authenticity, and tactical authenticity are the dimensions of authenticity. Fairness was addressed by finding ways to give voice to minority perspectives throughout the study and through the reflections captured in the researcher's reflexive journal. Ontological awareness was reflected in the researcher's deepening understanding and was enhanced in this study through the interactions with the participants, the peer reviewer, and the dissertation committee advising and supporting the researcher. The reflexive journal and the peer reviewer's journal documented ontological awareness. Educative authenticity referred to increasing understanding among participants of others' perspectives and some understanding of the sources of those perspectives, which was noted in field notes and expanded field notes as well as the researcher's reflexive journal. Using what was learned in the process of the inquiry to stimulate action is the goal of catalytic authenticity. This was often noted in follow up after the formal study had been completed. These last two are somewhat beyond the scope of what could be accomplished with this study; the researcher was not able to return to Jamaica to continue with educative and catalytic authenticity. While it was the researcher's hope to continue communication via email when possible, it was not possible to reconnect with all participants in Jamaica.

Inquiry Product. The inquiry product was constructed from the results and negotiated with participants. This process was attended to from the beginning of the study, and the researcher communicated with many of the participants even after having left the location of the study. Since they reflect the perspectives of individual participants who are inside of the issue explored in the inquiry, the interpretations were idiographic (Rodwell, 1998). The results were reported in a case report, which consisted of a thick description that allowed the reader to deeply understand the grounded theories in the findings and to “get a visceral experience that is both cognitive and affective” (Rodwell, 1998, pp. 60-61). The researcher worked with participants in a heuristic process to develop a case report that included the voices of all participants; all participants did not necessarily agree with all elements of the case study, but they were able to hear their own voice in it and indicate that it was heard correctly. The case report provided a thick description of the complexity of the issue of disaster management and disability through the perspectives and experiences of the participants.

Chapter 4: Results

In this chapter the researcher begins with how she approached participants to be interviewed in both Jamaica and Virginia. Policy intent is examined based on the content of two primary plans, the National Disaster Action Plan (NDAP) in Jamaica and the recently updated Comprehensive Preparedness Guide 101 in the United States. Immediately following a description of each, the focus shifts to participants' perspectives in both countries on how these plans influence participation of people with disabilities in planning. A comparison of the findings from Jamaica and Virginia is presented. The content here is reported directly from the data collected in interviews with people with disabilities and emergency management planners; the notes in text link to the coded data through the audit trail provided in Appendix F for Jamaica and Appendix G for Virginia.

Jamaican Participants

The researcher arrived in Jamaica in November 2009, spending nearly 10 months engaged in the research process. Interviews were completed between May and August 2010 with 33 individuals in Jamaica from several communities across the north and south coasts. Jamaican participants were asked to review the data and the resulting products at different points in the process, including at the end of each interview, when the results were first assembled into an outline, and when the first draft of this case report was available. Member checking of an in-depth narrative outline of

the case report was conducted in March of 2011; ten people expressed their satisfaction with that case report draft via telephone, while 12 were invited via email to give feedback and expressed no concerns with the case report draft. Two of those who expressed satisfaction by phone had also been asked by participants to be present as a sign language interpreter or as a friend, and they verified that the case report draft was consistent with what they heard from those eight other participants. This is not as desirable as checking directly with participants, but it does provide some accountability for all but three participants who could not be reached at the phone numbers they provided.

The 33 participants from Jamaica were a mix of younger [J1] and older [J2] adults. Among the 23 participants with disabilities, there were individuals with cognitive disabilities [J3], blindness/visual impairments [J4], deafness/hard of hearing [J5], speech and communication disabilities [J6], and physical/mobility disabilities [J7]. Among the ten planners who participated, there were academicians with an extensive background in disaster planning and research [J11], a representative from a national nongovernmental organization active in disasters [J12], staff from regional and national positions in the Office of Disaster Preparedness and Emergency Management (ODPEM) [J13], and parish disaster coordinators [J14]. Participants were generally very receptive to the interview process; some smiled and appeared enthusiastic [J8], and some engaged immediately by asking questions [J16] and expressing their advocacy skills and expertise [J9]. The participants took an hour or more to sit face to face with the researcher for an interview, despite how busy some were [J17]. The researcher traveled to homes and offices, in bustling cities with cars and traffic and in more

suburban and rural communities with goats and chickens [J18]. A few of the participants with disabilities had family members nearby during the interviews [J19].

For some of the planners, there was a clear difference between the researcher's language and theirs; a few used words like "retarded" or "challenged," and there were also cultural language differences like saying "cater to the needs," which in the US might be expressed as "meet" or "answer the needs" [J15].

Virginia Participants

The researcher returned to Virginia in August 2010, networked with potential participants and gatekeepers to gauge interest and establish points of contact, prepared the Institutional Review Board submission, and began interviews in the winter. Thirteen people with disabilities and eight planners were interviewed between December and February. Member checks with Virginia participants were conducted at the end of each interview, and a grand member check was conducted in March via email. Fifteen of 21 interview participants were reached directly via email with the Virginia case report, and the remaining six were reached through gatekeepers who were emailed the report.

As shown in Table 3.1, participants included people with various physical, sensory, cognitive, and psychiatric disabilities [V1]. The participants with disabilities included many self advocates [V2], one expressing worrying about others with less supports (VaPart19) and another even noting that he was so immersed in addressing others' needs that he did not pay much attention to his own (VaPart20). One participant talked about the impact of being such a strong self advocate on preparing and responding to disasters; as an independent self advocate, he did not want to have to rely on others (VaPart26). Another spoke of feeling as though the attitude that some

have that “only the strong survive” is frightening and inconsistent with American values: “our nation is supposed to help other people” (VaPart22, VaPart23).

The participants in Virginia had a range of functional needs, as well [V3]. All of the participants lived at home independently or with family, and several of the adults were employed. A few mentioned driving their own vehicles (VaPart46). The two mothers of children with special health care needs described different levels of need; one’s daughter needs food prepared carefully to prevent choking and needs constant supervision to keep safe (VaPart29, VaPart30), and the other uses several different interventions and needs assistance with all activities of daily living (VaPart33-40).

Participants ranged in age from the mother of a school age child to young adults with disabilities to experienced planners in their second careers [V4]. There were slightly more females than males participating [V5]. While all participants came from one of three major metropolitan areas, those areas contain a mix of rural and urban communities [V6]. Some planners represented very populous, urban counties (i.e. VaPart71), while others worked in counties large enough to include both rural and urban environs (i.e. VaPart70). Participants with disabilities were recruited through a drop in center [V7], an independent living center, and emergency managers, and planners included regional and local level planners, including some agency representatives who work with emergency management [V8].

Policy in intent

Since Jamaican and United States (Virginia) plans evolved in different ways, each will be examined separately, beginning with Jamaica. Once both plans are

presented, policy in intent for participation of people with disabilities in planning will be compared across Jamaica and Virginia.

The Jamaican plan. The intent of the policy in Jamaica was conveyed through planners' responses about the goals and intents, the content of the plan, how planning is done, who is involved, and how people with disabilities participate in the process. Additionally, the text of the National Disaster Action Plan provided insight into intent.

Goals and intents. Participants in Jamaica provided goals and intents based on the disaster life cycle (see Figure 1.3), noting that the plan is intended to address the before, during, and after of disasters [J41], and that the community's best interest is at the heart of the plan [J42]. The goals of preparedness efforts include providing training and disseminating information about preparedness and assessing vulnerabilities through tools such as the registry [J43]. Goals in mitigation include a primary focus on preserving life, with some focus on diverse needs of vulnerable populations including older adults and people with disabilities, and a secondary focus on preserving property [J44]. The goal of response planning is to provide the guidance necessary to address needs and ensure at least minimum standards of supports and services to Jamaicans [J45]. In the context of response, planners noted that latitude is given to responders on the ground to answer the needs they see [J46]. That flexibility is afforded so that people can be as comfortable as possible during a disaster [J47], and the bottom line, as flexible as the policies are, is that people are safe [J48b]. This is consistent with the culture according to one participant (IntCon39). Planners noted that responders would have access to the emergency operations centre if questions arose,

and that they know responders to be tolerant and flexible until they meet resistance that puts people at risk [J49].

Planner perspectives on the Jamaican National Disaster Action Plan (NDAP). Participants carefully noted that there was not specific disability content in the National Disaster Action Plan (NDAP) in Jamaica [J50], and while some indicated that this can lead to the propensity to overlook some needs [J51], others asserted that whatever the needs were, they did not need to be addressed at that level of planning [J52]. Disability issues are, however, being addressed in three ways. First, planning for people with disabilities is in some communities delegated to the welfare and shelter subcommittee of the parish disaster committee [J56]. Second, guidelines on people with disabilities and on older persons in disasters are under development [J53]. These guidelines were begun as a regional initiative, and translate preparedness, mitigation, response, and recovery from the national to parish, community, and household levels for the target populations and the institutions that serve them [J54]. The Jamaican Office of Disaster Preparedness and Emergency Management (ODPEM) has had a collaborative role in reviewing the draft guidelines, and planners are eager to obtain and implement them, as they fill in the detail missing from the plan on vulnerable populations [J56]. Third, there have been training initiatives developed that focus on vulnerable populations, and the need for more of this is recognized [J57].

Content of the National Disaster Action Plan. *The NDAP is a national policy written in 1997 as a legal framework to provide guidance for and ensure the accountability of parishes and the national government. It is divided into five parts, and*

some relevant excerpts are included in Appendix H. There is an introduction, in which the following mission statement for ODPEM is at the very start of the document:

The office of Disaster Preparedness and Emergency Management is committed to taking pro-active and timely measures to prevent or reduce the impact of disasters on the Jamaican people and Economy through its efficient staff and collaborative efforts with National, Regional, and International Agencies
(ODPEM, 1997, Introduction, p. 2)

The NDAP continues with a comprehensive topography of the nation and its hazards, followed by the concept of operations, listing each agency involved in planning and emergency management and the different committees under the National Disaster Executive, who heads the emergency operations center when it is activated (ODPEM, 1997, Part 1). At several points throughout the plan including the beginning of Part 1, the purpose and aims are reiterated. The document is intended to serve as a guide for all parishes in Jamaica, a framework guiding national response that requires participants in the process, whether government ministries, nongovernmental organizations, or parish governments, to develop their own detailed plans. The NDAP provides the basis for disaster preparedness and emergency management, assigning responsibilities and coordinating activities, equipping all those involved in the process with the tools needed to respond appropriately, and even encouraging opportunities to learn from the implementation experience (ODPEM, 1997, Part 1, p.3).

Several agencies including the national disaster relief organization and the ministry serving people with disabilities are listed as participants in the concept of operations, and the Welfare and Shelter subcommittee is listed under the National

Disaster Executive (ODPEM, 1997, Part 1). This is consistent with the information planners shared about the plan in interviews. In Part 2, the specific responsibilities of all parties in the planning and response stages are outlined; part 2 is the only section in which people with disabilities are mentioned specifically. The parish disaster committee, in the pre-disaster phase, is charged with the responsibility to “[e]nsure plans exist for taking care of special groups (handicapped, aged, etc.) and institutionalized population in an emergency” (ODPEM, 1997, Part 2 p.64). The parish disaster executive, in the response phase, is charged with responsibility to “[c]oordinate the provision of welfare assistance to the aged and disabled and others in need” (ODPEM, 1997, Part 2 p.71). There is no mention of people with disabilities and/or welfare checks in the responsibilities listed for the Welfare and Shelter Subcommittee in the NDAP (ODPEM, 1997, Part 2, p.18).

Overall, the NDAP demonstrates some level of coherence, addressing the unique characteristics of the island and its government, but it is also quite isomorphic in relation to its people, as there is very little mention of the human context in Jamaica. It is, as a national policy, skeletal in many ways, yet it is also the basis for legal responsibility. Rather than a complex system of rules, the plan provides the basics of ‘who, what, and where’ of disaster response. The ‘how’ remains less prescriptive, allowing for flexibility in the context of response. The plan itself is neither a generic blanket policy nor a highly detailed and contextualized living document, but it does allow for parishes and communities to take a context-bound approach, with a level of oversight and centrality at the national level and regional and zonal planning elements that allow for more coordinated and collaborative responses. Content on people with

disabilities is distinctly lacking, and that highlights a great disconnect between this document from 1997 and the United Nations Convention on the Rights of Persons with Disabilities. This near-complete absence of disability content suggests that agencies are relied upon to be the wall between disaster management planning and people with disabilities; although the planners indicated that the Welfare and Shelter Subcommittee had responsibility, this is not explicit in the plan.

The who and how of Jamaican disaster management. The planners provided a great deal of information about how the planning process works. They described the roles of the various contributors to the process, the focus on community preparedness, what resources shape the policy, and how research is used.

Participants described the role of the parish disaster committee in planning and developing policies at the parish level [J20], planning for the needs identified through the registry process [J21], and delegating responsibilities like welfare checks to the appropriate subcommittees [J22]. This delegation has meant for at least one community that the needs of people with disabilities do not rise to the disaster committee or coordinator level; the subcommittee effectively handles the planning and response [J23]. The committee's roles in exercises [J24] and in working with ODPEM to adapt and apply national policies to the parish context [J25] were also noted.

The roles of ODPEM were also described. Participants noted the leadership responsibility ODPEM holds, describing them sitting "at the head of the table" (IntHow29), making templates, overseeing the parishes, and delegating roles and responsibilities to the agencies involved in the process [J26]. The role of ODPEM was also described as coordinating and liaising [J27]. In particular, ODPEM operates

mapping and registry efforts to identify individuals in need of assistance to the parish disaster coordinator. ODPEM also answers the long- and short-term needs of citizens after a disaster [J29].

Agencies, both governmental and nongovernmental, have roles and responsibilities in disaster preparedness and emergency management [J34]. Participants indicated planning was “a multistakeholder effort” (IntHow 100), and named a variety of such agencies involved in the process, including the main government agency serving people with disabilities, the national disaster relief organization, academics, churches, and clubs [J35]. Collaboration and sharing among these partners in preparedness was particularly important to some of the participants in this research [J36]. One of the participants asserted that this planning work cannot be done “in isolation” (IntHow 98). These agencies take on the role of representing the people they serve, and in some cases assume the responsibility of meeting the needs of those they serve in the time of a disaster [J37].

Much attention was paid to one organization in particular that has collaborated with ODPEM extensively to provide disaster preparedness information to people with disabilities and disability information to planners [J30]. One planner noted that ODPEM “take[s] every opportunity to collaborate” with this disability advocacy organization (IntHow50). Participants spoke very highly of the continuing collaboration between ODPEM and this cross-disability advocacy organization.

Community preparedness efforts are underway in many communities across the island, including specific initiatives with coastal communities and ongoing training and development of Community Emergency Response Teams (CERT) [J31]. A need for

more public education was identified [J32]. The planners also expressed intent to rely upon families and communities to meet the needs of people with disabilities. Some recognize families as a key supporter, while others view it as an obligation [J68]. Participants indicated that it is a family and community responsibility to be self sufficient as much as possible, helping each other as needed, working as an extended family, and getting supports from local businesses and churches as needed before turning to the national government for help [J33]. That perspective has led to an increased focus on community preparedness through these training initiatives [J31].

A wide variety of information sources are used in developing policy, from Jamaican expertise to regional and international recommendations, best practices, and research [J38]. There has been a shift to pursuing evidence-based policy solutions, rather than policy writing as an afterthought [J39], and that has led to the prioritization of research as a source of guidance. At the time of this study, there were policy guidelines under development in Jamaica based on regional research with older persons [J40]. The research guiding this policy development took a 'bottom up' approach (IntHow156), focusing on the experiences of older persons and some caregivers and providers to identify what works and what does not in a disaster for this population.

The United States plan in Virginia. Among participants in Virginia, consideration of policy intent included consideration of how the plan has evolved, the resources and references that influence planning, the content of the main guidance document known as Comprehensive Preparedness Guide(CPG) 101, the people involved in planning, and the community context. Also important to understanding the

intent are three issues, the triad often central to emergency management planning for people with disabilities: registries, evacuation, and shelters.

The evolution of the US plan. Planners described an evolving plan, with ongoing re-evaluation [V10], as often as every two to four years (ValntPlan10). Many described where planning had begun for them, with the old plan, in which ‘special needs’ were addressed in a separate annex, as a unique emergency support function (ESF) [V9]. One participant noted that the special needs annex used to be handed off to social services to sit on their shelf, and that was the extent of how the needs were addressed in his community (ValntPlan5). Now, however, the plans are shifting to integrate functional needs into all aspects of planning [V11]. One described this as going “above and beyond the old annex” (ValntPlan3). The revisions allow planners to take time to look for gaps in the plan and to think about what could be missing, as well as checking compliance with federal and state guidance like the Comprehensive Preparedness Guide (CPG) 101 [V12]. Nearly all of the planners described the goal of the newer plans as “inclusive” [V13]. One noted a focus on “special needs planning” (ValntPlan38), and another indicated that the content about people with disabilities was mostly in the shelter and evacuation plans (ValntPlan39). One participant with a disability recounted a story from her childhood that captured the shift that is taking place in planning.

In elementary school one day, her mom was . . . in the office at the time when they had a fire drill. All the school was outside – except for her. Her mother asked where she was, and they said she was in the library because they knew it was just a drill. Protecting people is not better than practicing. (ValntPlan36-37).

Resources and references for planners. The planners who participated worked and planned at the local or regional level. For those in one regional planning group, the overseeing regional council had some guidance for them (ValntRef32). Planners also noted some available guidance from the state [V14]. Many referred to CPG 101, its predecessor CPG 301, or other resources from FEMA and the Department of Homeland Security (DHS) [V15]. One also noted the membership organization for emergency managers, indicating that they knew they were on track in what they were planning because it was consistent with materials offered by this organization (ValntRef31). That planner also cited a few products developed by disability organizations [V16]. Planners noted that there are a lot of resources available to them on this topic [V17].

Many spoke of emulating best practices from other municipalities whether nearby or across the country, as long as they were relevant in their community [V18]. Planners especially looked to other communities on special needs shelter planning [V19] and registries [V20]. In addition, planners used ethics and common sense as a resource to guide planning [V21]. Legal guidance was also important, and many planners used key legal phrases such as “accessible,” “equal access,” and “equal opportunity” [V22] and referenced the Americans with Disabilities Act (ADA) [V23]. Some noted a particular legal issue that has been a challenge, service animal access [V24], and one noted a recent court decision that could impact many municipalities (ValntRef77). Research also informed planning for some participants [V25].

Raising awareness [V26] among planners has been important. One participant described the importance of raising awareness in this way: “people with disabilities are

our kids, our parents, our veterans – real members of our community” (ValntRef94). There are trainings available that are useful as well [V27]. Some of these planners are helping with outreach efforts, too, and noted the importance of spreading the message of inclusive planning beyond their own silos [V28].

People like to pigeonhole disability needs as a human services issue, but it is every service that needs to plan for people with disabilities. . . . such a significant percentage of the population has a disability, and they are spread across socioeconomic statuses, races, ethnicities . . .” (ValntRef122, 124).

Content of the US Comprehensive Preparedness Guide 101. CPG 101 was released in November 2010, replacing the interim CPG 301 (FEMA, 2010).

Comprehensive Preparedness Guide (CPG) 101 provides guidelines on developing emergency operations plans (EOP). It promotes a common understanding of the fundamentals of risk-informed planning and decision making to help planners examine a hazard or threat and produce integrated, coordinated, and synchronized plans. The goal of CPG 101 is to make the planning process routine across all phases of emergency management and for all homeland security mission areas. This Guide helps planners at all levels of government in their efforts to develop and maintain viable all-hazards, all-threats EOPs. Accomplished properly, planning provides a methodical way to engage the whole community in thinking through the life cycle of a potential crisis, determining required capabilities, and establishing a framework for roles and responsibilities. It shapes how a community envisions and shares a desired outcome, selects effective ways to achieve it, and communicates expected

results. Each jurisdiction's plans must reflect what that community will do to address its specific risks with the unique resources it has or can obtain (FEMA, 2010, Intro-1).

The above paragraph is the first text that appears in CPG 101, and it explains the role of the federal plan as well as the responsibilities of localities. It is a tool for emergency managers as they craft their emergency operations plan to respond to the strengths, hazards, and needs in their communities. Lejano (2006) has noted the inherent challenge in trying to design a document that is unchanged throughout time, and CPG 101 is a document designed to be continually revised and contextualized, as acknowledged in the introduction (FEMA, 2010, p. Intro-3). There are standards in place, but from the start, the document is designed to flex with the time and the location in which planning is occurring.

CPG 101 provides instruction to localities and those tasked with developing the emergency operations plan. Early in the first chapter, CPG 101 advises that “[s]uccessful plans are simple and flexible” and goes on to suggest that plans need to be written not to the “average citizen” but should be inclusive of the diversity of the community, including people with “access and functional needs” (FEMA, 2010, p.1-7). In the second chapter, local planners are instructed to, at a minimum, address who will be responsible for different response and recovery activities, describe how and under what circumstances the locality will call upon and integrate outside help and how information will be disseminated to responders and the public to assist residents, instruct how agreements for mutual aid will be implemented, and describe the mechanics of implementing the plan and using the specified resources and tools

(FEMA, 2010, p.2-6). Local planners are also instructed to integrate their plans horizontally so that there is interoperability across communities and vertically with regional, state, and federal planning (FEMA, 2010, p.1-6).

The term “disabilities” appears 50 times in the 65 pages of the body of CPG 101, and 30 times in Appendix C, the Emergency Operations Plan Development Guide. On pages 4-20 to 4-22, there is a section entitled “Incorporating Individuals with Access and Functional Needs,” and disabilities content is integrated throughout the emergency special functions in Appendix C. This integration of disability considerations reflects the integration of people with disabilities in communities, and the content goes beyond simply mentioning what people with disabilities might need by encouraging the involvement of disability advocacy and service organizations and people with disabilities themselves in the planning process. Planners are encouraged to name a lead agency as well as supporting agencies to ensure that the needs of people with disabilities are addressed and integrated in the planning., Planners are even encouraged to designate someone with expertise in disability to be in the emergency operations center to assist the incident command structure (FEMA, 2010, p.4-21). CPG 101 encourages planners to consider mechanisms to provide with continuity the supports, services, supplies, and medical care that may be needed by people with disabilities, to demonstrate leadership and offer guidance to those who want to help, and to place a priority on restoration of a safe and accessible home environment for people with disabilities after a disaster (FEMA, 2010, p.4-21). Planners are instructed to promote personal preparedness in their plans and to plan to disseminate information in a multitude of ways to reach individuals with various disabilities (FEMA, 2010, p.4-22).

CPG 101 encourages planners to understand the demographics of disability in their communities, and mentions registries as a tool to do so (FEMA, 2010, p.4-20). There is also attention paid to providing guidance to localities on evacuation and accessible transportation, starting with identifying who orders mandatory evacuation, and including designating a lead agency, planning for early evacuation of individuals with mobility disabilities, allowing supports to travel with the individual, and developing a mechanism to respond to requests for evacuation transportation (FEMA, 2010, p.4-21 to 4-22). Shelters are also addressed in CPG 101; localities are instructed to plan for and ensure full accessibility in community shelters, allow people the space they need, be in compliance with the ADA, and plan for the staff, equipment, medication, and supplies needs of community members with disabilities (FEMA, 2010, p.4-22). The guide does not mention segregated sheltering and in fact only speaks of “general population shelters” (FEMA, 2010, p.4-21).

In addition to this specific content on people with disabilities, considerations for children with disabilities are integrated into a similarly structured section on integrating the needs of children. Consistent with some of the issues noted in interviews with planners, the issues with planning for services animals are included with planning for pets throughout the guide and particularly in a section entitled “Incorporating Household Pets and Service Animals” (FEMA, 2010, p. 4-22 to 4-25). Of the 27 times service animals were mentioned, only six were not mentioned along with household pets.

Content related to people with disabilities is integrated throughout CPG 101 and the template for local emergency operations plans. The tenor of the document conveys that people with disabilities are a natural part of the community entitled to equal access,

and with the exception of the logistically-motivated planning for early evacuation of people with mobility disabilities, integrates the needs of people with disabilities into community needs. CPG 101 does not designate or even suggest agencies, but encourages planners to seek out advocacy organizations for participation in the process and allows local plans to contextualize their plan and identify, involve, and designate as lead when appropriate the relevant and fitting agencies. Because there is emphasis on including community members with disabilities as well as advocacy and service organizations, CPG 101 does not encourage communities to have agencies speak for people with disabilities.

While CPG 101 as a stand-alone document is by design isomorphic, meant to have applicability across the entire United States, it is also a tool by which state, regional, and local plans can be developed to comply with federal standards while cohering to their particular context. CPG 101 provides a basic structure, explores options, and encourages compliance through a series of questions that allow the planners to answer the federal requirement within the context of the community to which the plan applies. Rather than an isomorphic and prescriptive list of what to do or a rigid “if, then” rule system, it is a guide to contextually and comprehensively think through the multiple functions and the broad ambit of an emergency operations plan.

Participation of people with disabilities in planning in Jamaica and Virginia.

Planners in Jamaica mentioned several subject matter experts who were consulted in the development of policies, including physicians, psychologists, nurses, and other caregivers [J72]. Some expressly noted the participation of people with disabilities [J73]; citizens with or without disabilities also have the opportunity to participate through

citizen committees and public meetings, [J74] but some participants explicitly noted that people with disabilities were not included in the planning process [J75]. Participants spoke in support of the idea of giving voice to people with disabilities in the process [J76]. They acknowledged that those who have experienced discrimination are well equipped to recognize and address discrimination in the plans - “he who feels it knows it” (IntPar15).

Participants in Virginia described several constituencies represented in planning. Emergency management is consistently involved, of course, leading the efforts or organizing the participants [V29]. There are a variety of agencies and organizations that participate as well [V30]. One participant noted it could possibly be too many administrators involved (VaIntPar40). Virginia agencies include government services (e.g., county social services or public health) [V31], disability organizations such as independent living centers and community services boards [V32], nonprofits and volunteer organizations like the American Red Cross and other voluntary organizations active in disaster (VOADs) [V33], and even churches [V34]. The regional subcommittee had a strong presence in one of the metropolitan areas included in the study (VaIntPar41).

When people with disabilities in Jamaica were asked about giving feedback or getting involved after their disaster experiences, there was a mix of responses. Some had pursued opportunities to give feedback to the government, response and advocacy organizations, clergy, and self advocates, as well as staff at the group home where one participant lived [J77]. The politics at the local and national levels were inferred to have an impact on how response and recovery are handled, discouraging participation of

some [J78]. Among those who did not give feedback or try to get involved, there were differing reasons. Many were indifferent, and simply did not feel the need to give feedback [J81]. Others expressed their belief that it was pointless to give feedback because nothing would change [J79]. As one participant put it, spending time and energy trying to give feedback and get involved “don’t make no sense” (IntPar40). Some participants felt no power to give feedback [J80]. One participant articulated this disempowerment – if the government was not concerned enough to check on her, they surely do not care what she needs or what her input would be (IntPar43).

In the context of the disaster planning and emergency management system in Jamaica and the current content of the plans, planners have identified some considerations for people with disabilities. These concerns included knowing the population, communications, accessibility, transportation and evacuation, and housing conditions and locations. Planners were attentive to the need to know which and how many people with disabilities were in their communities and in need of additional assistance [J58]. They were also attentive to the diversity of disabilities, noting that since needs vary from one individual to the next and even from time to time in one individual, their focus would need to be broad and perceptive of the differences [J59]. Participants listed different types of disabilities and needs that had caught their attention, including sensory and communication disabilities in particular [J60].

In Virginia many planners and people with disabilities spoke about the importance of having people with disabilities involved in the planning process. Several had successfully included people with disabilities in the process [V35], and a few indicated they were currently looking for more citizen participation [V36]. A few of the

participants were part of a working group that has seen many successes recently, including an iphone application, a web-accessible registry and a web emergency operations center with lots of planning information, a video on personal preparedness, and many other opportunities to disseminate information [V37].

Many of the planners in Virginia noted the diversity of need among those included in the phrase 'people with disabilities' [V38]. Some listed out the different disability types they think of, including physical/mobility disabilities and sensory disabilities including blind/low vision and deaf/hard of hearing [V39]. Others focused on functional needs, such as communications, personal assistance, power, water, medications, and consistency/continuity [V40].

Managing expectations was a focus of many the Virginia participants. For planners, this often meant educating people with disabilities on what they can realistically expect from government as well as understanding that people may not do what you wish they would during a disaster [V41]. As one put it, "we do the best we can for the most" (ValntCon35). For people with disabilities, there were a couple different ways in which they attempted to manage expectations. Some tried to be ready and be advocates for themselves [V42], recognizing "the 'what if' can happen, it will happen" (ValntCon36). Some let go of what they cannot control [V43]: "some things you can't do anything about" (ValntCon40). One expectation or wish among a few participants was access to a generator, though most of them acknowledged the high cost and limited practicality of owning one [V43b].

Knowing the hazards was an important part of understanding the context of planning. Planners as well as people with disabilities in Virginia acknowledged the

types of storms and other risks that threaten their communities [V44]. Pets were also a consideration for some, as people with disabilities, just like peers without disabilities, sometimes will refuse to leave pets behind and not go anywhere their pets are not welcome [V45]. One participant did note that there has been about as much time and energy spent on pet planning in the last few years as there has been on planning for people with disabilities (ValntCon62).

Policy in Implementation

What planners know about the needs of people with disabilities in disasters, as well as what people with disabilities know about planning and preparedness, is impacted by implementation of preparedness and response plans during previous events. Jamaican planners addressed a number of implementation concerns and described the flexibility of existing policy for responders assisting people with disabilities, the concerns they had about the needs of people with disabilities, and particular lessons learned from prior disasters. People with disabilities also shared perspectives on their role in implementation. Specifically, they described how they prepare for disasters and what preparedness lessons they have learned based on prior disasters.

Among Virginian participants, there was attention paid to challenges faced in implementation through accessible shelters, registries, evacuation planning, the importance of personal preparedness, the ways in which first responders interact with the community, what if any feedback people with disabilities offered based on their experiences, and lessons learned.

Implementation challenges. Planners in Jamaica discussed challenges learned from implementing policies in disasters. Planners have identified gaps between what the policies address and what some with disabilities need, such as accessibility, dietary restrictions, and alternative means of disseminating information [J104]. Once the gaps have been identified, they begin developing the resources to address those gaps, by making changes to the existing policy, writing new guidelines to supplement the policy, offering training, or making administrative changes to how shelters are operated, for example [J105]. Additionally, implementation experiences allow planners to re-evaluate how existing systems and processes are working and make changes as needed [J106].

Having the right staff and the right team to plan was an important consideration for many Virginia planners and people with disabilities [V59]. One of the planners had been involved in a national study on this topic, in which they found that planners wanted to do the right thing but needed to know how, and people with disabilities wanted to be involved, but did not know how to speak the language of emergency managers (ValmplChal13). A couple of planners with disabilities talked about their own deference, knowing that their experience and knowledge of their own needs did not make them experts in disabilities (ValmplChal11 & 16, ValmplChal17). Some participants expressed a real concern about how planners who did not know personally about disabilities could effectively plan for people with disabilities [V60]. Another major concern was the cost of planning for the needs of people with disabilities. Some groups have been successful in getting grant money for planning, and others are continuing to apply for more grants, but other communities do not have the funding in place to do any

more [V61]. Similarly, people with disabilities expressed concern about how they could be expected to afford personal preparedness items [V62].

Boundaries are another important challenge in implementing a response to a disaster. Disasters are often localized events (ValmplChal6), and some Virginia planners noted the support of their local government [V66], but people may need to cross county or city boundaries to evacuate, or may simply need to cross them to get from work to home. While regional efforts have value in many of these communities, there are still limits to services based on county or city lines, and that can be an issue during and after a disaster [V65]. Simply put, “boundary lines make collaboration difficult” (ValmplChal65). These boundary lines can even be at the neighborhood level; one participant remembered the impact of one metro-wide disaster on a particular neighborhood that “didn’t recover for years” (ValmplChal67).

Preparedness. People with disabilities and planners in Jamaica both discussed the importance of preparedness customized to meet needs on individual, family, and community levels [J82]. Participants with disabilities identified the importance of knowing where to go if evacuation was necessary (ImpPre7) and having a contact to call for help identified in advance (ImpPre11). Both people with disabilities and planners in this study also discussed the importance of staying informed as a storm approaches [J84].

People with disabilities mentioned several additional things they do to be prepared when a disaster is coming. Many gather food and water in advance of the storm [J85], although extra food can be difficult to afford for some despite their best intentions to be prepared [J86]. Participants gather kerosene and lamps or candles to

prepare for power outages [J87]. For some, it is important to gather medications [J88] or other supplies or equipment related to their disability or health care needs [J89], which is a part of preparedness that planners noted as important for people with disabilities [J90]. Participants also gather up important documents to keep them safe from water damage and at hand if needed for benefits or services after the disaster [J91]. Readyng the house is an important part of preparedness at home, including tying things down and securing the roof with hurricane straps or sandbags [J92]. Some participants need help to prepare the house, and they ask family and neighbors to help with these tasks whenever possible [J93]. Participants in Jamaica described these activities as the basics of what they always do to prepare for a storm. They also described having learned particular lessons from their experiences with particular storms.

Personal preparedness is a tremendous advantage when it is in place, but many Virginia planners were concerned that people with disabilities were not well prepared for a disaster, not thinking about what they would do, what they would need, and how they would care for themselves if others could not get to them [V67]. Many of the planners and self advocates talked about getting preparedness materials to people with disabilities and encouraging them to take the steps to prepare [V68]. One said he “can lead the horse to water, can encourage, but cannot force the horse to drink” (ValmpIPP26). Another planner is hoping to use the training videos for the Community Emergency Response Team (CERT) to empower people to be prepared and empower communities to care for themselves (ValmpIPP38-40). Helping people help themselves was important to many: “I want to teach people to fish, not give them fish”

(ValmplPP13). Some had specific tips, like stocking up on ready to eat foods, developing a resource list, and to generally think of an impending disaster like going camping for two weeks in order to prepare sufficiently [V69].

Planners in Virginia did note that personal preparedness becomes a harder concept to sell to people when there have not been any major crises recently [V70]. “Only a bad storm experience can change preparedness” (ValmplPP52). Money for preparedness dwindles (ValmplPP46), and any near misses convince people they do not need to take warnings seriously (ValmplPP50).

Katrina had a significant impact on planners and people with disabilities in Virginia. There was a surge of resources after Katrina, and there was also heightened awareness; people could relate to survivors and victims of Katrina [V71]. Some of the planners had worked on the Gulf coast response to Katrina. For one, responding to Katrina was a particularly powerful memory: “I remember seeing, smelling, even tasting death. I want nothing more than to protect the more vulnerable, to work on whatever I can to make sure others do not have to experience that” (ValmplPP59).

Another felt called by what she saw, as her daughter’s developmental delays had been diagnosed not long before Katrina impacted the Gulf coast. She began a career in emergency management for people with disabilities soon after Katrina.

she was flabbergasted that no one had prepared for or thought of the needs of children. . . She remembers wondering what would happen to children with disabilities, considering all that was not planned for children in general. . . . As a mom, she could relate to what she saw and felt a connection (ValmplPP78-80).

One statistic in particular from Katrina stuck out in the memory of a planner: “44% of those left behind in Katrina were people with disabilities” (ValmpIPP56). He believes that “Katrina will happen again” (ValmpIPP55).

Planners in Virginia emphasized the importance of personal preparedness for people with disabilities, and many participants with disabilities had already heeded that advice. Many echoed the importance of preparedness, and talked about how lived experience, like living somewhere with more frequent disasters or having an emergency manager in the family, had shaped their personal preparedness [V72]. Many had questions and concerns they wanted planners to address like refill restrictions that make it difficult to stock medicines and supplies in an emergency kit, and wished planners would reach out to them more to help them plan [V73]. Participants listed the different things they do to prepare, including getting food, candles they can use safely, batteries, flashlights, water, medications, and supplies, and even preparing to evacuate in a hurry if needed [V74]. A few reported not really preparing for disasters; some considered themselves prepared enough without doing anything differently, and others just did not take the time to prepare [V75].

Jamaican planners noted that responders have flexibility to answer the needs they see on the ground [J46]. The focus is on safety [J48b], but there is room in the policy for flexibility in order to make people as comfortable as possible [J47] and to be as respectful as possible. Respect of the individual is inherent in the culture (IntCon39). Planners indicated that this flexibility is working well; they have not seen the rules hinder someone’s well-being and note that there has been no loss of life in recent disasters [48]. The emergency operations centre is available to responders during disasters, so

any time they were unsure how to proceed they could seek guidance from the EOC [J49]. Responders are encouraged and expected to respond fluidly to what they see and adapt the policies as needed until they meet resistance that puts people at risk; at that point, flexibility is not an option [J49b]. People with disabilities also spoke about the importance of staying physically and emotionally flexible during a disaster, being willing to leave home if needed or to stay in bed if no assistance for transferring is available [J83].

In preparing for disasters, registries were a topic of great interest among Virginia participants. Many of the participants noted there were registries working in their communities [V46]. The purpose was something Virginia planners paid special attention to, noting that the registry is a planning tool, to help emergency managers understand their community, not a promise that someone will be able to answer the needs registered [V47]. One participant was hopeful that the registry tool would “up the ante of awareness” about the number of people with disabilities living in the community (ValntReg20), but it was later noted that in that community of more than half a million people, only 20 had registered (ValntReg25). Planners are realistic and know that not everyone who is eligible will register, but there is a similar trend of low participation in other communities, and there is attention from planners paid to increasing the numbers [V48]. Another participant who lives in a community without a registry said she would like to have one, so that she and others could register and so that the police could check on people with disabilities during a disaster (ValntReg34-36). One of the participants who is on a registry stated that during the storm he described, a snow storm

that kept him inside for days, he did not receive any calls from the registry (ValntReg33).

Planners in Virginia reported using their registries a few times, to check on people who require power when an outage occurred, to get people to needed routine medical care when snow closed roads, and to evacuate people from a neighborhood during a flood [V49]. But they also acknowledged that there are some issues to work out with the registries [V50], including the inability to share information across registries (e.g., the power, water, enhanced 911, and county registries (ValntReg45). They also wanted to address the expectations that came with registering (ValntReg47). Some planners who do not have registries currently also expressed their concern that the registries are difficult to maintain (ValntReg54-55) and will not get the kind of participation most wish they would (ValntReg51).

Planners in Virginia raised concerns about being prepared in planning evacuations, including arranging transportation for those who would need it. Planners identified evacuation and transportation as a top priority, knowing that some people with disabilities will need assistance to get out safely [V52]. But for Virginia people with disabilities who talked about evacuation challenges during their disaster experience, the issues were about getting home safely once a storm started [V51]. In the metropolitan areas where people were interviewed, traffic can be a significant issue on a typical weekday, so the idea of trying to get everyone out of these areas seemed impossible. “If it’s coming, we’re dying. . . . we’ll be trapped in this fishbowl” (ValntEvac 34, 33). In one community, the regional group has gained substantial momentum and funding to plan evacuation transportation [V54].

Accessible shelter planning. In Jamaica there are concerns with the accessibility of shelters. There are access issues outside that prevent people from even entering the shelters, as well as inside that prevent people from moving around as needed [J63]. Whether it is toilets and showers or information resources at the shelter, people with disabilities cannot safely seek refuge and expect to meet their basic needs in some shelter environments [J63]. There are even concerns with the accessibility of the cots used at shelters, as they can be difficult for individuals with mobility disabilities to transfer to and from [J64]. There are also access concerns that are more broad, such as financial, geographic, and information access [J65].

Sheltering was also a concern for Virginia planners in meeting the needs of people with disabilities. Participants noted that going to a shelter is not a popular idea among people in general, and especially among some people with disabilities [V55]. One participant said simply that families of children with disabilities avoid shelters “like the plague” (ValntShel34). Planners have taken one of two paths to address shelter accessibility for people with disabilities. Many focused on making sure all shelters are as accessible as possible, adding generators or other accommodations to sections of community shelters [V56]. This reflects a goal of not separating people with disabilities from their caregivers, supports, and neighbors, which has been an issue in previous disasters when people were separated from one another [V57]. Other planners have focused on shelters specifically for people with disabilities or medical needs, developing either a singular special needs shelter or a tiered sheltering system that allows people to use a shelter with the level of functional needs supports that they need [V58].

Several other concerns were raised in Jamaica, including transportation and evacuation, housing conditions and location, and meeting the needs of those without family support. Transportation and evacuation concerns included addressing how to evacuate buildings, to holding drills, to sending in buses and working with people who are unwilling to evacuate [J66]. Housing conditions and location were of concern because some people live in flood prone areas or in houses that are just not able to withstand the storm [J67]. Some may come to a shelter to get food, water, or other supplies and then return home. Also, people sometimes rebuild in dangerous places. Some participants were concerned about meeting the needs of those without family support. They noted that having family does not always mean having family support [J70], and that there are some people with disabilities who do not have family, and are therefore potentially more vulnerable and in need of assistance during a disaster [J71].

Communication and Interaction. Communication concerns include getting information out at all stages of the disaster management cycle [J61]. Jamaican planners identified solutions to some of these problems including having sign language interpreters interpreting messages that are disseminated on television, using text messages (SMS) to disseminate information, and utilizing agency staff who have received some basic sign language training and can communicate effectively [J62]. These are in various stages of implementation.

Similarly, Virginia planners and people with disabilities talked about the importance of disseminating information before, during, and after a disaster. Different tools have been used over the years, including text and email messaging systems, pagers, strobe lights, and reverse 911 [V63]. Getting information out to people quickly

“is critically important, because people with disabilities best know their own abilities in disaster, so getting the right information allows them to respond according to their abilities” (ValmplChal49). Many echoed this sentiment, emphasizing the need for accessible formats so that messages reach the whole community [V64].

Interactions with responders was one of the most important issues for one Virginia planner (ValmplRes1). Yet many Virginia participants with disabilities reported no interactions with responders during the disaster they described [V76]. Planners noted that there are limited numbers of responders in each community; it would be impossible for responders to reach everyone in the community during a disaster [V77]. Planners also emphasized that when responders do reach people with disabilities, they have the leeway and discretion to respond to what they see and do what it takes to get the job done [V78]. Two planners noted that they use “standard operating guidelines” rather than standard operating procedures (ValmplRes21, 22). Responders can contact the emergency operations center for additional assistance or guidance (ValmplRes19, 20). This discretion is limited by the context of the situation, including available resources and assistance and the urgency of the situation (ValmplRes27-29). But emergency medical services are often a tool of last resort for people with disabilities (ValmplRes32), and although they are there to help, they are working on their own plan (Valmpl30, 31).

Both planners and people with disabilities in Virginia emphasized the importance of effective communication with responders [V79]. “People need to be able to communicate despite the distressing situation and remember that there is stress on the responders as well as stress on the people experiencing the disaster” (ValmplRes33).

“Ideally, responders should take it case by case. . . . Rushing in to save the day is not always the most helpful” (ValmplRes36-37). Only one participant had any interactions with responders during his disaster experience, and it was the police directing traffic away from flooded roads – he said they were “quite edgy” and were also only saying where not to go, instead of helping people figure out which way was safe (ValmplRes40-41).

Lessons learned. Participants with disabilities in Jamaica often noted that the storm experience they described taught them to take storms more seriously and get prepared [J95]. Some noted that the experience changed them and was the reason they were able to get through the next storm a little more easily [J96].

Some participants in Jamaica had not routinely gathered extra food or water for storms prior to the storm experience they described, but have been sure to do so since then [J97, J98]. For some, getting extra food is only an option if they have the money, but they do try [J99]. Participants also learned the importance of gathering kerosene or candles [J100], medications [J102], and important documents [J103]. Many learned how to better ready the house or ask for help to do so [J99]; one noted building her new home stronger than the home that was lost in the storm (ImpLL48).

Though many indicated changing or augmenting their preparedness based on the particular storm experience they described, some noted that they keep doing what they have always done and did not need to change [J94]. For some, it reinforced what they do (ImpLL2), but for others it is such a rarity that they do not prepare much for what might not come to pass (ImpLL8).

“Every exercise, every drill, every incident is an opportunity to learn, to fix problems, and to get better” (ValmplLL1). Many of the Virginia planners shared this viewpoint, and used lots of experiences to inform their work [V83]. Participants with disabilities also learned from their experiences and made changes to their preparedness [V84]. “Surviving gave me the desire to be more prepared” (ValmplLL21). For several, the lesson was to think through the possibilities more carefully, to take the risk seriously, and to learn as much as they could to prepare themselves [V85]. Many listed the specific lessons they learned, like choosing to live close to family and friends, gathering supplies, charging phones, taking care of the house, preparing an exit plan if they needed to leave in a hurry, and even having extra supplies or equipment [V86]. One family got a generator after their experience (ValmplLL49).

Participants with disabilities in Virginia were asked what kind of feedback they gave and if they got more involved in the policy process based on their experiences. Several Virginians said they gave little or no feedback [V80]. Some had relayed stories they heard about issues they thought were important [V81]. Several have utilized what they learned to give feedback and to get more involved [V82]. One parent “talk[s] all the time about our experiences and about other families’ experiences too” (ValmplFee11-12). One self advocate shared that she sees crises like hers as “an opportunity to debate and to educate” (ValmplFee19). For one planner with a disability, his experience changed his life:

This experience is why I got into the field. . . . I chose to get involved; it was my 'aha' moment, and it forever changed my career. . . . I retired after 32 years, and I retired to this cause (ValmplFee21, 39).

Policy in Experience

The descriptions of participants' encounters with disasters give a unique insight into how emergency management is experienced. Participants in Jamaica described the context of the storms and their initial impacts, where they stayed, what they felt, and what their needs were during and after the disasters. They also described their strengths, as well as the help and support they did [or did not] receive from friends, family, and government.

Virginian participants described their experiences with different disasters. They described their experiences trying to get somewhere safe, staying safe during the disaster, the emotional impact, as well as their needs, how they fared, and the importance of family and neighbors.

Storm context: the approach and initial impact. The participants with disabilities in Jamaica described their experiences with Hurricane Gilbert in 1988 [J108], a rainstorm that caused severe flooding in the early 2000's [J107], Hurricane Ivan in 2004 [J109], and Hurricane Gustav in 2008 [J110]. They recalled feelings of anticipation [J111], intrigue with the newness of the experience [J114], and excitement [J116] as the storm approached. Participants also shared their expectations that this storm would be like others they had experienced [J113, J117], and the feeling of realizing that this was in fact a more significant storm [J115]. Some remembered the storm coming in the night, which meant it was dark for a long time before the storm

finally broke [J112]. Some described the preparations they made as the storm approached [118] and the stories they heard from others about the storm [J119]. Some described how the home was situated for the storm or described the house where they were living if it was different than the one the researcher visited [J120]. The inaccessibility of the property outside the context of a hurricane was noted for those whose properties were difficult to navigate [J121]. Others noted how important proximity to neighbors or markets were to them during and after the storm [J122].

As the storm hit, the winds ('breezes') were strong, knocking down trees and sending debris flying through the air [J123]. For many, water started flooding in and around the house [J124]. Property was damaged [J125], and for those with damaged fences, fear of looters became a serious concern [J126]. Sheets of zinc blew off many participants' homes, leaving part or all of their homes exposed to the wind, rain, and debris [J127].

Similarly, Virginia participants with disabilities described experiences with Hurricane Isabel in 2003 [V87], Hurricane Gaston in 2004 [V88], a major snowstorm in 2010 [V89], and a building fire in the mid-1990's [V90]. One participant had a houseguest staying with her when Isabel struck [V91]. One parent had to decide what to do for their child who needs electricity when a hurricane was approaching, and described feeling very lucky to be given the option to bring the child to the hospital, where generators would surely keep her machines running, especially since insurance often will not pay for hospitalizations like that one without a medical reason [V92]. Unfortunately, the hospital policy required the family to split up, which caused the parent

some stress when she could not make it back to see the child for a few days. The family has since taken steps to not end up in the same position again [V92].

Another participant described a storm that began while he was at work, so intense that it caused a substation to blow up – an explosion that looked like a bomb from a couple of miles away [V93]. The rains ended later that evening, and it got very quiet, with life back to normal in about two days; it reminded him a bit of the biblical story of Noah's Ark [V93]. Another described a fire that caused a building evacuation at work – the two plans in place failed; he never got a warning and was left behind in the building [V94].

Shelter from the storm. None of the 23 participants with disabilities in Jamaica went to a community shelter, and some specifically and explicitly stated that they would not [J128]. Some had heard bad things about shelters from friends (e.g., ExShel6), while others avoided them because it would be uncomfortable or difficult to be outside of their homes, where things are set up to accommodate their disabilities (e.g., ExShel1, ExShel4). Many participants described staying home to be in a familiar environment and/or protecting their property [J129]. One participant wound up on his roof after his home flooded (ExShel37). Others sought shelter with friends and family [J130].

In Virginia three participants had issues getting home once the storms began. One was stuck at school and her aide could not get to her; she had to wait for her father to come get her [V95]. Another was at work when the storm began, and spent about three and a half hours trying to get to her home normally about 30 minutes away [V96]. The third was also at work when the storm began [V97]. He described leaving as soon as it looked bad, yet the trip that normally took 20 minutes ended up taking four hours.

He had to take many different alternate routes trying to get around roads blocked by flooding, and saw other cars stalled out as he tried to get home safely. At one point, he got behind a tractor trailer and followed very closely in its treads, even as water splashed and sloshed at the windows [V97].

Many of the participants in Virginia sheltered in place at home, and most of them were prepared for it [V98]. One of those who stayed home said she would have gone to a shelter if needed (VaExpShel9). One participant stayed with an aide whose home did not lose power during the storm; he stayed 10 days, and was able to bring equipment and supplies with him because they used his personal vehicle to get to her house [V99]. They had spent the first night at a hotel, with the aide's grandchildren as well, but returned to the aide's house the next day. Others knew of people who stayed in hotels, too [V100]. One family took their child to the local hospital. That hospital opened a very small unit for children on ventilators, and they brought their child there to make sure she had power to run her equipment [V101].

Emotional toll. The storms presented emotional challenges to participants in Jamaica; they expressed wishing it had not come, worrying about others, and generally being surprised and upset by the storm [J131]. Participants described waiting it out [J132], and one spoke of getting through it with the help of God [J133]. The darkness [J134] and the sounds [J135] of the storms were alarming. A few words were used repeatedly to describe the experience: difficult [J136], fear/afraid [J137], scary/scared [J138], and terrifying [J139]; one participant recalled his child trembling as the storm passed over their home and tore off the roof (ExEm31). Some described fear

particularly related to their loss of mobility [J140] or related to safety and the looting that occurred after some of the storms [J141].

Many participants in Virginia said the storm was scary, difficult, concerning, intimidating, and even unbelievable [V102]. One blind participant described being “glad not to see” (VaExpFear1). Another said simply “it shook us up” (VaExpFear18). One participant was really impacted by the isolation of being stuck at home waiting for the storm to clear [V103], experiencing “cabin fever” and eventually “depression” (VaExpFear24, 25).

Basic needs. Participants in Jamaica noted several challenges during and after the storm related to basic needs. They reported running out of water and having no running water at home [J142], some for up to three weeks (ExBN 4). They reported running out of food [J143], and the pain of going hungry was still evident in the eyes of participants (ExBN25). Some were without clothing because they left home without much or because the storms damaged or destroyed their belongings [J144]. With roofs blown off and houses blown apart, some did not have adequate shelter until repairs could be completed [J145].

Participants in Virginia described several challenges getting basic needs met. Some were afraid for their safety, because of falling trees, power lines, snow, and ice [V104]. Flooding was also a major risk to some participants’ safety; floodwater reached the windows of the vehicle and washed out roads and other cars [V105]. Some also had issues with food; some ran out and had to find more, while others had to find ways to eat without cooking at home [V106].

Beyond the basics. Participants in Jamaica had challenges relating to power, accessibility, ability to earn a livelihood, cleanup, waiting for resources, and social/communication needs. Many of these items may be seen as less essential items to most people, but they have a critical role for people with disabilities. For example, living without power could be dangerous for someone who uses power-dependent equipment, and many participants lost power during these storms [J146], some for as long as two weeks (ExBey9) or even three months (ExBey5). Accessibility is a disability-related need that was challenging for participants; the storm impacted the accessibility of people's homes [J147] and communities [J148]. One participant whose access to the community was blocked by floodwaters described the experience as being "marooned in my house" (ExBey51).

Chickens and crops were destroyed by the storm [J149], and these losses impacted peoples' abilities to fund repairs and other recovery efforts. One participant described having to sell some pigs to afford to make repairs to his home (ExBey79). One of the responders noted that the loss of animals was a real sanitation problem, since people were too busy addressing their most basic needs to properly dispose of the dead animals; to this day, he can still smell the stench when he thinks about the experience of moving through the community checking on people (ExBey84). Cleanup from the devastation caused by these storms was a challenge for participants [J150].

Participants in Jamaica also described long lines to get supplies and assistance and even longer waits to get compensation after the storms [J151]. It took five years to get money for repairs for one participant (ExGH78). Communication and typical social interactions with friends and family were interrupted by the storms; schools were closed,

phone lines were down, style and socialization were not options while people were busily trying to recover [J152].

Other needs that might be considered beyond the basics also posed challenges to participants with disabilities in Virginia. Electricity was a major concern for a few participants, and calls to the power company were not often successful or helpful [V107]. Several participants lost power during the storm, for as long as two weeks, which meant no hot water, no air conditioning, no medical equipment, and no entertainment to distract the children feeling the stress of the strange storm circumstances [V108]. A few did not lose their electricity during the storms [V109]. One family bought a generator so that they would be able to shelter in place [V110]. The children with disabilities needed some emotional/behavioral supports and distractions to help them get through the storms easier. Typical distractions like toys that light up and make noise drained batteries quickly, and television was not an option with limited access to power [V111].

Many participants in Virginia described difficulties related to access. Snow and ice made it difficult or impossible to get out of the house, to walk around the neighborhood, to get to cars or buses, and to get around on the roads [V112]. One participant who is blind described how the snow makes it impossible to use a white cane to detect terrain changes and navigate successfully (VaExpBB68). A few participants who use wheelchairs were trapped at home until they got help to clear a wide enough path for them, and then sometimes had to deal with snow plowed into the access aisle next to their accessible parking spot so that their ramps could not be lowered [V113]. One participant noted that he is afraid of getting stuck in his car trying

to get home in a bad snowstorm (VaExpBB53, 54). There were also participants who missed work because of the storms, which impacted their finances and caused stress [V114].

Self-sufficiency. When asked if they were able to meet their basic needs, participants in Jamaica described getting by and making do with what they had [J153]. Some noted that they were able to help others [J154], often despite their own needs (ExSS23) and with great pride in having contributed (ExSS22). Some experienced distress because they were unable to help others.

From the expanded field notes of one interview:

Just after the hurricane, Harvey lost his wife. She was attempting to cross the river and the current was too rough (FN 9). He mentioned this so matter-of-factly that I almost missed it, almost didn't understand the words. But he watched my face for my reaction, and there was a pause in the interview as I processed the words. (JD10, EFN 17-19).

Other participants grieved material losses after the storms and wondered how they would provide for their children [J155].

Participants in Virginia described making do with what they had and waiting for things to get back to normal, keeping perspective and knowing that they would be alright [V115]. One parent was quite exhausted and strained from providing care around the clock and taking care of herself as well [V116].

Family and friends. Participants' experiences with family and friends in Jamaica were mixed. Some described getting a bit of extra help from friends and family [J156]. Others had more intensive needs and really relied on family and friends [J157].

Participants noted that it is difficult and even frightening to rely on others during storms like these [J158]. One participant described asking multiple people to help her get water and food, and finally finding someone who had 'mercy' and got her some water (ExFF36). Some noted the positive way in which the community worked together to rebuild as a team [J159]. For others, trying to get help from family proved stressful [J160]. Participants described arguing, fighting, and generally having to choose physical safety over emotional well being by staying with family members who treat them badly [J161].

Family members, friends, and neighbors were a big source of support for many Virginia participants. For one participant, living at home at the time of the disaster with her brothers made all the difference, even though her parents were away on vacation at the time [V117]. Others had family members offering help or bringing supplies by, or even staying with the participant during the storms [V118]. A few participants also extolled the benefits of friends and neighbors who called and checked in on them during the disasters [V119]. The "circle of support" was very important to participants (VaExpFam14). Some received calls from professionals in their lives to check on them [V120]; one got a call from his therapist (VaExpFam20), and another got a call from the independent living center that provides in-home staffing for him (VaExpFam22).

Outside help. Participants in Jamaica had divergent experiences obtaining help from the government after the storms. In one community, there was a staff member from the relevant ministry who had established relationships with the disability community and led welfare checks after a disaster on individuals with disabilities. The system in that community worked well for participants because of their relationship with

this staff person, and they were glad to have someone checking on them [J162]. Even where the system was working well, the storms were very stressful; one planner noted that he “can still remember seeing the stress and hunger on peoples’ faces, worse than [I] ever saw it before or since” (ExGH8).

Outside that Jamaican community, there were other participants who were also happy with the assistance they received from the government. Participants saw different responders assessing damages, checking in, and helping with clean up, and it was reassuring and comforting [J163]. Some participants received money, zinc, food, or a new mattress to replace what was lost, and were satisfied with what they got [J164]. Others got what they thought was enough, but not really great given the circumstances [J165]. Some noted that the help from government was too late or too focused on animals and trees [J166]. There were participants who received nothing at all for their damages, although some noted that they were promised a check [J167]. One participant described a five-year infuriating battle to get help fixing her home [J168].

Participants in Jamaica described difficulties with distribution of aid, including making long trips to town, waiting in long lines, and not getting enough [J169]. One blind woman reported being cut in line (ExGH89), and another noted that her friend tried to get food for her but was not allowed to do so (ExGH91). Not all participants had interactions with responders [J170], and some only saw responders from afar, cleaning debris (ExGH 102) or in helicopters that could not land to help (ExGH107). Much like seeing responders reassured some, not seeing responders left some concerned,

confused about where to go for help, and wishing someone would come around and check in on them [J171].

Staff, whether from an agency or independently hired, can be an important source of support during a disaster, if they can get to those who need them. One self advocate in Virginia worried about those who rely on an agency for staff, because they may not have a backup plan if that agency closes in a disaster [V121]. Others have had issues getting their aides and assistants to show up in bad weather [V122], which can mean sleepless nights and 24-hour duty for parents (ExpFam34). Two Virginia participants were able to get staff to assist them during the disasters, and that help was very valuable to them [V123]. One very helpful aide brought her child and grandchildren with her, and it worked out alright according to the participant, so that she knew her family was safe, and he got the assistance he needed (VaExpFam35). Hiring a family member as staff worked well for one participant (VaExpFam37, 38, 41).

Conceptual Maps of Findings

In Jamaica, there was great overlap on the expectations about family and friends helping and the experiences of relying on friends and family. In planning and responding, there was a great deal of energy focused on sheltering in Jamaica, and to some extent, evacuation. This was distinctly different than the experiences of participants, who avoided shelters and leaving home in general, except to go to a family member's or neighbor's house. Implementation is well nested within experience, indicating the high overlap between how participants implement plans and their experiences with disasters, as well as positive interactions with some responders going above and beyond. The exception is where implementation extends outside intent and

experience for those who make no change based on their experiences. Intent extended beyond implementation and experience to capture the very different experience among those who did not have someone check on them and did not receive assistance before or after the storm; the intent to provide assistance and the implementation of that assistance did not reach some participants. Although planners indicated intent to provide safety and assistance to people with disabilities, there were differences among those who perceived little help and those who felt supported by government, especially those in the community in which there was high involvement from the parish disability agency. Some of the experiences of people with disabilities clearly extended beyond the scope of what was intended and implemented in policy; people described a profound emotional toll, experienced loss of livelihood without any reimbursement assistance from the government, and otherwise found ways to survive without relying on assistance. In addition, the intent and implementation of policies focused on helping people meet basic needs, and many participants with disabilities experienced needs beyond what the government would consider basic or essential, like power for equipment or access to the community. Figure 4.1 provides a conceptual map of how policy in intent, implementation and experience overlap in Jamaica.

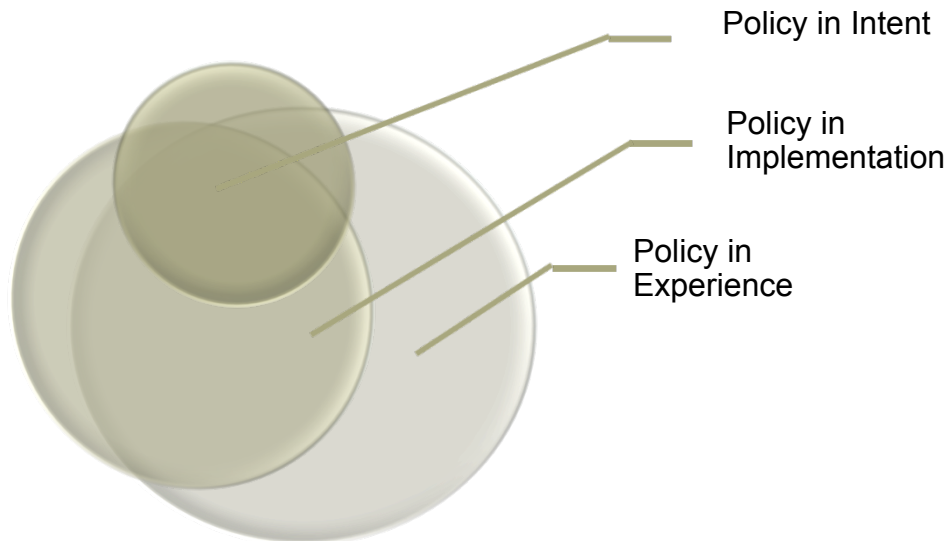


Figure 4.1: Conceptual Map of Findings from Jamaica. This figure shows that there is overlap as well as some disconnect between what was expressed as the intent of disaster management policy, what was implemented when a disaster struck, and how participants experienced disaster.

Through analysis of the intent, implementation, and experience described by Virginian participants and conveyed in CPG 101, it is clear that there is some overlay of intent, implementation, and experience, but there are also some exposed areas of each of the three. Where the three are nested, intent has matched with implementation and experience. One example is personal and community preparedness; planners expressed a strong intent to rely on people to prepare themselves, and that was also emphasized in implementation and experienced among many participants as a benefit during disaster, or at least a tool that helped them to be self-sufficient. Additionally, the focus on people with disabilities as integrated members of the community was an area of overlay for all three layers. Where intent and implementation extended beyond

experience was in focusing on registries, evacuation, and shelters; few expressed interest or participation in registries, the only evacuation struggles were in getting home, and none of the participants chose to go to a community shelter. Intent even extends beyond implementation to represent the newer special needs and tiered sheltering plans that have not yet been implemented. Implementation and experience overlapped outside the context of intent when people learned valuable lessons from their experiences, including planners and people with disabilities. When first responders failed to meet needs and expectations, and when people with disabilities failed to make changes based on lessons learned implementation extended beyond intent and experience. Experience extended beyond both intent and implementation, however, when some lacked access to basic needs as well as disability-related needs like power, emotional/behavioral support, and community access. Experience was also beyond the scope of intent and implementation when people experienced staffing challenges and dealt with the emotional toll of the storm, especially among those who did not give feedback to planners. Figure 4.2 provides a conceptual map of how policy in intent, implementation and experience overlap in Virginia.

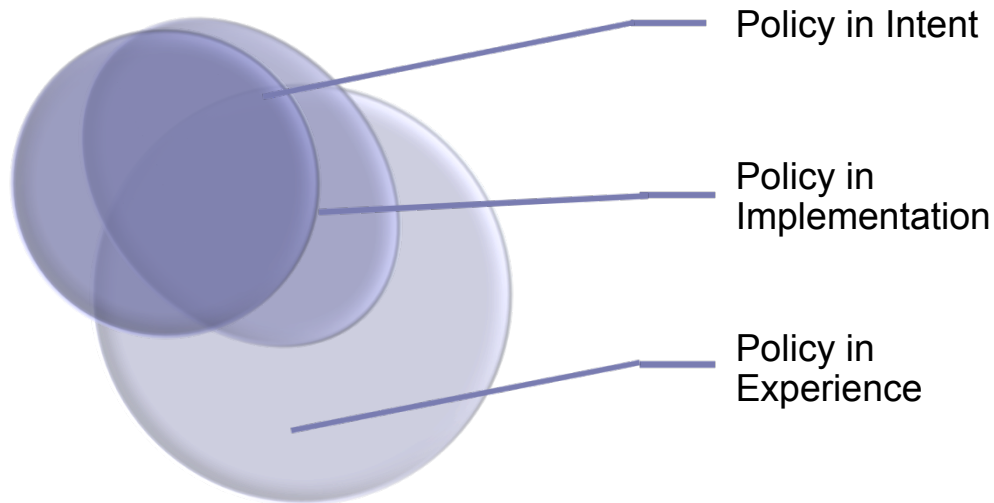


Figure 4.2: Conceptual Map of Findings from Virginia. This figure shows the overlap between what was expressed as the intent of disaster management policy, what was implemented, and how participants experienced disaster. However, there are also extensions of intent, implementation, and experience that do not overlap, indicating disconnect.

There were differences across the two sites in who participated and what types of events they described, but there were also similarities in the intersections and disconnects of policy in intent, policy in implementation, and policy in experience. While there were more national-level planners and researchers participating in Jamaica, the two sites included diversity of disability. The national policy applicable in Virginia is much more inclusive of and even focused on people with disabilities than the national plan in Jamaica. And while the hazards for the two sites are theoretically similar, Virginia also faces a unique threat in snowstorms, which was reflected in the events some Virginian participants elected to describe. The participants, like the nations, had

some significant differences, but there was striking similarity in how intent, implementation, and experience overlapped and diverged in the context of this study.

In both sites, planners focused on sheltering, evacuation, and to some extent, registries. This intent sometimes overlapped with implementation when registries were in use and co-located or accommodating shelters were opened, but extended beyond the experience of most participants who had not registered, did not require evacuation assistance, and did not stay in a community shelter. In Jamaica, intent also extended beyond implementation and experience when some with disabilities had a very different and isolated experience, not receiving any welfare check or assistance after the storms; the government has expressed the intent to check in and to provide assistance, and it was implemented for some, but others did not experience that.

Intent, implementation, and experience were nested when family and community were supportive, when people with disabilities prepared themselves, and when planners thought of people with disabilities as integrated members of the community.

Implementation and experience extended beyond intent in Jamaica when participants had positive interactions with responders, and in both sites when participants had implemented successful and helpful plans or when they had learned from their disaster experiences. Implementation extended beyond experience and intent when participants experienced negative interactions with responders. This extension also incorporates those who make no changes to preparedness based on what they have experienced.

Experience extended beyond intent and implementation when people lost access to basic needs and disability-related needs that were basic to them, like power,

communications, and emotional/behavioral supports (in Virginia). When people had to make do with what they had, when they lost income and their livelihood, and when they dealt with the emotional toll of the experience, experience was also outside the range of intent and implementation.

The overlays of intent, implementation, and experience were different across the two sites in some ways, but were also shared many similarities. Sometimes the intersections and disconnects had different justifications, but other times the explanations were quite similar. Discussion and implications of these findings follows in Chapter 5.

Chapter 5: Discussion

This study has been focused primarily on the inclusion of people with disabilities in the development of policies that attempt to guide disaster planning in two distinct locations – Jamaica and Virginia. Recent disasters have resulted in swells of media attention and in the process has raised some public awareness about the experiences of older persons and persons with disabilities. These experiences offer lessons learned, at the individual, community, and organizational levels, and this study was designed to add to those lessons.

In this chapter, the researcher offers implications of the findings in Chapter 4. These implications are based solely in the context of this study and comparatively review lessons learned about the intent of disaster management policy, as well as how implementation of disaster management policy was experienced by persons with disabilities in Jamaica and Virginia. The implications integrate the perspectives of people with disabilities, the policy analysis results, and the perspectives of contributors to the disaster management planning process. Special attention is paid to what these findings could mean for social and economic justice; social work direct practice with individuals and families; macro practice in organizations, communities, and policy arenas; social work education; and social science research. It is hoped that this discussion will have utility in the communities that participated in the study and will present these implications and lessons learned in such a way that readers can assess

for transferability to other communities, adding depth to the growing emergency management and social work literature.

Policy Intent and Implementation Realities

Jamaicans and Virginians with disabilities are entitled to equal access to disaster management services under the UN Convention on the Rights of Persons with Disabilities in Jamaica and under Title II of the Americans with Disabilities Act in the United States. Planners and people with disabilities who participated in this study indicate that there are both strengths and shortcomings to these broad, national policies. While the data reveal overlap between intent, implementation, and experience, there are also non-overlapping exposed areas, and those exposed areas are potential vulnerabilities. As much as rational planners might seek a perfect alignment of policy intent with implementation and experience, it is clear from these findings that flexibility is necessary even when prescriptive approaches to addressing disaster planning might be easier to conceptualize. In the context of this study, disability awareness and understanding, with some level of flexibility in response, appeared to be a beneficial planning approach that allowed for meeting the needs of people with disabilities without prescribing every step to be taken to meet those needs. Increasing awareness and sensitivity is a goal that is supported by the literature (Fox, White, Rooney, & Rowland, 2007), as is the notion of abandoning overly prescriptive planning (Clarke, 1999).

In the two locations of this study, the written policies demonstrated two different approaches; the US policy, Comprehensive Preparedness Guide 101, explicitly mentions people with disabilities many times, while the Jamaican policy, the National Disaster Action Plan, rarely does. Explicit mention of people with disabilities has

advantages in potentially beginning to raise awareness among planners, but mention in the policy alone does not reflect an understanding, as evidenced by the work of Gooden, Jones, Boyd, and Martin (2009). Awareness and sensitivity can be increased in many ways, and some of the ways are highlighted in successes discussed below. Through further exploration of some of the successes and the potential vulnerabilities identified in this study, deeper understandings of how intent, implementation, and experience converge (and sometimes diverge) may be possible.

There is ambiguity in the Jamaican plan, in as much as planners believe one committee has been tasked with working for the needs of people with disabilities in a disaster, but the National Disaster Action Plan (NDAP) does not explicitly prescribe such a role for the agency. While planners believed the mandate to be in place, discussion of implementation and experiences indicate that there are vast differences in the ways in which parishes address disability needs. Participants from one parish appear to have benefited from the work of the parish-level government service agency, while participants in another three parishes indicated nothing similar happened in their experiences. Thus, each Jamaican parish appears to have its own culture when it comes to including persons with disabilities in the policy and planning process, and even though the same policy intent drives the situation, there are different ways in which locality-based implementation occurs. This differential is not necessarily good or bad; it is a reality of trying to implement plans in the face of unexpected circumstances with different groups of stakeholders. One thing that is clear from this study is no two situations are identical when disaster strikes.

Jamaica is not new to disability issues and the NDAP is fourteen years old, predating Jamaica's ratification of the United Nations Convention on the Rights of Persons with Disabilities (CRPD). However the NDAP is not particularly inclusive of people with disabilities. This is somewhat ironic in light of the fact that Jamaica ratified the UN Convention and with this visible action appeared to be far ahead of other countries in its inclusion of persons with disabilities in disaster planning. It is encouraging that the new guidelines for people with disabilities in disaster, currently in development, are an opportunity to provide an updated national vision to parishes as well as clear guidance so that one parish's success could be contextualized and implemented in other parishes. But the caution remains. Implementation in each parish culture, even when new guidelines are promulgated, must respect the differences among localities and will likely not reflect a "one best way" approach. Continuing the prioritization of research and in learning from each experience is thus a strength of the planning process since each experience will offer different lessons learned. As lessons from research and from experience are integrated into the understanding of the possibilities in disaster management, planning becomes enhanced and more open by increased understanding of different possible situations and solutions.

In Virginia, interviews with planners and people with disabilities indicated that the tides were changing in a positive direction with regard to disability awareness; opportunities abound for awareness raising in some participants' communities, and both planners and people with disabilities noted that among planners in general, awareness was increasing. There was some concern about planners who do not have personal experience with people with disabilities. Both groups of participants in Virginia

acknowledged that planning is a challenge without the right people, who understand disability issues and relate to people with disabilities, and the progress in awareness raising helps to make planning more meaningful and relevant. Self advocacy was also visible among many participants; and it would seem that self advocacy should be encouraged as a powerful tool in raising awareness.

In Virginia there was also some attention paid among planners to the cost of planning for the community including people with disabilities. This stands in contrast to findings in the literature that indicate that costs of later answering needs unmet during the disaster can be especially expensive (Fernandez, Byard, Lin, Benson, & Barbera, 2002), and it is also concerning in light of the financial and emotional impact disasters had on participants. If emergency management is committed to equal access, then reasonable accommodations can and should be implemented.

Roles of Advocacy Groups and Service Agencies

For some Jamaican participants, there is strong leadership and collaboration with a national disability advocacy organization and with a parish-level government service agency that participate in different ways in disaster management. Their involvement has impacted the experiences of some participants. Both of these organizations are led by people with disabilities, and there are other self advocates taking leadership roles in other parts of the country, but there are places where self advocates did not feel empowered to make change, much less voice concerns. There was also some disenfranchisement felt by some participants with disabilities, and feelings of disempowerment reflect a planning process in which people with disabilities do not always have equal access to and an equal voice in their government and its services.

Thus, as much as the mechanisms for participation appear to be in place, the perceptions of inclusiveness do not always reflect what appears at first blush to be a system in which advocates' voices are typically heard in the planning process.

In Virginia there is another shift underway as well. Disability issues, according to some Virginia participants, were often pigeonholed into human services, creating a divide between agencies involved in disaster management by passing all responsibility to a certain agency, in effect relinquishing other agencies of responsibility for equal access, since only the one agency would be responsible for handling any and all disability issues. That perspective is beginning to change, and that change is reflected in CPG 101, which encourages planners to seek a variety of input from agencies and people with disabilities and integrates the needs of people with disabilities throughout the planning process rather than separating out disability issues into an annex, or appendix to the plan, with limited scope and relevance.

Some successes and challenges in carrying out policy intent were noted in both Jamaica and Virginia. In both sites, planners discussed the involvement of a variety of non-governmental organizations, including faith communities, in planning for and responding to disasters. Planners also spoke of the flexibility of responders across both sites. An emphasis on community and programs like Community Emergency Response Teams (CERT) was also present in both sites. Planners and people with disabilities in both sites talked about the need for more participation in planning from people with disabilities, and about the importance of personal preparedness. There are a significant number of resources available for planning guidance across both sites, and there is also a delicate balance between prescriptive and emergent planning, as evidenced by the

confusion over whether or not the Welfare and Shelter Subcommittee was tasked with addressing the needs of Jamaicans with disabilities and the confusion about whether service animals are to be treated the same or differently than pets.

Charles Lindblom's science of muddling through (1959) is an interpretive approach to planning in an incremental manner that involves compromise among competing groups. In both sites there were competing groups that sought to influence, plan, change, implement, and evaluate policies and plans. This mix of players and their collective muddling through may be a healthy sign in emergency management planning, for at least it keeps multiple stakeholders engaged and potentially allows for some collaboration when groups are far apart in their ideas and goals. Thus, advocacy emergency management planners might bring together various disability groups to develop policies that meet shared needs while attending to unique differences. The literature on emergency management and disability supports an inclusive process (Kailes, 2006; McClain, Hamilton, Clothier, & McGaugh, 2007; National Council on Disability, 2005; Reddick, 2008).

Lindblom's science of muddling through offers a way to begin for communities experiencing divisive differences between groups, and may serve as a useful approach for some of the communities in this study where planning was not yet inclusive. For those where planning has already achieved some level of inclusion, an advocacy planning approach in which issues facing different groups become the focus while planners attend to the balance of power may be useful. Some participants in this study indicated participating in a planning process that resembled advocacy planning; different groups were at the table and attention to balancing needs and voice was

addressed, for example, in the Virginia community building tiered sheltering options for groups with different levels of need.

A transactive planning approach may help to build upon strengths and continue to improve plans in communities where mutual understanding and consensus is more desirable than keeping a balanced scorecard. Transactive planning focuses on relationships and mutual learning, allowing planners to become more aware of and sensitive to the needs of people with disabilities and allowing people with disabilities to learn more about emergency management (Netting, O'Connor, & Fauri, 2008). This approach is exemplified by the full involvement of strong self advocates and disability organizations in the planning processes in some of the Jamaican and Virginian communities, and offers a way to deepen relationships and involvement and to build consensus.

Program Implementation Challenges

Many of the Jamaican planners who participated in this study had a broad view of disability, but their planning focus remained on assigning responsibility to family and community, accessibility of shelters, and for some planners, registries. In other words, ways of mobilizing local resources were paramount in the planning process. Many Jamaican participants with disabilities indicated that reliance on family was difficult or impossible; some lacked family living close to them, and others had strained relationships with family and could not get the needed support without emotional consequences. The candor with which participants revealed challenging familial situations was evident. But even with strained family relationships, few of the participants with disabilities mentioned a registry (none mentioned one as helpful in their

experience), and none went to a community shelter. Some participants indicated they avoided (and will continue to avoid) shelters because they believe they will not be treated well or will not have access to what they need. Shelter accessibility may be a part of that concern, but across participants with disabilities in Jamaica, access to home and community after the storm appeared to be a higher priority than access to a shelter; people expressed a desire to be in their own familiar environments with their natural supports. Debris removal, help with cleanup, and even before the disaster, help battening down to prevent damage were among the ways in which participants with disabilities could have been helped through their disaster experiences. For some, there was family and community assistance provided, but for those without such supports, these needs had gone unmet. It is important to note that being a member of a parish system or being an active self advocate did not assure that services were available.

Some Jamaican participants with disabilities had positive experiences getting government help, such as food, water, and money for repairs after the disaster, but others got too little too late or nothing at all. Self-sufficiency is valued, but as Fernandez and colleagues (2002) noted, there are some factors that are beyond an individual's control in preparing for and responding to a disaster. When self sufficiency is not possible, first choice for outside help is family, friends, and neighbors for additional support. So when participants with disabilities reached out for help to the government, it was only after realizing the immediate community could not meet the need. When government failed to respond to that need, it was upsetting and disempowering for some participants with disabilities because this was their last resort to locate help.

In Virginia, reflective of the debate in the field and in the literature (Kailes, 2006; Metz et al., 2002; Troy, Carson, Vanderbeek, & Hutton, 2007), participants had different views on the utility of registries and, unlike their Jamaica counterparts, they talked about them frequently. Some planners and people with disabilities were receptive if not enthusiastic about registries, while others had concerns that overshadowed potential benefits for them. Evacuation transportation and shelter accessibility were also identified as priorities among many planners, although people with disabilities did not experience evacuation (other than a longer-than-typical commute home from work) or seek community shelters. This focus on evacuation transportation and the disadvantage experienced in a disaster by people with disabilities who can not access private transportation is consistent with the literature (Fox, White, Rooney, & Rowland, 2007; Hess & Gotham, 2007; Kendra, Rozdilisky, & McEntire, 2008; Smith, Peoples, & Council, 2005). Service animals were noted as a particular concern in shelter planning, and the inclusion of service animal guidance with pet guidance in the Comprehensive Preparedness Guide 101 suggests that at the policy level, direction is not yet clear enough for planners trying to respond to issues and concerns in their communities.

Many participants with disabilities in Jamaica experienced utilities outages that put them at risk and posed significant challenges; the lack of power or water was often named the most significant challenge during or after the disaster. Access to power and water also created a differential experience for participants with disabilities in Jamaica. Some endured weeks or even months without power or potable water. These utilities can mean the difference between being independent and dependent, healthy and ill or

even frail, and as such, might need to be considered as centrally important by planners and people with disabilities.

In Virginia power outages were also a challenging experience for participants with disabilities. For one mother, fear of losing power was enough to warrant hospitalization of her daughter. However, there were other participants who used power equipment for whom hospitalization was not an option. Sending people to a hospital solely for access to power could potentially lead to a surge, as people who do not all truly need ongoing medical care end up utilizing those medical care services just to ensure access to power. There are other ways to provide power to those who could stay home or find other shelter, such as providing generators to individuals and families who need power access but are otherwise capable of staying safe at home. Protecting hospitals from surges is important (Faffer, 2007; Keim & Rhyne, 2001), and it is also important to ensure that these equipment needs can be met so that people who are healthy and independent with the right supports can stay healthy and avoid complications related to missing treatments or having inoperable equipment.

People with disabilities and planners in Jamaica did agree on some core strengths amid the challenges. Both emphasized the importance of flexibility in planning and in response. This flexibility encourages the consideration of context, and context is critical because disaster experiences are indeed subjective. Both emphasized the importance of subsidiarity, starting at home to solve the problems experienced by people with disabilities whenever possible, then working up through the community and government as needed. Finally, there was consistency across both groups regarding experiences having been powerful motivators in changing personal

preparedness and planning based on the successes and especially the challenges that became lessons learned. Most people with disabilities indicated learning new ways to prepare or ways to improve preparedness. This is consistent with findings in the literature that personal experience influences personal preparedness (Mishra & Suar, 2007).

In Virginia, a focus on accessible information dissemination and even ongoing communication was a strength in planning among participants. Inclusive planning was a central focus for many participants, and there was also a conspicuous emphasis on best practices. This emphasis is somewhat ironic since planners emphasized how plans must evolve and change, and best practices assume one can determine what “best” is. Perhaps, then, there is room in planning to learn from experiences and previously successful or promising practices, while also leaving room for the subjectivity and context that accompanies each disaster.

The Meaning of Experience

Nothing really motivates changes in preparedness quite like a frightening experience; this is clear from the data and supported in the literature (Mishra & Suar, 2007). There are still those who ignore the storm warnings or rely on the odds that it will end up being a false alarm, especially if they have experienced other false alarms, but many who have had a frightening experience take future warnings more seriously and report changing their preparedness. The intrigue of the storm’s power often gives rise to reverence and as a result, better preparedness. People with disabilities across both sites experienced a range of emotions, from fear to isolation once they began to feel the impact of the storm.

Most participants with disabilities, across both sites, prepare as much as they are able. But some have need for assistance and cannot get that need met by family or community. This may not be an issue that warrants national-level response, but there is an apparent need for some mechanism by which assistance is provided in advance of a storm to ensure safety, and it needs to be contextually and culturally appropriate. Neither Jamaican participants nor Virginian participants expressed interest in leaving home; assistance in preparing the home and making it safe instead of evacuation, if feasible, should be the focus. Assistance in readying the home and in cleaning up after its impact could also offer some comfort to those feeling afraid and alone.

Across both sites, people with disabilities expressed a desire to care for themselves and their families. Major storms affected peoples' ability to earn their livelihood, especially among those who earn per unit (e.g., chicken, craft) or per hour, even with just a few days of missed work after a shorter duration disaster. Earning a livelihood is important to community inclusion, as is access to home and community, which was emphasized as a core issue in both sites by participants with disabilities. Participants needed to be able to move around their homes and their neighborhoods in order to recover. While participants with disabilities did not seek community shelters in either site, shelters were a focal point for planners in both sites. Registries and evacuation transportation were also discussed more among planners than they were among people with disabilities.

Planning was not static in either site; planners and people with disabilities across sites reported learning from every experience and making changes or reinforcing good habits. For example, while planners in Virginia were accentuating the importance of

personal preparedness, people with disabilities described in their experiences with a disaster some baseline of personal preparedness as well as changes they had made because of lessons learned that have made them even more prepared. Experience was a motivator for preparedness, but bearing witness to the suffering of others, such as those who experienced Hurricane Katrina, also impacted people with disabilities and planners. Planners indicated differing levels of understanding and awareness about the issues affecting people with disabilities in disasters, reinforcing the idea that different approaches to planning may be appropriate in different contexts. Many planners across both sites demonstrated their commitment to doing what is right and to serving their communities.

Where intent, implementation, and experiences coincide, strengths exist, and participants in Jamaica and Virginia demonstrated that strengths exist in these contexts. But they also demonstrated that there were instances when intent, implementation and experience seemed disconnected, and vulnerabilities and challenges were exposed. These challenges interfered with participants' equal access to services guaranteed in the Americans with Disabilities Act in the United States and the United Nations Convention on the Rights of Persons with Disabilities in Jamaica, and they were inconsistent with the commitment demonstrated by planners. These challenges can be addressed, and strengths can be bolstered, through considering the implications for social science research as well as the implications for social and economic justice, social work practice, and education for future social workers.

Implications for Social Science Research

Research that assesses the fit (or lack thereof) between policy in intent, implementation, and experience is a valuable contribution to the understanding of the policy in question. This study is bound by its context, and further studies of other communities would add to the growing scholarly literature on how to plan in alternative, flexible ways in order to be inclusive and sensitive to the needs of persons with disabilities. Policy analysis research can also inform understanding of existing emergency operations plans, especially if, as shown in this research, these plans are revised as frequently as every two to four years. Research on disaster experiences for people with disabilities can also support sustained attention to this issue and possibly identify promising practices for continued study and evaluation. The values and ethics and person-in-environment perspective of the social work profession position social work researchers as uniquely qualified to contribute to the rapidly evolving literature in this area.

As a methodology, the constructivist inquiry allows the researcher to explore the subjective experiences and understandings of participants. For this study, planners' understandings of the intent and implementation of disaster management policies were explored as well as people with disabilities' experiences with disasters in Jamaica and Virginia. There were challenges in each of the settings, as well as lessons learned.

The methodology and the international context afforded some lessons learned. The researcher was fortunate to have a strong collaboration with a well-connected self advocate at a Jamaican disability advocacy organization, and that collaboration led to the successful recruitment of 33 participants. But recruiting participants and completing

those interviews also required persistence and a willingness to immerse oneself in the research context. The researcher lived in Jamaica for ten months, and invested just over half that time in the prior ethnography, building an understanding of the context and laying the groundwork for the interviews. This investment of time was well spent from the researcher's perspective, but there were still challenges in completing the interviews. Travel was costly and time consuming, which meant at times that the researcher conducted more interviews in a day than might be ideal, in order to include as many as were willing to participate within the travel schedule. But being able to meet participants in their own environments, to see their homes and communities or their offices and work environments, afforded a much richer understanding than would have been possible in phone interviews. The researcher also experienced cancellations and delays for a variety of reasons from participants' work obligations to civil unrest, and experienced challenges with living in a foreign country from a limited understanding of Patois to learning to work on island time, fifteen or more minutes behind the scheduled time, to adapting to water and power outages that were a routine part of life in Kingston. These challenges, some more difficult than others, affirm that this type of research takes time, flexibility, and commitment.

In Virginia, where the researcher had lived for three years, recruitment was more challenging than expected. There was not a single point of entry into the disability community or the planning community, and the researcher had to implement a recruiting strategy that included several different disability organizations as well as local and regional emergency management offices. Though the researcher was willing to travel to any location convenient for participants, the interviews with participants with

disabilities were conducted in community drop in centers, independent living centers, and offices, not in homes, and interviews with planners were also conducted in offices. This allowed the researcher to meet with two or three participants in the same location, but it did not afford the same level of intimacy as interviews in home environments. Though one might assume that research in the familiar environment would be easier than research in a foreign context, that was not consistently true in this research experience.

The researcher had to make several strategic choices during the course of this study, and had to find ways to process the implications of those choices. In both Jamaica and Virginia, the researcher had to find ways to be persistent in recruitment without being bothersome to gatekeepers or potential participants. The researcher also chose not to ask for disability type directly, letting it emerge, which meant in Jamaica for example, there were no participants identified as having psychiatric disabilities (although some may have had such a disability, it was not evident in the course of any interviews). Based on the input of participants, the researcher opted to analyze the two principal national level policies on disaster management rather than municipal or regional plans. The researcher also had to determine when saturation was reached in order to determine when to cease interviewing. All of these strategic choices, as well as others, and their consequences had to be considered carefully. Ongoing consultation with the peer reviewer, committee chair and committee members, as well as trusted advisors and colleagues in Jamaica, were very helpful in the decision process. Having those supports when embarking upon this international research was critically important for the researcher.

Social and Economic Justice Implications

Persons with disabilities are often less visible (even invisible) than other groups within local communities. Given the potential to neglect the importance of diverse needs, Nussbaum (2006) raises two problems of social justice that she considers urgent. The first issue is ensuring people with disabilities or functional needs are treated fairly and justly, recognizing that some require supports and services and “varieties of care if they are to live fully integrated and productive lives” (p. 99). The second issue is the need to focus on the people who provide care for others, care that is often unrecognized, frequently under or unpaid, and that requires a tremendous amount of time and energy. Thus, acknowledging the social contract with persons with disabilities is only part of the planning process. Equally important is acknowledging the persons who are tasked with providing additional care or going beyond the boundaries of their caring relationships when disabilities strike. An example from this study is when one person was actually taken into the home of a paid caregiver during a disaster. She provided safety and access to power so that he could use his medical equipment while providing ongoing personal assistance; she literally saved this man’s life. Nussbaum recognizes that “there are a lot of people whose health, participation, and self-respect are at stake in the choices we make Meeting needs in a way that protect the dignity of the recipients would seem to be one of the important jobs of a just society” (p. 102). In this study, questions raised about the role of persons with disabilities in the planning for emergencies and disasters reveals the nature and complexity of the social contract in both countries.

The prevailing national policies in Jamaica and the US, the UN Convention on the Rights of Persons with Disabilities and the Americans with Disabilities Act, are written to ensure social justice by mandating equal access. For some participants in this study, access was equal or better when a disability service organization was an active participant in planning and response. For others, a lack of access to information, first responders, government financial assistance, distribution of food and other resources, and help at home before, during, and after the storm heightened fears and frustrations and left them feeling that assistance was inaccessible.

There are costs associated with personal preparedness, and those costs created a barrier for some who would have had more supplies on hand if they could have afforded it. Economic oppression of people with disabilities, such as an unemployment rate in the US nearly twice that of people without disabilities, limits personal preparedness (United States Census Bureau, 2007, section 7). Planners were also concerned about the costs associated with meeting the needs of people with disabilities. These expenses, as with any other factors preventing equal access to disaster services, need to be addressed in ways that do not place an overwhelming burden on any one entity but do ensure equal access to disaster services.

Implications for Social Work Practice

In Chapter 3 the community planning literature was introduced and a number of different approaches were identified in the planning process, including more prescriptive and more emergent approaches. Hudson (1979) compared planning theories, which he identified as synoptic (rational), incremental, advocacy, transactive, and radical. Hudson's comparison revealed the dominance of rational planning particularly in

publicly mandated programs with specific rules and regulations that needed to be followed in a linear manner. Netting, O'Connor and Fauri (2008) reexamined Hudson's theories taking into account contemporary human service initiatives and recognized that incremental, advocacy, transactive, and radical planning approaches developed in response to perceived limits of prescribed rational models.

In this study, it appears that although rational planning is often desired in the form of best practices and specific favored interventions such as registries and shelters, alternative planning processes may need to be considered to respond to individual experiences. It appears that a combination of planning strategies may need to be used in order to respect the diversity of disability as well as a diversity of natural and human-influenced disasters and to work with the strengths of the community and its planning team. The social work practitioner, educated to accept and work with the uniqueness of each individual in his or her environment, can play an important role in this situation.

The social work profession has a unique opportunity to foster and support the strengths seen in this study and to facilitate change in response to the challenges. The professional values and ethics including the commitment to social justice, clients, and self determination support the social worker's role in fostering self advocacy skills. Self advocates had important roles in community planning and response in this study, both in Jamaica, where self advocates called and went out to check on others, and in Virginia, where self advocates were participating in local and regional planning. Social workers in micro practice are often working with people with disabilities (Asch & Mudrick, 1995; Pardeck, 1998), and during this work can encourage people with disabilities to develop and improve their self advocacy skills.

Social workers in municipal services or other settings who have access to the emergency management planning process can also take the opportunity to get involved and share what they know about disability issues. The person-in-environment lens allows social workers to take a systematic look at the issues across systems, considering cultural and social contexts and at the ways that plans may impact people with disabilities; this perspective is a valuable one to bring to the process, and especially complementary to processes already involving self advocates (Farquhar & Dobson, 2005; Minahan & Pincus, 1977; Otani, 2010; Wodarski, 2004). The social work perspective is not meant in lieu of direct participation of people with disabilities, but can be a source of support when consensus cannot be reached or to supplement the perspectives of those already at the planning table. In addition, social workers have a theoretical understanding of trauma and assessment and intervention skills to serve individuals who have experienced a disaster (Hoffpauir & Woodruff, 2008; Rodriguez et al., 2006). Social workers who are involved in emergency management, perhaps representing their agencies or volunteering in their communities, can encourage and facilitate more of an open process in which citizens are invited and encouraged to give feedback and share their capabilities and needs in a disaster. Social workers can specifically advocate for and assist with planning for people who do not have family or community support sufficient to meet their needs during a disaster, as was the case for some Jamaican participants.

Social workers engaged in community organization have a role in advocating for improved disaster preparedness in the communities they serve. Using geospatial analysis, Zakour and Harrell (2003) found that in addition to the social injustice of being

in an oppressed group, vulnerable populations are at risk in disasters because of the vulnerability of the communities in which they live, the insufficient number and capacity of local service organizations, and barriers to redistributing resources into needier communities. This was reflected in the concern that some Jamaican planners had about particularly vulnerable communities such as those in flood prone areas and those that are poorly constructed, and in the concern among some Virginian participants about the inability to evacuate certain communities. Social workers organizing in such communities can advocate for needed resources and foster increased participation in the planning process. Social workers can also bring agencies not traditionally involved in emergency management, such as child welfare, to the table to participate in community emergency management planning.

Social workers also have a direct role in the policy process. Social work policy practitioners can assess and advocate for changes to inconsistencies in policy, such as the assumption many planners in Jamaica made about the Welfare and Shelter Subcommittee's responsibility to people with disabilities and in Virginia the confusion over service animal access. Social work policy practitioners can analyze local emergency management plans for integration of disability content and compliance with applicable requirements, such as the ADA and CPG 101. Social work policy practitioners can also challenge the assumptions planners make about people with disabilities. In this study, many planners focused on what appears to be an assumed trifecta of planning for people with disabilities: registries, evacuation transportation, and shelters. In the experiences of participants with disabilities, this trifecta was not nearly as prominent. While that does not indicate that these three aspects of planning are

universally unimportant, it does indicate that planning only for the assumed trifecta is ineffective and insufficient in the context of this study. Social workers can bring their expertise, explore the research for best or promising practices, and facilitate the development of more comprehensive and inclusive emergency management policy.

Implications for Social Work Education

Social workers need to be prepared for the numerous practice opportunities described above and identified in this study. This will require continuing emphasis on social work values and ethics such as advocacy, empowerment, and self determination in stressful or challenging situations in the wake of a disaster. It will also require that social work curricula address disability awareness and disability culture so that professional helpers (and first responders) are prepared to work with a diverse group of persons. Accompanied by lessons in cultural humility, this focus on disability culture will provide social work students with a better understanding of the current context of disability and an understanding that learning must continue throughout the professional career. Finally, social work education will need to continue to prepare students for transdisciplinary teamwork in order to ensure effective collaboration with emergency management and the other agencies at the table in community planning (Orelove, 1994). This teamwork necessitates respect among team members and commitment to a shared goal; social work students will need to draw upon team building and empowerment skills to effectively join with the other members of the team and a commitment to continued learning to expand their own knowledge and contribution to the subject matter. This type of teamwork would be especially beneficial in communities

using a transactive planning approach, in which team members focus on consensus building and mutual understanding (Netting, O'Connor, & Fauri, 2008).

Summary

Participants in these 54 interviews with people with disabilities and people involved in emergency management planning in Jamaica and Virginia revealed commonalities as well as unique experiences, perceived successes and challenges. The findings from these interviews shaped the researcher's understanding of the policies and processes that shape disaster management for people with disabilities and can be considered in relation to the working hypotheses offered initially in Chapter 3. Policy makers and people with disabilities shared some goals for disaster management planning, such as survival and safety, but there are variations in the ways in which different participants attempted to achieve those goals. These include the focus on registries, shelters, and evacuation transportation among some planners while participants with disabilities rarely spoke of using such offerings. Policy makers and people with disabilities did have different experiences with disaster and disability, and there was also difference within the groups. Some participants with disabilities received assistance that was helpful to them, while others did not receive any assistance. Some participants involved in planning experienced a very inclusive planning process, while others noted limited or no inclusion of people with disabilities in the process. There were differences across experiences, but there were also themes that emerged across participants, as described throughout Chapters 4 and 5.

While there are multiple resources available for guiding the design of disaster management policy for people with disabilities, the two prevailing national policies, the

Jamaican National Disaster Action Plan and the US Comprehensive Preparedness Guide were often the central source of guidance. Additionally, participants in the two locations named different resources; those named in Jamaica were not the same as any of those named in Virginia. But there were some consistencies across the sites, in that both focused on national polices and included resources from disaster management and disability advocacy organizations.

From the experiences of those in the Jamaican community where the disability service organization is active in planning, and from the experiences of those where self advocacy was less apparent, it would appear that disaster management for people with disabilities is shaped by the individuals who participate in the planning process.

Inclusive planning does not provide a guarantee of equal representation or equal access, but those who had experienced an inclusive planning process noted its benefit, and those who had not often recognized the potential gain. Thinking of disaster management for people with disabilities as an ongoing and evolving process allows for the integration of lessons learned, for changing the planning approach as needed over time, and for considering multiple perspectives and experiences.

Different approaches appear to suit different communities and contexts in this study, and although rational, linear planning may hold the appeal of being directive and formulaic, it is not often appropriate for the contexts of personal experiences with unique disasters. Different planning approaches that allow different voices to be heard, that meet the community where they are with respect to inclusivity of planning, power dynamics, relationships, and individual needs, may be more appropriate than an isomorphically applied rational approach. What is clear from participants with

disabilities and participants involved in the planning process is that there is not a single approach appropriate across contexts, and experiences and the lessons learned from them are shaped by the uniqueness of individuals involved and the inimitable disasters.

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Appendix A

United Nations Convention on the Rights of Persons with Disabilities

UNITED NATIONS

CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

Preamble

The States Parties to the present Convention,

(a) *Recalling* the principles proclaimed in the Charter of the United Nations which recognize the inherent dignity and worth and the equal and inalienable rights of all members of the human family as the foundation of freedom, justice and peace in the world,

(b) *Recognizing* that the United Nations, in the Universal Declaration of Human Rights and in the International Covenants on Human Rights, has proclaimed and agreed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind,

(c) *Reaffirming* the universality, indivisibility, interdependence and interrelatedness of all human rights and fundamental freedoms and the need for persons with disabilities to be guaranteed their full enjoyment without discrimination,

(d) *Recalling* the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention against Torture and Other

Cruel, Inhuman or Degrading Treatment or Punishment, the Convention on the Rights of the Child, and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families,

(e) *Recognizing* that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others,

(f) *Recognizing* the importance of the principles and policy guidelines contained in the World Programme of Action concerning Disabled Persons and in the Standard Rules on the Equalization of Opportunities for Persons with Disabilities in influencing the promotion, formulation and evaluation of the policies, plans, programmes and actions at the national, regional and international levels to further equalize opportunities for persons with disabilities,

(g) *Emphasizing* the importance of mainstreaming disability issues as an integral

part of relevant strategies of sustainable development,

(h) *Recognizing also* that discrimination against any person on the basis of disability is a violation of the inherent dignity and worth of the human person,

(i) *Recognizing further* the diversity of persons with disabilities,

(j) *Recognizing* the need to promote and protect the human rights of all persons with disabilities, including those who require more intensive support,

(k) *Concerned* that, despite these various instruments and undertakings, persons with disabilities continue to face barriers in their participation as equal members of society and violations of their human rights in all parts of the world,

(l) *Recognizing* the importance of international cooperation for improving the living conditions of persons with disabilities in every country, particularly in developing countries,

(m) *Recognizing* the valued existing and potential contributions made by persons with disabilities to the overall well-being and diversity of their communities, and that the promotion of the full enjoyment by persons with disabilities of their human rights and fundamental freedoms and of full participation by persons with disabilities will result in their enhanced sense of belonging and in significant advances in the human, social and economic development of society and the eradication of poverty,

(n) *Recognizing* the importance for persons with disabilities of their individual autonomy and independence, including the freedom to make their own choices,

(o) *Considering* that persons with disabilities should have the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them,

(p) *Concerned* about the difficult conditions faced by persons with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status,

(q) *Recognizing* that women and girls with disabilities are often at greater risk, both within and outside the home, of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation,

(r) *Recognizing* that children with disabilities should have full enjoyment of all human rights and fundamental freedoms on an equal basis with other children, and recalling obligations to that end undertaken by States Parties to the Convention on the Rights of the Child,

(s) *Emphasizing* the need to incorporate a gender perspective in all efforts to promote the full enjoyment of human rights and fundamental freedoms by persons with disabilities,

(t) *Highlighting* the fact that the majority of persons with disabilities live in conditions of poverty, and in this regard recognizing the critical need to address the negative impact of poverty on persons with disabilities,

(u) *Bearing in mind* that conditions of peace and security based on full respect for the purposes and principles contained in the Charter of the United Nations and observance of applicable human rights instruments are indispensable for the full protection of persons with disabilities, in particular during armed conflicts and foreign occupation,

(v) *Recognizing* the importance of accessibility to the physical, social, economic and cultural environment, to health and education and to information and communication, in enabling persons with disabilities to fully enjoy all human rights and fundamental freedoms,

(w) *Realizing* that the individual, having duties to other individuals and to the community to which he or she belongs, is under a responsibility to strive for the promotion and observance of the rights recognized in the International Bill of Human Rights,

(x) *Convinced* that the family is the natural and fundamental group unit of society and is entitled to protection by society and the State, and that persons with disabilities and their family members should receive the necessary protection and assistance to enable families to contribute towards the full and equal enjoyment of the rights of persons with disabilities,

(y) *Convinced* that a comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities will make a significant contribution to redressing the profound social disadvantage of persons with disabilities and promote their participation in the civil, political, economic, social and cultural spheres with equal opportunities, in both developing and developed countries,

Have agreed as follows:

Article 1: Purpose

The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Article 2: Definitions

For the purposes of the present Convention:

“Communication” includes languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology;

“Language” includes spoken and signed languages and other forms of non spoken languages;

“Discrimination on the basis of disability” means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation; “Reasonable accommodation” means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with

others of all human rights and fundamental freedoms;
“Universal design” means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. “Universal design” shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.

Article 3: General principles

The principles of the present Convention shall be:

- (a) Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons;
- (b) Non-discrimination;
- (c) Full and effective participation and inclusion in society;
- (d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- (e) Equality of opportunity;
- (f) Accessibility;
- (g) Equality between men and women;
- (h) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

Article 4: General obligations

1. States Parties undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability. To this end, States Parties undertake:

- (a) To adopt all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention;
- (b) To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against persons with disabilities;
- (c) To take into account the protection and promotion of the human rights of persons with disabilities in all policies and programmes;
- (d) To refrain from engaging in any act or practice that is inconsistent with the present Convention and to ensure that public authorities and institutions act in conformity with the present Convention;
- (e) To take all appropriate measures to eliminate discrimination on the basis of disability by any person, organization or private enterprise;
- (f) To undertake or promote research and development of universally designed goods, services, equipment and facilities, as defined in article 2 of the present Convention, which should require the minimum possible adaptation and the least cost to meet the specific needs of a person with disabilities, to promote their availability and use, and to promote universal design in the development of standards and guidelines;
- (g) To undertake or promote research and development of, and to promote the availability and use of new technologies, including information and communications technologies, mobility aids, devices and assistive technologies, suitable for persons with disabilities, giving priority to technologies at an

affordable cost;

(h) To provide accessible information to persons with disabilities about mobility aids, devices and assistive technologies, including new technologies, as well as other forms of assistance, support services and facilities;

(i) To promote the training of professionals and staff working with persons with disabilities in the rights recognized in the present Convention so as to better provide the assistance and services guaranteed by those rights.

2. With regard to economic, social and cultural rights, each State Party undertakes to take measures to the maximum of its available resources and, where needed, within the framework of international cooperation, with a view to achieving progressively the full realization of these rights, without prejudice to those obligations contained in the present Convention that are immediately applicable according to international law.

3. In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.

4. Nothing in the present Convention shall affect any provisions which are more conducive to the realization of the rights of persons with disabilities and which may be contained in the law of a State Party or international law in force for that State. There shall be no restriction upon or derogation from any of the human rights and fundamental freedoms recognized or existing in any State Party to the present Convention pursuant to law, conventions, regulation or custom on the pretext that the present Convention does not recognize such rights or freedoms or that it recognizes them to a lesser extent.

5. The provisions of the present Convention shall extend to all parts of federal States without any limitations or exceptions.

Article 5: Equality and non-discrimination

1. States Parties recognize that all persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law.

2. States Parties shall prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds.

3. In order to promote equality and eliminate discrimination, States Parties shall take all appropriate steps to ensure that reasonable accommodation is provided.

4. Specific measures which are necessary to accelerate or achieve de facto equality of persons with disabilities shall not be considered discrimination under the terms of the present Convention.

Article 6: Women with disabilities

1. States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of

guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.

Article 7: Children with disabilities

1. States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.
2. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.
3. States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.

Article 8: Awareness-raising

1. States Parties undertake to adopt immediate, effective and appropriate measures:
 - (a) To raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities;
 - (b) To combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life;
 - (c) To promote awareness of the capabilities and contributions of persons with disabilities.
2. Measures to this end include:
 - (a) Initiating and maintaining effective public awareness campaigns designed:
 - (i) To nurture receptiveness to the rights of persons with disabilities;
 - (ii) To promote positive perceptions and greater social awareness towards persons with disabilities;
 - (iii) To promote recognition of the skills, merits and abilities of persons with disabilities, and of their contributions to the workplace and the labour market;
 - (b) Fostering at all levels of the education system, including in all children from an early age, an attitude of respect for the rights of persons with disabilities;
 - (c) Encouraging all organs of the media to portray persons with disabilities in a manner consistent with the purpose of the present Convention;
 - (d) Promoting awareness-training programmes regarding persons with disabilities and the rights of persons with disabilities.

Article 9: Accessibility

1. To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:
 - (a) Buildings, roads, transportation and other indoor and outdoor facilities,

including schools, housing, medical facilities and workplaces;
(b) Information, communications and other services, including electronic services and emergency services.

2. States Parties shall also take appropriate measures:

(a) To develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public; (b) To ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;

(c) To provide training for stakeholders on accessibility issues facing persons with disabilities;

(d) To provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;

(e) To provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public;

(f) To promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;

(g) To promote access for persons with disabilities to new information and communications technologies and systems, including the Internet;

(h) To promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost.

Article 10: Right to life

States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others.

Article 11: Situations of risk and humanitarian emergencies

States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.

Article 12: Equal recognition before the law

1. States Parties reaffirm that persons with disabilities have the right to recognition everywhere as persons before the law.

2. States Parties shall recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life.

3. States Parties shall take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity.

4. States Parties shall ensure that all measures that relate to the exercise of legal capacity provide for appropriate and effective safeguards to prevent abuse in accordance with international human rights law. Such safeguards shall ensure that measures relating to the exercise of legal capacity respect the rights, will and preferences of the person, are free of conflict of interest and undue influence, are

proportional and tailored to the person's circumstances, apply for the shortest time possible and are subject to regular review by a competent, independent and impartial authority or judicial body. The safeguards shall be proportional to the degree to which such measures affect the person's rights and interests.

5. Subject to the provisions of this article, States Parties shall take all appropriate and effective measures to ensure the equal right of persons with disabilities to own or inherit property, to control their own financial affairs and to have equal access to bank loans, mortgages and other forms of financial credit, and shall ensure that persons with disabilities are not arbitrarily deprived of their property.

Article 13: Access to justice

1. States Parties shall ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages.

2. In order to help to ensure effective access to justice for persons with disabilities, States Parties shall promote appropriate training for those working in the field of administration of justice, including police and prison staff.

Article 14: Liberty and security of person

1. States Parties shall ensure that persons with disabilities, on an equal basis with others:

(a) Enjoy the right to liberty and security of person;

(b) Are not deprived of their liberty unlawfully or arbitrarily, and that any deprivation of liberty is in conformity with the law, and that the existence of a disability shall in no case justify a deprivation of liberty.

2. States Parties shall ensure that if persons with disabilities are deprived of their liberty through any process, they are, on an equal basis with others, entitled to guarantees in accordance with international human rights law and shall be treated in compliance with the objectives and principles of the present Convention, including by provision of reasonable accommodation.

Article 15: Freedom from torture or cruel, inhuman or degrading treatment or punishment

1. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his or her free consent to medical or scientific experimentation.

2. States Parties shall take all effective legislative, administrative, judicial or other measures to prevent persons with disabilities, on an equal basis with others, from being subjected to torture or cruel, inhuman or degrading treatment or punishment.

Article 16: Freedom from exploitation, violence and abuse

1. States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.

2. States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of

gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability-sensitive.

3. In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities.

4. States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.

5. States Parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.

Article 17: Protecting the integrity of the person

Every person with disabilities has a right to respect for his or her physical and mental integrity on an equal basis with others.

Article 18: Liberty of movement and nationality

1. States Parties shall recognize the rights of persons with disabilities to liberty of movement, to freedom to choose their residence and to a nationality, on an equal basis with others, including by ensuring that persons with disabilities:

- (a) Have the right to acquire and change a nationality and are not deprived of their nationality arbitrarily or on the basis of disability;
- (b) Are not deprived, on the basis of disability, of their ability to obtain, possess and utilize documentation of their nationality or other documentation of identification, or to utilize relevant processes such as immigration proceedings, that may be needed to facilitate exercise of the right to liberty of movement;
- (c) Are free to leave any country, including their own;
- (d) Are not deprived, arbitrarily or on the basis of disability, of the right to enter their own country.

2. Children with disabilities shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by their parents.

Article 19: Living independently and being included in the community

States Parties to the present Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

- (a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;
- (b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;
- (c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

Article 20: Personal mobility

States Parties shall take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, including by:

- (a) Facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost;
- (b) Facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost;
- (c) Providing training in mobility skills to persons with disabilities and to specialist staff working with persons with disabilities;
- (d) Encouraging entities that produce mobility aids, devices and assistive technologies to take into account all aspects of mobility for persons with disabilities.

Article 21: Freedom of expression and opinion, and access to information

States Parties shall take all appropriate measures to ensure that persons with disabilities can exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice, as defined in article 2 of the present Convention, including by:

- (a) Providing information intended for the general public to persons with disabilities in accessible formats and technologies appropriate to different kinds of disabilities in a timely manner and without additional cost;
- (b) Accepting and facilitating the use of sign languages, Braille, augmentative and alternative communication, and all other accessible means, modes and formats of communication of their choice by persons with disabilities in official interactions;
- (c) Urging private entities that provide services to the general public, including through the Internet, to provide information and services in accessible and usable formats for persons with disabilities;
- (d) Encouraging the mass media, including providers of information through the Internet, to make their services accessible to persons with disabilities;
- (e) Recognizing and promoting the use of sign languages.

Article 22: Respect for privacy

1. No person with disabilities, regardless of place of residence or living arrangements, shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence or other types of communication or to unlawful attacks on his or her honour and reputation.

Persons with disabilities have the right to the protection of the law against such interference or attacks.

2. States Parties shall protect the privacy of personal, health and rehabilitation information of persons with disabilities on an equal basis with others.

Article 23: Respect for home and the family

1. States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that:

(a) The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized;

(b) The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided;

(c) Persons with disabilities, including children, retain their fertility on an equal basis with others.

2. States Parties shall ensure the rights and responsibilities of persons with disabilities, with regard to guardianship, wardship, trusteeship, adoption of children or similar institutions, where these concepts exist in national legislation; in all cases the best interests of the child shall be paramount. States Parties shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities.

3. States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families.

4. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents.

5. States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.

Article 24: Education

1. States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and lifelong learning directed to:

(a) The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;

(b) The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;
(c) Enabling persons with disabilities to participate effectively in a free society.

2. In realizing this right, States Parties shall ensure that:

(a) Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;

(b) Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;

(c) Reasonable accommodation of the individual's requirements is provided;

(d) Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;

(e) Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

3. States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:

(a) Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;

(b) Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;

(c) Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.

4. In order to help ensure the realization of this right, States Parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.

5. States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities.

Article 25: Health

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to

ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

(a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;

(b) Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;

(c) Provide these health services as close as possible to people's own communities, including in rural areas;

(d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;

(e) Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;

(f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

Article 26: Habilitation and rehabilitation

1. States Parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, States Parties shall organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services, in such a way that these services and programmes:

(a) Begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths;

(b) Support participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas.

2. States Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services.

3. States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.

Article 27: Work and employment

1. States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities.

States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation, to, inter alia:

(a) Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions;

(b) Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances;

(c) Ensure that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others;

(d) Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training;

(e) Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment;

(f) Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business;

(g) Employ persons with disabilities in the public sector;

(h) Promote the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures;

(i) Ensure that reasonable accommodation is provided to persons with disabilities in the workplace;

(j) Promote the acquisition by persons with disabilities of work experience in the open labour market;

(k) Promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.

2. States Parties shall ensure that persons with disabilities are not held in slavery or in servitude, and are protected, on an equal basis with others, from forced or compulsory labour.

Article 28: Adequate standard of living and social protection

1. States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability.

2. States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures:

(a) To ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other

assistance for disability-related needs;

(b) To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes;

(c) To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability related expenses, including adequate training, counselling, financial assistance and respite care;

(d) To ensure access by persons with disabilities to public housing programmes;

(e) To ensure equal access by persons with disabilities to retirement benefits and programmes.

Article 29: Participation in political and public life

States Parties shall guarantee to persons with disabilities political rights and the opportunity to enjoy them on an equal basis with others, and shall undertake:

(a) To ensure that persons with disabilities can effectively and fully participate in political and public life on an equal basis with others, directly or through freely chosen representatives, including the right and opportunity for persons with disabilities to vote and be elected, inter alia, by:

(i) Ensuring that voting procedures, facilities and materials are appropriate, accessible and easy to understand and use;

(ii) Protecting the right of persons with disabilities to vote by secret ballot in elections and public referendums without intimidation, and to stand for elections, to effectively hold office and perform all public functions at all levels of government, facilitating the use of assistive and new technologies where appropriate;

(iii) Guaranteeing the free expression of the will of persons with disabilities as electors and to this end, where necessary, at their request, allowing assistance in voting by a person of their own choice;

(b) To promote actively an environment in which persons with disabilities can effectively and fully participate in the conduct of public affairs, without discrimination and on an equal basis with others, and encourage their participation in public affairs, including:

(i) Participation in non-governmental organizations and associations concerned with the public and political life of the country, and in the activities and administration of political parties;

(ii) Forming and joining organizations of persons with disabilities to represent persons with disabilities at international, national, regional and local levels.

Article 30: Participation in cultural life, recreation, leisure and sport

1. States Parties recognize the right of persons with disabilities to take part on an equal basis with others in cultural life, and shall take all appropriate measures to ensure that persons with disabilities:

(a) Enjoy access to cultural materials in accessible formats;

(b) Enjoy access to television programmes, films, theatre and other cultural activities, in accessible formats;

(c) Enjoy access to places for cultural performances or services, such as theatres, museums, cinemas, libraries and tourism services, and, as far as possible, enjoy access to monuments and sites of national cultural importance.

2. States Parties shall take appropriate measures to enable persons with disabilities to have the opportunity to develop and utilize their creative, artistic and intellectual potential, not only for their own benefit, but also for the enrichment of society.
3. States Parties shall take all appropriate steps, in accordance with international law, to ensure that laws protecting intellectual property rights do not constitute an unreasonable or discriminatory barrier to access by persons with disabilities to cultural materials.
4. Persons with disabilities shall be entitled, on an equal basis with others, to recognition and support of their specific cultural and linguistic identity, including sign languages and deaf culture.
5. With a view to enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, States Parties shall take appropriate measures:
 - (a) To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels;
 - (b) To ensure that persons with disabilities have an opportunity to organize, develop and participate in disability-specific sporting and recreational activities and, to this end, encourage the provision, on an equal basis with others, of appropriate instruction, training and resources;
 - (c) To ensure that persons with disabilities have access to sporting, recreational and tourism venues;
 - (d) To ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system;
 - (e) To ensure that persons with disabilities have access to services from those involved in the organization of recreational, tourism, leisure and sporting activities.

Article 31: Statistics and data collection

1. States Parties undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention. The process of collecting and maintaining this information shall:
 - (a) Comply with legally established safeguards, including legislation on data protection, to ensure confidentiality and respect for the privacy of persons with disabilities;
 - (b) Comply with internationally accepted norms to protect human rights and fundamental freedoms and ethical principles in the collection and use of statistics.
2. The information collected in accordance with this article shall be disaggregated, as appropriate, and used to help assess the implementation of States Parties' obligations under the present Convention and to identify and address the barriers faced by persons with disabilities in exercising their rights.
3. States Parties shall assume responsibility for the dissemination of these statistics and ensure their accessibility to persons with disabilities and others.

Article 32: International cooperation

1. States Parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention, and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities. Such measures could include, inter alia:

- (a) Ensuring that international cooperation, including international development programmes, is inclusive of and accessible to persons with disabilities;
- (b) Facilitating and supporting capacity-building, including through the exchange and sharing of information, experiences, training programmes and best practices;
- (c) Facilitating cooperation in research and access to scientific and technical knowledge;
- (d) Providing, as appropriate, technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.

2. The provisions of this article are without prejudice to the obligations of each State Party to fulfil its obligations under the present Convention.

Article 33: National implementation and monitoring

1. States Parties, in accordance with their system of organization, shall designate one or more focal points within government for matters relating to the implementation of the present Convention, and shall give due consideration to the establishment or designation of a coordination mechanism within government to facilitate related action in different sectors and at different levels.

2. States Parties shall, in accordance with their legal and administrative systems, maintain, strengthen, designate or establish within the State Party, a framework, including one or more independent mechanisms, as appropriate, to promote, protect and monitor implementation of the present Convention. When designating or establishing such a mechanism, States Parties shall take into account the principles relating to the status and functioning of national institutions for protection and promotion of human rights.

3. Civil society, in particular persons with disabilities and their representative organizations, shall be involved and participate fully in the monitoring process.

Article 34: Committee on the Rights of Persons with Disabilities

1. There shall be established a Committee on the Rights of Persons with Disabilities (hereafter referred to as “the Committee”), which shall carry out the functions hereinafter provided.

2. The Committee shall consist, at the time of entry into force of the present Convention, of twelve experts. After an additional sixty ratifications or accessions to the Convention, the membership of the Committee shall increase by six members, attaining a maximum number of eighteen members.

3. The members of the Committee shall serve in their personal capacity and shall be of high moral standing and recognized competence and experience in the field covered by the present Convention. When nominating their candidates, States Parties are invited to give due consideration to the provision set out in article 4, paragraph 3, of the present Convention.

4. The members of the Committee shall be elected by States Parties, consideration being given to equitable geographical distribution, representation of the different forms of civilization and of the principal legal systems, balanced gender representation and participation of experts with disabilities.
5. The members of the Committee shall be elected by secret ballot from a list of persons nominated by the States Parties from among their nationals at meetings of the Conference of States Parties. At those meetings, for which two thirds of States Parties shall constitute a quorum, the persons elected to the Committee shall be those who obtain the largest number of votes and an absolute majority of the votes of the representatives of States Parties present and voting.
6. The initial election shall be held no later than six months after the date of entry into force of the present Convention. At least four months before the date of each election, the Secretary-General of the United Nations shall address a letter to the States Parties inviting them to submit the nominations within two months. The Secretary-General shall subsequently prepare a list in alphabetical order of all persons thus nominated, indicating the State Parties which have nominated them, and shall submit it to the States Parties to the present Convention.
7. The members of the Committee shall be elected for a term of four years. They shall be eligible for re-election once. However, the term of six of the members elected at the first election shall expire at the end of two years; immediately after the first election, the names of these six members shall be chosen by lot by the chairperson of the meeting referred to in paragraph 5 of this article.
8. The election of the six additional members of the Committee shall be held on the occasion of regular elections, in accordance with the relevant provisions of this article.
9. If a member of the Committee dies or resigns or declares that for any other cause she or he can no longer perform her or his duties, the State Party which nominated the member shall appoint another expert possessing the qualifications and meeting the requirements set out in the relevant provisions of this article, to serve for the remainder of the term.
10. The Committee shall establish its own rules of procedure.
11. The Secretary-General of the United Nations shall provide the necessary staff and facilities for the effective performance of the functions of the Committee under the present Convention, and shall convene its initial meeting.
12. With the approval of the General Assembly of the United Nations, the members of the Committee established under the present Convention shall receive emoluments from United Nations resources on such terms and conditions as the Assembly may decide, having regard to the importance of the Committee's responsibilities.
13. The members of the Committee shall be entitled to the facilities, privileges and immunities of experts on mission for the United Nations as laid down in the relevant sections of the Convention on the Privileges and Immunities of the United Nations.

Article 35: Reports by States Parties

1. Each State Party shall submit to the Committee, through the Secretary-General of the United Nations, a comprehensive report on measures taken to

give effect to its obligations under the present Convention and on the progress made in that regard, within two years after the entry into force of the present Convention for the State Party concerned.

2. Thereafter, States Parties shall submit subsequent reports at least every four years and further whenever the Committee so requests.

3. The Committee shall decide any guidelines applicable to the content of the reports.

4. A State Party which has submitted a comprehensive initial report to the Committee need not, in its subsequent reports, repeat information previously provided. When preparing reports to the Committee, States Parties are invited to consider doing so in an open and transparent process and to give due consideration to the provision set out in article 4, paragraph 3, of the present Convention.

5. Reports may indicate factors and difficulties affecting the degree of fulfillment of obligations under the present Convention.

Article 36: Consideration of reports

1. Each report shall be considered by the Committee, which shall make such suggestions and general recommendations on the report as it may consider appropriate and shall forward these to the State Party concerned. The State Party may respond with any information it chooses to the Committee. The Committee may request further information from States Parties relevant to the implementation of the present Convention.

2. If a State Party is significantly overdue in the submission of a report, the Committee may notify the State Party concerned of the need to examine the implementation of the present Convention in that State Party, on the basis of reliable information available to the Committee, if the relevant report is not submitted within three months following the notification. The Committee shall invite the State Party concerned to participate in such examination. Should the State Party respond by submitting the relevant report, the provisions of paragraph 1 of this article will apply.

3. The Secretary-General of the United Nations shall make available the reports to all States Parties

4. States Parties shall make their reports widely available to the public in their own countries and facilitate access to the suggestions and general recommendations relating to these reports.

5. The Committee shall transmit, as it may consider appropriate, to the specialized agencies, funds and programmes of the United Nations, and other competent bodies, reports from States Parties in order to address a request or indication of a need for technical advice or assistance contained therein, along with the Committee's observations and recommendations, if any, on these requests or indications.

Article 37: Cooperation between States Parties and the Committee

1. Each State Party shall cooperate with the Committee and assist its members in the fulfillment of their mandate.

2. In its relationship with States Parties, the Committee shall give due consideration to ways and means of enhancing national capacities for the

implementation of the present Convention, including through international cooperation.

Article 38: Relationship of the Committee with other bodies

In order to foster the effective implementation of the present Convention and to encourage international cooperation in the field covered by the present Convention:

(a) The specialized agencies and other United Nations organs shall be entitled to be represented at the consideration of the implementation of such provisions of the present Convention as fall within the scope of their mandate.

The Committee may invite the specialized agencies and other competent bodies as it may consider appropriate to provide expert advice on the implementation of the Convention in areas falling within the scope of their respective mandates.

The Committee may invite specialized agencies and other United Nations organs to submit reports on the implementation of the Convention in areas falling within the scope of their activities;

(b) The Committee, as it discharges its mandate, shall consult, as appropriate, other relevant bodies instituted by international human rights treaties, with a view to ensuring the consistency of their respective reporting guidelines, suggestions and general recommendations, and avoiding duplication and overlap in the performance of their functions.

Article 39: Report of the Committee

The Committee shall report every two years to the General Assembly and to the Economic and Social Council on its activities, and may make suggestions and general recommendations based on the examination of reports and information received from the States Parties. Such suggestions and general recommendations shall be included in the report of the Committee together with comments, if any, from States Parties.

Article 40: Conference of States Parties

1. The States Parties shall meet regularly in a Conference of States Parties in order to consider any matter with regard to the implementation of the present Convention.

2. No later than six months after the entry into force of the present Convention, the Conference of States Parties shall be convened by the Secretary-General of the United Nations. The subsequent meetings shall be convened by the Secretary-General biennially or upon the decision of the Conference of States Parties.

Article 41: Depositary

The Secretary-General of the United Nations shall be the depositary of the present Convention.

Article 42: Signature

The present Convention shall be open for signature by all States and by regional integration organizations at United Nations Headquarters in New York as of 30 March 2007.

Article 43: Consent to be bound

The present Convention shall be subject to ratification by signatory States and to formal confirmation by signatory regional integration organizations. It shall be

open for accession by any State or regional integration organization which has not signed the Convention.

Article 44: Regional integration organizations

1. "Regional integration organization" shall mean an organization constituted by sovereign States of a given region, to which its member States have transferred competence in respect of matters governed by the present Convention. Such organizations shall declare, in their instruments of formal confirmation or accession, the extent of their competence with respect to matters governed by the present Convention. Subsequently, they shall inform the depositary of any substantial modification in the extent of their competence.

2. References to "States Parties" in the present Convention shall apply to such organizations within the limits of their competence.

3. For the purposes of article 45, paragraph 1, and article 47, paragraphs 2 and 3, of the present Convention, any instrument deposited by a regional integration organization shall not be counted.

4. Regional integration organizations, in matters within their competence, may exercise their right to vote in the Conference of States Parties, with a number of votes equal to the number of their member States that are Parties to the present Convention. Such an organization shall not exercise its right to vote if any of its member States exercises its right, and vice versa.

Article 45: Entry into force

1. The present Convention shall enter into force on the thirtieth day after the deposit of the twentieth instrument of ratification or accession.

2. For each State or regional integration organization ratifying, formally confirming or acceding to the present Convention after the deposit of the twentieth such instrument, the Convention shall enter into force on the thirtieth day after the deposit of its own such instrument.

Article 46: Reservations

1. Reservations incompatible with the object and purpose of the present Convention shall not be permitted.

2. Reservations may be withdrawn at any time.

Article 47: Amendments

1. Any State Party may propose an amendment to the present Convention and submit it to the Secretary-General of the United Nations. The Secretary-General shall communicate any proposed amendments to States Parties, with a request to be notified whether they favour a conference of States Parties for the purpose of considering and deciding upon the proposals. In the event that, within four months from the date of such communication, at least one third of the States Parties favour such a conference, the Secretary-General shall convene the conference under the auspices of the United Nations. Any amendment adopted by a majority of two thirds of the States Parties present and voting shall be submitted by the Secretary-General to the General Assembly of the United Nations for approval and thereafter to all States Parties for acceptance.

2. An amendment adopted and approved in accordance with paragraph 1 of this article shall enter into force on the thirtieth day after the number of instruments of

acceptance deposited reaches two thirds of the number of States Parties at the date of adoption of the amendment. Thereafter, the amendment shall enter into force for any State Party on the thirtieth day following the deposit of its own instrument of acceptance. An amendment shall be binding only on those States Parties which have accepted it.

3. If so decided by the Conference of States Parties by consensus, an amendment adopted and approved in accordance with paragraph 1 of this article which relates exclusively to articles 34, 38, 39 and 40 shall enter into force for all States Parties on the thirtieth day after the number of instruments of acceptance deposited reaches two thirds of the number of States Parties at the date of adoption of the amendment.

Article 48: Denunciation

A State Party may denounce the present Convention by written notification to the Secretary-General of the United Nations. The denunciation shall become effective one year after the date of receipt of the notification by the Secretary-General.

Article 49: Accessible format

The text of the present Convention shall be made available in accessible formats.

Article 50: Authentic texts

The Arabic, Chinese, English, French, Russian and Spanish texts of the present Convention shall be equally authentic.

IN WITNESS THEREOF the undersigned plenipotentiaries, being duly authorized thereto by their respective Governments, have signed the present Convention.

OPTIONAL PROTOCOL TO THE CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

The States Parties to the present Protocol have agreed as follows:

Article 1

1. A State Party to the present Protocol ("State Party") recognizes the competence of the Committee on the Rights of Persons with Disabilities ("the Committee") to receive and consider communications from or on behalf of individuals or groups of individuals subject to its jurisdiction who claim to be victims of a violation by that State Party of the provisions of the Convention.

2. No communication shall be received by the Committee if it concerns a State Party to the Convention that is not a party to the present Protocol.

Article 2

The Committee shall consider a communication inadmissible when:

- (a) The communication is anonymous;
- (b) The communication constitutes an abuse of the right of submission of such communications or is incompatible with the provisions of the Convention;
- (c) The same matter has already been examined by the Committee or has been or is being examined under another procedure of international investigation or settlement;

- (d) All available domestic remedies have not been exhausted. This shall not be the rule where the application of the remedies is unreasonably prolonged or unlikely to bring effective relief;
- (e) It is manifestly ill-founded or not sufficiently substantiated; or when
- (f) The facts that are the subject of the communication occurred prior to the entry into force of the present Protocol for the State Party concerned unless those facts continued after that date.

Article 3

Subject to the provisions of article 2 of the present Protocol, the Committee shall bring any communications submitted to it confidentially to the attention of the State Party. Within six months, the receiving State shall submit to the Committee written explanations or statements clarifying the matter and the remedy, if any, that may have been taken by that State.

Article 4

1. At any time after the receipt of a communication and before a determination on the merits has been reached, the Committee may transmit to the State Party concerned for its urgent consideration a request that the State Party take such interim measures as may be necessary to avoid possible irreparable damage to the victim or victims of the alleged violation.
2. Where the Committee exercises its discretion under paragraph 1 of this article, this does not imply a determination on admissibility or on the merits of the communication.

Article 5

The Committee shall hold closed meetings when examining communications under the present Protocol. After examining a communication, the Committee shall forward its suggestions and recommendations, if any, to the State Party concerned and to the petitioner.

Article 6

1. If the Committee receives reliable information indicating grave or systematic violations by a State Party of rights set forth in the Convention, the Committee shall invite that State Party to cooperate in the examination of the information and to this end submit observations with regard to the information concerned.
2. Taking into account any observations that may have been submitted by the State Party concerned as well as any other reliable information available to it, the Committee may designate one or more of its members to conduct an inquiry and to report urgently to the Committee. Where warranted and with the consent of the State Party, the inquiry may include a visit to its territory.
3. After examining the findings of such an inquiry, the Committee shall transmit these findings to the State Party concerned together with any comments and recommendations.
4. The State Party concerned shall, within six months of receiving the findings, comments and recommendations transmitted by the Committee, submit its observations to the Committee.
5. Such an inquiry shall be conducted confidentially and the cooperation of the State Party shall be sought at all stages of the proceedings.

Article 7

1. The Committee may invite the State Party concerned to include in its report under article 35 of the Convention details of any measures taken in response to an inquiry conducted under article 6 of the present Protocol.
2. The Committee may, if necessary, after the end of the period of six months referred to in article 6, paragraph 4, invite the State Party concerned to inform it of the measures taken in response to such an inquiry.

Article 8

Each State Party may, at the time of signature or ratification of the present Protocol or accession thereto, declare that it does not recognize the competence of the Committee provided for in articles 6 and 7.

Article 9

The Secretary-General of the United Nations shall be the depositary of the present Protocol.

Article 10

The present Protocol shall be open for signature by signatory States and regional integration organizations of the Convention at United Nations Headquarters in New York as of 30 March 2007.

Article 11

The present Protocol shall be subject to ratification by signatory States of the present Protocol which have ratified or acceded to the Convention. It shall be subject to formal confirmation by signatory regional integration organizations of the present Protocol which have formally confirmed or acceded to the Convention. It shall be open for accession by any State or regional integration organization which has ratified, formally confirmed or acceded to the Convention and which has not signed the Protocol.

Article 12

1. "Regional integration organization" shall mean an organization constituted by sovereign States of a given region, to which its member States have transferred competence in respect of matters governed by the Convention and the present Protocol. Such organizations shall declare, in their instruments of formal confirmation or accession, the extent of their competence with respect to matters governed by the Convention and the present Protocol.

Subsequently, they shall inform the depositary of any substantial modification in the extent of their competence.

2. References to "States Parties" in the present Protocol shall apply to such organizations within the limits of their competence.

3. For the purposes of article 13, paragraph 1, and article 15, paragraph 2, of the present Protocol, any instrument deposited by a regional integration organization shall not be counted.

4. Regional integration organizations, in matters within their competence, may exercise their right to vote in the meeting of States Parties, with a number of votes equal to the number of their member States that are Parties to the present Protocol. Such an organization shall not exercise its right to vote if any of its member States exercises its right, and vice versa.

Article 13

1. Subject to the entry into force of the Convention, the present Protocol shall

enter into force on the thirtieth day after the deposit of the tenth instrument of ratification or accession.

2. For each State or regional integration organization ratifying, formally confirming or acceding to the present Protocol after the deposit of the tenth such instrument, the Protocol shall enter into force on the thirtieth day after the deposit of its own such instrument.

Article 14

1. Reservations incompatible with the object and purpose of the present Protocol shall not be permitted.

2. Reservations may be withdrawn at any time.

Article 15

1. Any State Party may propose an amendment to the present Protocol and submit it to the Secretary-General of the United Nations. The Secretary-General shall communicate any proposed amendments to States Parties, with a request to be notified whether they favour a meeting of States Parties for the purpose of considering and deciding upon the proposals. In the event that, within four months from the date of such communication, at least one third of the States Parties favour such a meeting, the Secretary-General shall convene the meeting under the auspices of the United Nations. Any amendment adopted by a majority of two thirds of the States Parties present and voting shall be submitted by the Secretary-General to the General Assembly of the United Nations for approval and thereafter to all States Parties for acceptance.

2. An amendment adopted and approved in accordance with paragraph 1 of this article shall enter into force on the thirtieth day after the number of instruments of acceptance deposited reaches two thirds of the number of States Parties at the date of adoption of the amendment. Thereafter, the amendment shall enter into force for any State Party on the thirtieth day following the deposit of its own instrument of acceptance. An amendment shall be binding only on those States Parties which have accepted it.

Article 16

A State Party may denounce the present Protocol by written notification to the Secretary-General of the United Nations. The denunciation shall become effective one year after the date of receipt of the notification by the Secretary-General.

Article 17

The text of the present Protocol shall be made available in accessible formats.

Article 18

The Arabic, Chinese, English, French, Russian and Spanish texts of the present Protocol shall be equally authentic.

IN WITNESS THEREOF the undersigned plenipotentiaries, being duly authorized thereto by their respective Governments, have signed the present Protocol.

Appendix B

Recruitment and Consent Forms for Jamaican Participants

INTERESTED IN PARTICIPATING IN RESEARCH ON DISASTER AND DISABILITY?

I would like to let you know about an interesting research project conducted by a researcher, Jessica Jagger, from Virginia Commonwealth University (VCU) in the United States. This study will explore disaster experiences and disaster policy for people with disabilities. People with disabilities and their supporters as well as individuals involved in planning for disasters will be interviewed. The researcher is interested in hearing about your experiences with disasters.

For disaster planners: Your decision about whether to be in the study or not will not affect your employment in any way. The study is totally separate from your employment.

To learn more about the research and about participating in it, either:

- ◆ Sign the form below and I will give the information to the researcher who will contact you, or
- ◆ Contact the researcher: **JESSICA JAGGER** – jessica.jagger@fulbrightmail.org – **876-447-4496** or **876-969-2872**
- ◆ If you are able to participate, you will receive a form that contains more information on the study, including contact information for those supervising this research.

PERMISSION TO RELEASE CONTACT INFORMATION

I, _____, give permission to Gloria Goffe at the Combined Disabilities Association to release my name and contact information to the research staff of VCU IRB protocol # HM 12780, Title: **DISASTER MANAGEMENT POLICY & PEOPLE WITH DISABILITIES** to be conducted in Jamaica.

I give my permission for the Combined Disabilities Association to release to the VCU researcher my:

First Name (specify): _____

AND (at least one of the following)

Phone Number (specify): _____

Alt Phone Number (specify): _____

Email Address (specify): _____

Signature

Date

RESEARCH SUBJECT INFORMATION AND CONSENT FORM

TITLE: DISASTER MANAGEMENT POLICY & PEOPLE WITH DISABILITIES: A CONSTRUCTIVIST INQUIRY

VCU IRB NO.: HM 12780

This consent form may contain words that you do not understand. Please ask the study staff to explain any words that you do not clearly understand. You may take home an unsigned copy of this consent form to think about or discuss with family or friends before making your decision.

PURPOSE OF THE STUDY

The purpose of this research study is to learn about the intent of disaster management policies affecting people with disabilities the disaster experiences of people with disabilities.

You are being asked to participate in this study because you have a disability, a child with a disability, or provide assistance or support to a person with a disability and experienced a disaster in Jamaica.

DESCRIPTION OF THE STUDY AND YOUR INVOLVEMENT

If you decide to be in this research study, you will be asked to sign this consent form after you have had all your questions answered and understand what will happen to you.

In this study, you will be asked to participate in an interview with the researcher. The researcher will take notes during the interview; any names or other information that could identify you will be left out of the notes. The interview will last for approximately thirty to forty-five minutes. You will be asked about your experience with a disaster. You will be asked about the disaster, your interactions with first responders and disaster managers, and your experiences during or after the disaster. The researcher will interview between 15 and 20 others with disabilities about their disaster experiences. After the researcher has analyzed the information from the interviews, she will ask you to review the findings to make sure that they reflect what you said correctly.

Significant new findings developed during the course of the research which may relate to your willingness to continue participation will be provided to you.

RISKS AND DISCOMFORTS

Sometimes talking about these subjects causes people to become upset. Several questions will ask about things that have happened in your family that may have been unpleasant. You do not have to talk about any subjects you do not want to talk about, and you may stop the interview at any time. If you become upset, the researcher will give you names of counselors to contact so you can get help in dealing with these issues.

BENEFITS TO YOU AND OTHERS

The information we learn from participants in this study may help the community of disaster managers and people with disabilities better work together to make sure that policies and rules assist and support people with disabilities. You will receive a notebook and pen as a small thank you gift for your participation. The notebook and pen will be given to you when the interview ends, whether or not you have completed the full interview.

COSTS

There are no costs for participating in this study other than the time you will spend in the interview and reviewing the information collected in the interview.

ALTERNATIVES

The alternative to participation in this study is not to participate. You may stop participating at any time. You will receive the notebook and pen as a thank you whether or not you complete the full interview.

CONFIDENTIALITY

Potentially identifiable information about you will consist of *interview notes*. Data is being collected only for research purposes. Your data will be identified by ID numbers interview dates, not names, and stored in a locked research area. The researcher will not collect from you personal identifying information, and if you disclose any personal identifying information in the interviews, it will be not be recorded in the notes. Access to all data will be limited to study personnel. A data and safety monitoring plan is established.

We will not tell anyone the answers you give us; however, information from the study and the consent form signed by you may be looked at or copied for research or legal purposes by Virginia Commonwealth University. Personal information about you might be shared with or copied by authorized officials of the Federal Food and Drug Administration, or the Department of Health and Human Services (if applicable).

What we find from this study may be presented at meetings or published in papers, but your name will not ever be used in these presentations or papers.

IF AN INJURY HAPPENS

Virginia Commonwealth University and the VCU Health System do not have a plan to give long-term care or money if you are injured because you are in the study.

If you are injured because of being in this study, tell the study staff right away. Jessica will provide all participants with a list of professionals you could contact if you would like to talk to someone about your disaster experiences. The study staff will arrange for short-term emergency care or referral if it is needed.

Bills for treatment may be sent to you or your insurance. Your insurance may or may not pay for taking care of injuries that happen because of being in this study.

VOLUNTARY PARTICIPATION AND WITHDRAWAL

You do not have to participate in this study. If you choose to participate, you may stop at any time without any penalty. You may also choose not to answer particular questions that are asked in the study.

Your participation in this study may be stopped at any time by the study staff without your consent. The reasons might include:

- the study staff thinks it necessary for your health or safety;
- you have not followed study instructions;
- administrative reasons require your withdrawal.

There are no anticipated consequences to your early withdrawal, except that you will not have the opportunity to tell the researcher about your experiences.

QUESTIONS

In the future, you may have questions about your participation in this study. If you have any questions, complaints, or concerns about the research, contact:

F Ellen Netting, PhD
Professor, School of Social Work
Virginia Commonwealth University
1001 West Franklin Street
P.O. Box 842027
Richmond, Virginia 23284-2027
Phone: (804) 828-0404
E-mail: enetting@vcu.edu

If you have any questions about your rights as a participant in this study, you may contact:

Office for Research
Virginia Commonwealth University
800 East Leigh Street, Suite 113
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CONSENT

I have been given the chance to read this consent form. I understand the information about this study. Questions that I wanted to ask about the study have been answered. My signature says that I am willing to participate in this study. I will receive a copy of the consent form once I have agreed to participate.

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Name of Person Conducting Informed Consent
Discussion / Witness ³
(Printed)

Signature of Person Conducting Informed Consent Discussion / Witness	Date
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Principal Investigator Signature (if different from above)	Date ⁴
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³ *[A witness to the signature of a research participant is required by VA Code. If the witness is to be someone other than the person conducting the informed consent discussion, include a line for the witness to print his/her name and lines for signature and date.]*

⁴ *[The purpose of this signature is to ensure that the principal investigator is aware of who has been enrolled in studies. The principal investigator's signature date need not correspond to that of subject or witness, but should be provided after both the subject and witness have signed.]*

RESEARCH SUBJECT INFORMATION AND CONSENT FORM

TITLE: DISASTER MANAGEMENT POLICY & PEOPLE WITH DISABILITIES: A CONSTRUCTIVIST INQUIRY

VCU IRB NO.: HM 12780

This consent form may contain words that you do not understand. Please ask the study staff to explain any words that you do not clearly understand. You may take home an unsigned copy of this consent form to think about or discuss with family or friends before making your decision.

PURPOSE OF THE STUDY

The purpose of this research study is to learn about disaster management policies affecting people with disabilities and the disaster experiences of people with disabilities.

You are being asked to participate in this study because you helped write or revise emergency management policy concerning people with disabilities, including the Disaster Plan and related documents.

DESCRIPTION OF THE STUDY AND YOUR INVOLVEMENT

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Bills for treatment may be sent to you or your insurance. Your insurance may or may not pay for taking care of injuries that happen because of being in this study.

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- the study staff thinks it necessary for your health or safety;
- you have not followed study instructions;
- administrative reasons require your withdrawal.

There are no anticipated risks or discomforts for you if you decide to withdraw from this study.

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Principal Investigator Signature (if different from above)	Date ⁴
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³ *[A witness to the signature of a research participant is required by VA Code. If the witness is to be someone other than the person conducting the informed consent discussion, include a line for the witness to print his/her name and lines for signature and date.]*

⁴ *[The purpose of this signature is to ensure that the principal investigator is aware of who has been enrolled in studies. The principal investigator's signature date need not correspond to that of subject or witness, but should be provided after both the subject and witness have signed.]*

Appendix C

Interview Protocols for Jamaican Participants

Interview Protocol: People with Disabilities

This protocol is to be read aloud by Jessica. Headings (in blue) will not be read aloud.

INTRODUCTION

Good morning/afternoon/evening and thank you for taking the time to participate in this interview. My name is Jessica Jagger, and I am a PhD student at Virginia Commonwealth University in the United States. I am conducting this study under the supervision of my faculty mentor, Dr F Ellen Netting, to learn more about disaster management policy and the experiences of people with disabilities during disasters. As part of this study, I am interviewing individuals with disabilities to learn about their experiences as well as people who helped to write the disaster policies concerning people with disabilities. The information collected in these interviews will help me to build an understanding of how policy is shaped, and how disaster experiences affect the policy.

THE INTERVIEW PROCESS

As indicated in the consent form, the researcher will take notes during the interview, but your personal information will be de-identified in the notes. The interview should take thirty to forty-five minutes. You can skip any questions you do not want to answer, and you can stop participating at any time. Please feel free to share your point of view; I am interested in all of your comments, positive and negative.

Your Experience

1. What was your experience like with (name or type/date of disaster)?
 - a. Did you shelter in place at home or work, seek shelter at a community shelter, or seek shelter elsewhere? Were you able to meet your needs or obtain necessary assistance?
 - b. What were your challenges in evacuation? In sheltering? In recovery?

Interactions with Emergency Management Community

2. Did you have contact with or interact with first responders such as firefighters, police, or emergency medical services during the disaster? If so, what were those interactions like?
3. Did you interact with shelter or other volunteers? If so, what were those interactions like?

Implications of Your Experience

4. How did the experience of that disaster change your preparedness?
5. How did the experience of that disaster change your involvement in emergency management policy?

Interview Protocol: Jamaican Disaster Management

This protocol is to be read aloud by Jessica. Headings (in blue) will not be read aloud.

INTRODUCTION

Good morning/afternoon/evening and thank you for taking the time to participate in this interview. My name is Jessica Jagger, and I am a PhD student at Virginia Commonwealth University in the United States. I am conducting this study under the supervision of my faculty mentor, Dr F Ellen Netting, (enetting@vcu.edu) to learn more about disaster management policy and the disaster experiences of people with disabilities. As part of this study, I am interviewing people who helped to write the disaster plans concerning people with disabilities as well as individuals with disabilities and their supporters to learn about their experiences with the policy. The information collected in these interviews will help me to build an understanding of how policy is shaped, and how the experience of implementation affects the policy.

THE INTERVIEW PROCESS

As indicated in the consent form, the researcher will take notes during the interview, but your personal information will be de-identified in the notes. The interview should take thirty to forty-five minutes. You can skip any questions you do not want to answer, and you can stop participating at any time. Please feel free to share your point of view; I am interested in all of your comments, positive and negative.

About the Policies

1. What are the overall goals of the disaster plans concerning people with disabilities?
2. What are the overall intents of the disaster plans concerning people with disabilities?
3. What is in the disaster plan about people with disabilities?

Creating the Policies

4. What guidance or standards were used to write the disaster plans for people with disabilities?
5. Who contributed to the creation of the policy? Were people with disabilities involved? Service providers? Family members?
6. How much discretion can responders take with the disaster plans when assisting people with disabilities? Please describe the kind of discretion responders can take when assisting people with disabilities.

Implementation of the Policies

7. What do you perceive as issues for people with disabilities in disasters?
8. Has the experience of implementation with people with disabilities lead to any changes in the disaster policy? If so, please describe them.

Appendix D

Recruitment and Consent Forms for Virginian Participants

INTERESTED IN PARTICIPATING IN RESEARCH ON DISASTER AND DISABILITY?

I would like to let you know about an interesting research project conducted by a researcher, Jessica Jagger, from Virginia Commonwealth University (VCU). This study will explore disaster experiences and emergency management policy for people with disabilities. People with disabilities and their supporters as well as individuals involved in planning for disasters will be interviewed. The researcher is interested in hearing about your experiences with disasters.

For disaster planners: Your decision about whether to be in the study or not will not affect your employment in any way. The study is totally separate from your employment.

To learn more about the research and about participating in it, either:

- ◆ Sign the form below and I will give the information to the researcher who will contact you, or
- ◆ Contact the researcher:
Jessica Jagger
jessica.jagger@fulbrightmail.org
804-433-5466
- ◆ If you are able to participate, you will receive a form that contains more information on the study, including contact information for those supervising this research.

PERMISSION TO RELEASE CONTACT INFORMATION

I, _____, give permission to the Virginia Department of Emergency Management [or Community Service Board or Independent Living Center] representative to release my name and contact information to the research staff of VCU IRB protocol # 13231, Title: **DISASTER MANAGEMENT POLICY & PEOPLE WITH DISABILITIES**.

I give my permission for the Virginia Department of Emergency Management [or Community Service Board or Independent Living Center] representative to release to the VCU researcher my:

First Name (specify): _____

AND (at least one of the following)

Phone Number (specify): _____

Alt Phone Number (specify): _____

Email Address (specify): _____

Signature

Date

RESEARCH SUBJECT INFORMATION AND CONSENT FORM

TITLE: EMERGENCY MANAGEMENT POLICY & PEOPLE WITH DISABILITIES IN VIRGINIA: A CONSTRUCTIVIST INQUIRY

VCU IRB NO.: HM 13231

This consent form may contain words that you do not understand. Please ask the study staff to explain any words that you do not clearly understand. You may take home an unsigned copy of this consent form to think about or discuss with family or friends before making your decision.

PURPOSE OF THE STUDY

The purpose of this research study is to learn about emergency management policies affecting people with disabilities the disaster experiences of people with disabilities.

You are being asked to participate in this study because you have a disability, a child with a disability, or provide assistance or support to a person with a disability and experienced a disaster.

DESCRIPTION OF THE STUDY AND YOUR INVOLVEMENT

If you decide to be in this research study, you will be asked to sign this consent form after you have had all your questions answered and understand what will happen to you.

In this study, you will be asked to participate in an interview with the researcher. The researcher will take notes during the interview; any names or other information that could identify you will be left out of the notes. The interview will last for approximately thirty to forty-five minutes. You will be asked about your experience with a disaster. You will be asked about the disaster, your interactions with first responders and emergency managers, and your experiences during or after the disaster. The researcher will interview between 15 and 20 others with disabilities about their disaster experiences. After the researcher has analyzed the information from the interviews, she will ask you to review the findings to make sure that they reflect what you said correctly.

Significant new findings developed during the course of the research which may relate to your willingness to continue participation will be provided to you.

RISKS AND DISCOMFORTS

Sometimes talking about these subjects causes people to become upset. Several questions will ask about things that have happened in your family that may have been unpleasant. You do not have to talk about any subjects you do not want to talk about, and you may stop the interview at any time. If you become upset, the study staff will give you names of counselors to contact so you can get help in dealing with these issues.

BENEFITS TO YOU AND OTHERS

The information we learn from participants in this study may help the community of emergency managers and people with disabilities better work together to make sure that policies and rules assist and support people with disabilities. You will receive a notebook and pen as a small thank you gift for your participation. The notebook and pen will be given to you when the interview ends, whether or not you have completed the full interview.

COSTS

There are no costs for participating in this study other than the time you will spend in the interview and reviewing the information collected in the interview.

ALTERNATIVES

The alternative to participation in this study is not to participate. You may stop participating at any time. You will receive the notebook and pen as a thank you whether or not you complete the full interview.

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What we find from this study may be presented at meetings or published in papers, but your name will not ever be used in these presentations or papers.

IF AN INJURY HAPPENS

Virginia Commonwealth University and the VCU Health System do not have a plan to give long-term care or money if you are injured because you are in the study.

If you are injured because of being in this study, tell the study staff right away. Jessica will provide all participants with a list of professionals you could contact if you would like to talk to someone about your disaster experiences. The study staff will arrange for short-term emergency care or referral if it is needed.

Bills for treatment may be sent to you or your insurance. Your insurance may or may not pay for taking care of injuries that happen because of being in this study.

To help avoid research-related injury or illness it is very important to follow all study directions.

VOLUNTARY PARTICIPATION AND WITHDRAWAL

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Your participation in this study may be stopped at any time by the study staff without your consent. The reasons might include:

- the study staff thinks it necessary for your health or safety;
- you have not followed study instructions;
- administrative reasons require your withdrawal.

There are no anticipated consequences to your early withdrawal, except that you will not have the opportunity to tell the researcher about your experiences.

QUESTIONS

In the future, you may have questions about your participation in this study. If you have any questions, complaints, or concerns about the research, contact:

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Professor, School of Social Work
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CONSENT

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PURPOSE OF THE STUDY

The purpose of this research study is to learn about emergency management policies affecting people with disabilities and the disaster experiences of people with disabilities.

You are being asked to participate in this study because you helped write or revise emergency management policy concerning people with disabilities, including the Emergency Operations Plan and related documents.

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Appendix E

Interview Protocols for Virginian Participants

Interview Protocol: People with Disabilities

This protocol is to be read aloud by Jessica. Headings (in blue) will not be read aloud.

INTRODUCTION

Good morning/afternoon/evening and thank you for taking the time to participate in this interview. My name is Jessica Jagger, and I am a PhD student at Virginia Commonwealth University in Richmond. I am conducting this study under the supervision of my faculty mentor, Dr F Ellen Netting, to learn more about emergency management policy and the experiences of people with disabilities during disasters. As part of this study, I am interviewing individuals with disabilities to learn about their experiences as well as people who helped to write the emergency management policies concerning people with disabilities. The information collected in these interviews will help me to build an understanding of how policy is shaped, and how disaster experiences affect the policy.

THE INTERVIEW PROCESS

As indicated in the consent form, I will take notes during the interview, but your personal information will be de-identified in the notes. The interview should take thirty to forty-five minutes. You can skip any questions you do not want to answer, and you can stop participating at any time. Please feel free to share your point of view; I am interested in all of your comments, positive and negative.

Your Experience

1. What disaster would you like to describe your experiences with in this interview?
2. What was your experience like with (name or type/date of disaster)?
 - a. Did you shelter in place at home or work, seek shelter at a community shelter, or seek shelter elsewhere? Were you able to meet your needs or obtain necessary assistance?
 - b. What were your challenges in evacuation? In sheltering? In recovery?

Interactions with Emergency Management Community

3. Did you have contact with or interact with first responders such as firefighters, police, or emergency medical services during the disaster? If so, what were those interactions like?
4. Did you interact with shelter or other volunteers? If so, what were those interactions like?

Implications of Your Experience

5. How did the experience of that disaster change your preparedness?
6. How did the experience of that disaster change your involvement in emergency management policy?

Interview Protocol: Emergency Management

This protocol is to be read aloud by Jessica. Headings (in blue) will not be read aloud.

INTRODUCTION

Good morning/afternoon/evening and thank you for taking the time to participate in this interview. My name is Jessica Jagger, and I am a PhD student at Virginia Commonwealth University in Richmond. I am conducting this study under the supervision of my faculty mentor, Dr F Ellen Netting, (enetting@vcu.edu) to learn more about emergency management policy and the disaster experiences of people with disabilities. As part of this study, I am interviewing people who helped to write the emergency management plans concerning people with disabilities as well as individuals with disabilities and their supporters to learn about their experiences with disasters. The information collected in these interviews will help me to build an understanding of how policy is shaped, and how the experience of implementation affects the policy.

THE INTERVIEW PROCESS

As indicated in the consent form, I will take notes during the interview, but your personal information will be de-identified in the notes. The interview should take thirty to forty-five minutes. You can skip any questions you do not want to answer, and you can stop participating at any time. Please feel free to share your point of view; I am interested in all of your comments, positive and negative.

About the Policies

1. What are the overall goals of the emergency management plans concerning people with disabilities?
2. What are the overall intents of the emergency management plans concerning people with disabilities?
3. What is in the emergency management plan about people with disabilities?

Creating the Policies

4. What guidance or standards were used to write the emergency management plans for people with disabilities?
5. Who contributed to the creation of the policy? Were people with disabilities involved? Service providers? Family members? Agencies?
6. How much discretion can responders take with the emergency management plans when assisting people with disabilities? Please describe the kind of discretion responders can take when assisting people with disabilities.

Implementation of the Policies

7. What do you perceive as issues for people with disabilities in disasters?
8. Has the experience of implementation with people with disabilities lead to any changes in the emergency management policy? If so, please describe them.

Appendix F
Jamaica Audit Trail

Participants

Theme Codes	Interview Codes
[1] Age – Young	
Part1	JD22.K.E2.Co1
Part2	JD20.K.E2.Ph1
Part3	JD16.P2.E2.Ph1
Part4	JM2.K.E2.NG1
Part5	JD9.P1.E2.BI1
Part6	JD21.K.E2.Ph1
Part7	JD17.P2.E2.Ph1
[2] Age – Older	
Part8	JD13.P1.E.Ph1
Part9	JD4.M.E27.BI22
Part10	JD11.P1.E2.BIPh1
Part11	JD10.P1.E2.Ph1
Part12	JD15.P2.E2.Ph1
Part13	JD18.P2.E2.CoPh1
Part14	JD14.P1.E2.Ph1
[3] Cognitive Disability	
Part15	JD22.K.E2-3.Co3
Part16	JD18.P2.E3-4.CoPh4
Part17	JD12.P1E2.MomDevPh1
[4] Visual Impairment	
Part18	JD9.P1.E2.BI2
Part19	JD7.P1.E3.BI1
Part20	JD4.M.E27.BI23
Part21	JD11.P1.E2-3.BIPh2
Part22	JD19.P2.E2-3.BI2
Part23	JD19.P2.E60-62.BI57
[5] Deaf/HoH	
Part24	JD1.M.E2.De40
Part25	JD3.M.E5.De2
[6] Communication	
Part26	JD6.P1.E36-37.PhCom28
Part27	JD6.P1.E35-36.PhCom27
Part28	JD6.P1.E32-34.PhCom26

Part29	JD6.P1.E2.PhCom1
Part30	JD1.ME19.De9
Part31	JD3.M.E56-57.De38
Part32	JD21.K.E3-4.Ph5
Part33	JD21.K.E3.Ph4
Part34	JD21.K.E2-3.Ph3
[7] Physical/Mobility	
Part35	JD8.P1.E3.4.Ph3
Part36	JD8.P1.E3.Ph2
Part37	JD8.P1.E5.Ph4
Part38	JD6.P1.E3.PhCom2
Part39	JD5.M.E2.Ph1
Part40	JD4.M.E27-28.BI24
Part41	JD2.M.E19.Ph7
Part42	JD10.P1.E2-3.Ph3
Part43	JD10.P1.E2.Ph2
Part44	JD11.P1.E3.BIPh3
Part45	JD12.P1.E3.MomDevPh2
Part46	JD13.P1.E2.P2
Part47	JD14.P1.E2-3.Ph2
Part48	JD15.P2.E2.Ph3
Part49	JD15.P2.E2.Ph2
Part50	JD16.P2.E2.Ph3
Part51	JD16.P2.E2.Ph2
Part52	JD17.P2.E2.Ph3
Part53	JD18.P2.E2.CoPh2
Part54	JD20.K.E4.Ph4
Part55	JD20.K.E3.Ph3
Part56	JD21.K.E2.Ph2
Part57	JD23.K.E6.Ph5
Part58	JD17.P2.E2.Ph2
Part59	JD18.P2.E2.CoPh3
Part60	JD12.P1.E3-4.MomDevPh3
Part61	JD23.K.E7.Ph6
[8] Demeanor	
Part62	JD3.M.E9-10.De4
Part63	JD22.K.E2.Co2
Part64	JD15.P2.E3-5.Ph4
Part65	JD10.P1.E4-5.Ph6
[9] Advocacy	
Part66	JD20.K.E7-8.Ph5
Part67	JD19.P2.E62.BI58
Part68	JD19.P2.E2.BI1
Part69	JD23.K.E5-6.Ph4
Part70	JD23.K.E28-29
Part71	JD5.M.E5.Ph3
Part72	JD23.K.E3.Ph2
Part73	JD23.K.E2.Ph1

[10] Skills	
Part74	JD3M.E6-7.De3
Part75	JD14.P1.E3.Ph3
Part76	JD20.K.E2-3.Ph2
[11] Academics	
Part77	JM6&7.K.E13-14.Un7
Part78	JM6&7.K.E13.Un6
Part79	JM6&7.K.E11-12.Un5
Part80	JM5.K.E2.Un1
Part81	JM6&7.K.E11.Un4
[12] Nonprofit	
Part82	JM4.K.E2.NP1
[13] ODPEM	
Part83	JM3.K.E41-42.NG26
Part84	JM3.K.E42-43.NG27
Part84b	JM5.K.E3.Un2
Part85	JM9.K.E2.NG1
Part86	JM9.K.E2-3.NG2
Part87	JM2.K.E2.NG3
Part88	JM2.K.E2.NG2
Part89	JM3.K.E2.NG1
[14] Local Government	
Part90	JM10.SC.E2.LG1
Part91	JM8.NC.E2.LG1
[15] Language Issues	
Part92	JM3.K.E37-38.NG23
Part93	JM3.K.E61-64.NG36
Part94	JM4.K.E10.NP6
[16] Questions for Me	
Part95	JM10.SC.E3-4.LG3
Part96	JM8.NC.E7-8.LG3
[17] Busy	
Part97	JM2.K.E3.NG4
Part98	JM3.K.E2-4.NG2
Part99	JM3.K.E2-3.NG3
Part100	JM4.K.E3-4.NP2
Part101	JM4.K.E4-5.NP3
Part102	JM3.K.E9-11.NG4
Part103	JM3.K.E23-25.NG13
Part104	JM3.K.E97.NG48
[18] Neighborhood	
Part105	JD2.M.E8.Ph5
Part106	JD8.P1.E3.Ph1
Part107	JD9.P1.E3.BI3
Part108	JD7.P1.E6.BI3
Part110	JD2.M.E4-5.Ph2
Part117	JD2.M.E5-7.Ph3
Part109	JD1.M.E2-3.De1

Part111	JD3.M.E4-5De1
Part122	JM8.NC.E9.LG4
Part123	JM8.NC.E5-6.LG2
Part112	JD1.M.E12-13.De7
Part116	JD2.M.E7.Ph4
Part113	JD13.P1.E4-6.Ph4
Part114	JD13.P1.E2-4.Ph3
Part120	JM8.NC.E12-13.LG6
Part115	JD12.P1.E4-7.MomDevPh4
Part118	JM10.SC.E2-3.LG2
Part119	JM10.SC.E51-54.LG39
Part121	JM8.NC.E10-11.LG5
[19] Family Near	
Part124	JD7.P1.E5.BI2
Part125	JD1.M.E13-14.De8
Part126	JD3.M.E54-55.De37
Part127	JD3.M.E57-59.De39
Part128	JD3.M.E54.De36
Part129	JD2.M.E9-18.Ph6
Part130	JD2.M.E2-3.Ph1
Part131	JD3.M.E64-66.De41
Part132	JD3.M.E62-64.De40

Intent

1. The How and Who of Disaster Management

Theme Codes	Interview Codes
Subcommittees	
[20]	
IntHow5	JM8.NC.E58.LG31
IntHow24	JM5.K.E33-34.Un24
IntHow6	JM10.SC.E47-49.LG38
IntHow8	JM8.NC.E31-33.LG17
IntHow9	JM8.NC.E28-31.LG16
IntHow21	JM10.SC.E20-21.LG15
IntHow22	JM8.NC.E22.LG12
IntHow23	JM8.NC.E21.LG11
[21]	
IntHow19	JM5.K.E51-52.Un36
IntHow20	JM5.K.E49-50.Un35
[22]	
IntHow15	JM6&7.K.E77-79.Un41
IntHow17	JM5.K.E57-59.Un39
IntHow18	JM5.K.E55-56.Un38
IntHow14	JM10.SC.E9-10.LG9
[23]	
IntHow1	JM8.NC.E49-50.LG26
IntHow2	JM8.NC.E18-20.LG10
IntHow3	JM8.NC.E16-17.LG9
IntHow4	JM8.NC.E52-54.LG28
[24]	
IntHow16	JM8.NC.E22-25.LG13
[25]	
IntHow7	JM10.SC.E17-19.LG14
IntHow10	JM8.NC.E27-28.LG15
IntHow11	JM10.SC.E46.LG36
IntHow12	JM10.SC.E12-13.LG11
IntHow13	JM10.SC.E11-12.LG10
ODPEM Role	
[26]	
IntHow29	JM2.K.E62.63.NG47
IntHow28	JM2.K.E61-62.NG46
IntHow32	JM10.SC.E47.LG37
IntHow34	JM10.SC.E14-15.LG12
IntHow35	JM8.NC.E25-26.LG14
IntHow42	JM2.K.E37-40.NG29
IntHow33	JM10.SC.E15-17.LG13
IntHow40	JM2.K.E40-42.NG31
IntHow25	JM3.K.E18-19.NG10
IntHow31	JM2.K.E21-23.NG18
[27]	
IntHow26	JM3.K.E17-18.NG9

IntHow27	JM2.K.E55-57.NG41
IntHow30	JM2.K.E20.NG16
[28]	
IntHow38	JM4.K.E62-63.NP34
IntHow39	JM4.K.E61-62.NP33
IntHow41	JM2.K.E40-41.NG30
IntHow43	JM2.K.E36-37.NG28
[29]	
IntHow36	JM10.SC.E8-9.LG7
IntHow37	JM10.SC.E8-9.LG8
[30] Collaboration with the Advocacy Organization	
IntHow44	JM3.K.E39-40.NG25
IntHow45	JM2.K.E118-119.NG82
IntHow46	JM2.K.E120-122.NG83
IntHow47	JM2.K.E122.123.NG84
IntHow48	JM9.K.E16.NG13
IntHow49	JM9.K.E15-16.NG12
IntHow50	JM9.K.E13-14.NG11
IntHow51	JM3.K.E38-39.NG24
IntHow52	JM6&7.K.E38-39.Un19
IntHow53	JM2.K.E12-13.NG11
IntHow54	JM2.K.E10-11.NG9
IntHow55	JM2.K.E11-12.NG10
IntHow56	JM9.K.E.12.NG10
IntHow57	JM9.K.E11.NG9
IntHow58	JM5.K.E29-30.Un21
IntHow59	JM5.K.E11-12.Un4
IntHow60	JM5.K.E7-8.Un3
IntHow61	JM5.K.E20-22.Un12
IntHow62	JM5.E20-21.Un11
IntHow63	JM5.K.E18-20.Un10
IntHow64	JM5.K.E20-23.Un13
IntHow65	JM5.K.E23-24.Un14
IntHow66	JM5.K.E24-25.Un15
IntHow67	JM5.K.E25.Un16
IntHow68	JM9.K.E8-11.NG8
Community Preparedness	
[31]	
IntHow69	JM2.K.E34-35.NG27
IntHow82	JM2.K.E72-74.NG54
IntHow83	JM2.K.E70-72.NG53
IntHow84	JM2.K.E68-70.NG52
IntHow85	JM2.K.E68.NG51
IntHow86	JM2.K.E76-77.NG57
IntHow92	JM10.SC.E25-26.LG23
IntHow71	JM2.K.E32-33.NG25
IntHow72	JM2.K.E33-34.NG26
IntHow73	JM2.K.E31-32.NG24

IntHow75	JM4.K.E7-8.NP5
IntHow77	JM10.SC.E42-43.LG34
IntHow74	JD19.P2.E43-46.BI45
[32]	
IntHow70	JM2.K.E51-52.NG37
IntHow76	JM2.K.E52.NG38
IntHow78	JM2.K.E52-54.NG39
[33]	
IntHow89	JM2.K.E46.NG35
IntHow91	JM10.SC.E26-29.LG24
IntHow87	JM2.K.E75-76.NG56
IntHow88	JM2.K.E74.NG55
IntHow90	JM5.K.E54-55.Un37
IntHow79	JM6&7.K.E47-48.Un26
IntHow80	JM6&7.K.E48-51.Un27
IntHow81	JM5.K.E59-61.Un40
Agency Representation	
[34]	
IntHow93	JM2.K.E66.NG49
IntHow94	JM9.K.E28-29.NG26
IntHow95	JM8.NC.E61-62.LG37
IntHow97	JM6&7.K.E30-35.Un17
IntHow106	JM6&7.K.E28-30.Un16
IntHow99	JM2.K.E60-61.NG45
IntHow100	JM2.K.E57-58.NG42
IntHow101	JM2.K.E55.NG40
IntHow102	JM4.K.E23-24.NP15
IntHow103	JM3.K.E87-89.NG45
IntHow104	JM6&7.K.E129-132.Un72
IntHow105	JM10.SC.E39-41.LG32
[35]	
IntHow96	JM1.M.E26-29.LG14
IntHow107	JM8.NC.E59.LG32
IntHow121	JM9.K.E28.29.NG28
IntHow117	JM10.SC.E21-23.LG16
IntHow120	JM9.K.E28-29.NG27
IntHow118	JM9.K.E28-29.NG29
IntHow108	JM8.NC.E59.LG33
IntHow109	JM8.NC.E59-60.LG34
IntHow110	JM8.NC.E59-60.LG35
IntHow112	JM10.SC.E21-23.LG18
IntHow113	JM10.SC.E21-23.LG19
IntHow116	JM10.SC.E21-23.LG17
IntHow111	JM8.NC.E58.LG30
IntHow119	JM9.K.E28-30.NG30
IntHow122	JM1.M.E45-47.LG23
IntHow114	JM10.SC.E22-23.LG20
IntHow115	JM10.SC.E22-23.LG21

IntHow123	JM2.K.E58-60.NG43
[36]	
IntHow98	JM6&7.K.E128-129.Un71
IntHow124	JM6&7.K.E127-128.Un70
IntHow125	JM6&7.K.E120-122.Un67
IntHow126	JM6&7.K.E123-124.Un68
IntHow127	JM6&7.K.E6.Un2
IntHow128	JM6&7.K.E8-9.Un3
IntHow129	JM6&7.K.E124-126.Un69
IntHow130	JM6&7.K.E35-38.Un18
IntHow131	JM6&7.K.E3-5.Un1
IntHow132	JM8.NC.E43-45.LG23
IntHow133	JM8.NC.E33-36.LG18
[37]	
IntHow134	JM4.K.E36-39.NP23
IntHow135	JM2.K.E20-21.NG17
IntHow136	JM2.K.E19-20.NG15
IntHow137	JM2.K.E29-30.NG22
IntHow138	JM2.K.E18-19.NG14
[38] Sources Used	
IntHow145	JM2.K.E59.NG44
IntHow146	JM6&7.K.E96.Un48
IntHow147	JM6&7.K.E15-16.Un8
IntHow148	JM6&7.K.E96.Un49
IntHow149	JM6&7.K.E96-97.Un50
IntHow150	JM6&7.K.E97.Un51
IntHow151	JM6&7.K.E97.Un52
IntHow152	JM6&7.K.E97-99.Un53
IntHow153	JM5.K.E27.Un17
IntHow154	JM5.K.E27-29.Un19
IntHow155	JM5.K.E27-28.Un18
[39] Evidence-based instead of Afterthought	
IntHow139	JM5.K.E13.14.Un5
IntHow140	JM5.K.E14-15.Un6
IntHow141	JM5.K.E15-16.Un7
IntHow142	JM5.K.E16.Un8
IntHow143	JM6&7.K.E18.Un9
IntHow144	JM6&7.K.E52-53.Un28
[40] Research	
IntHow156	JM6&7.K.E62-63.Un33
IntHow157	JM6&7.K.E63-65.Un34
IntHow158	JM6&7.K.E67-69.Un35
IntHow159	JM6&7.K.E100.Un54
IntHow160	JM6&7.K.E101.Un55
IntHow161	JM6&7.K.E101-102.Un56
IntHow162	JM6&7.K.E102-103.Un57
IntHow163	JM6&7.K.E60-61.Un32
IntHow164	JM3.K.E30-32.NG17

2. Goals, Intents, Considerations

Theme Codes	Interview Codes
Goals, Intents	
[41]	
IntCon4	JM9.K.E23-24.NG23
IntCon5	JM9.K.E22-23.NG21
IntCon6	JM6&8.K.E70.Un36
[42]	
IntCon7	JM9.K.E33-34.NG34
IntCon8	JM9.K.E33.NG33
[43]	
IntCon3	JM10.SC.E5-6.LG4
IntCon25	JM3.K.E19-21.NG11
IntCon27	JM3.K.E15-16.NG7
[44]	
IntCon2	JM10.SC.E5-7.LG5
IntCon29	JM4.K.E14.NP8
IntCon21	JM2.K.E24-25.NG19
IntCon22	JM3.K.E12-13.NG5
IntCon23	JM3.K.E93.NG47
IntCon26	JM3.K.E16-17.NG8
IntCon11	JM9.K.E6-7.NG5
IntCon10	JM9.K.E6-8.NG6
IntCon9	JM9.K.E6-8.NG7
IntCon28	JM4.K.E14-15.NP9
IntCon12	JM9.K.E6-7.NG4
IntCon15	JM6&7.K.E85-86.Un46
IntCon17	JM6&7.K.E59-60.Un31
IntCon16	JM6&7.K.E70-71.Un37
IntCon20	JM6&7.K.E18-21.Un10
[45]	
IntCon24	JM3.K.E21-22.NG12
IntCon1	JM10.SC.E5-8.LG6
IntCon18	JM6&7.K.E58-59.Un30
IntCon19	JM6&7.K.E41-42.Un20
IntCon13	JM8.NC.E15.LG8
IntCon14	JM8.NC.E14-15.LG7
Flexibility in Response	
[46]	
IntCon30	JM5.K.E32-33.Un23
IntCon31	JM5.K.E34-35.Un25
IntCon32	JM6&7.K.E104-105.Un58
IntCon40	JM10.SC.E30-32.LG25
IntCon41	JM9.K.E32.NG31
IntCon36	JM8.NC.E55-57.LG29
IntCon34	JM9.K.E32.NG32
IntCon37	JM4.K.E26.NP16
[47]	

IntCon33	JM8.NC.E65-66.LG39
[48]	
IntCon38	JM4.K.E26-27.NP17
IntCon44	JM4.K.E15-16.NP10
IntCon39	JM3.K.E43-45.NG29
[48b]	
IntCon35	JM10.SC.E32-33.LG26
[49]	
IntCon42	JM8.NC.E66-68.LG40
[49b]	
IntCon43	JM8.NC.E63-64.LG38
ImpPre21	JM3.K.E49-51.NG32
[50] Absent from Plan	
IntCon51	JM2.K.E7-8.NG6
IntCon52	JM2.K.E10.NG8
IntCon53	JM2.K.E7-8.NG5
IntCon54	JM3.K.E6-7.NG6
IntCon55	JM4.K.E6-7.NP4
IntCon56	JM8.NC.E79-82.LG47
IntCon57	JM8.NC.E33-39.LG20
PWD Left Out	
[51]	
IntCon45	JM2.K.E91-92.NG67
IntCon46	JM9.K.E19-21.NG19
IntCon47	JM9.K.E18-19.NG18
IntCon48	JM2.K.E96.NG72
[52]	
IntCon49	JM8.NC.E41-43.LG22
IntCon50	JM8.NC.E41.LG21
Present in Guidelines under Development	
[53]	
IntCon61	JM2.K.E16-17.NG13
IntCon62	JM3.K.E26-27.NG14
IntCon64	JM6&7.K.E174-176.Un89
[54]	
IntCon63	JM3.K.E27-29.NG15
IntCon58	JM6&7.K.E95-96.Un47
IntCon59	JM9.K.E23.NG22
IntCon60	JM2.K.E13-16.NG12
[55]	
IntCon65	JM6&7.K.E169-170.Un86
IntCon66	JM6&7.K.E53-56.Un29
IntCon67	JM6&7.K.E173-174.Un88
IntCon68	JM6&7.K.E170-172.Un87
IntCon69	JM9.K.E5-6.NG3
IntCon70	JM2.K.E8-10.NG7
[56]	
IntCon71	JM2.E43-44.NG32

IntCon72	JM2.K.E28-29.NG21
IntCon73	JM2.K.E26-28.NG20
IntCon74	JM2.K.E30.NG23
[57] Training Initiatives	
IntCon75	JM6&7.K.E105-106.Un59
IntCon76	JM2.K.E130-133.NG89
IntCon77	JM4.K.E11-13.NP7
IntCon78	JM2.K.E80.NG59
IntCon79	JM2.K.E80-81.NG60
IntCon80	JM2.K.E81-82.NG61
IntCon81	JM2.K.E82-84.NG62
IntCon82	JM2.K.E94-95.NG71
IntCon83	JM2.K.E78-79.NG58
Recognizing Context & Individuality	
[58]	
IntCon87	JM2.K.E115-116.NG81
IntCon88	JM2.K.E113-115.NG80
IntCon89	JM2.K.E86-89.NG64
IntCon90	JM2.K.E89-90.NG65
IntCon91	JM2.K.E90-91.NG66
IntCon99	JM6&7.K.E23.Un12
IntCon100	JM6&7.K.E22.Un11
[59]	
IntCon98	JM6&7.K.E24-25.Un13
IntCon84	JM2.K.E85-86.NG63
IntCon85	JM3.K.E67-69.NG39
IntCon86	JM2.K.E128-129.NG87
IntCon92	JM6&7.K.E106-109.Un60
IntCon96	JM9.K.E17.NG14
[60]	
IntCon93	JM9.K.E18.NG15
IntCon94	JM9.K.E18.NG16
IntCon95	JM9.K.E18.NG17
IntCon97	JM2.K.E93.NG69
Communications	
[61]	
IntCon101	JM9.K.E25-26.NG24
IntCon102	JM9.K.E26-27.NG25
IntCon104	JM6&7.K.E156-157.Un82
IntCon105	JM6&7.K.E154-156.Un81
IntCon112	JM6&7.K.E73-74.Un38
IntCon111	JM2.K.E99-100.NG74
IntCon114	JM6&7.K.E75-77.Un40
IntCon117	JD10.P1.E9-10.Ph10
IntCon118	JD10.P1.E7-8.Ph9
IntCon113	JM6&7.K.E74-75.Un39
IntCon106	JM6&7.K.E83-85.Un45
IntCon107	JM6&7.K.E42-44.Un21

IntCon108	JM2.K.E92.NG68
[62]	
IntCon103	JM9.K.E21-22.NG20
IntCon109	JM2.K.E100-102.NG75
IntCon110	JM2.K.E103-104.NG76
IntCon115	JD3.M.E24-25.De19
IntCon116	JD3.M.E33-35.De23
IntCon119	JM2.K.E93.NG70
[63] Shelter Accessibility	
IntCon120	JM5.K.E37.Un26
IntCon121	JM4.K.E45.NP26
IntCon122	JM4.K.E45-49.NP29
IntCon123	JM2.K.E134-135.NG90
IntCon124	JM2.K.E135-137.NG91
IntCon125	JM2.K.E137-138.NG92
IntCon126	JM2.K.E138-140.NG93
IntCon127	JM2.K.E140-141.NG94
IntCon128	JM10.SC.E41.LG33
IntCon129	JM10.SC.E38-39.LG31
IntCon130	JM10.SC.E37-38.LG30
IntCon131	JM10.SC.E36-37.LG29
IntCon132	JM9.K.E40-41.NG43
IntCon133	JM9.K.E39.NG38
IntCon134	JM8.NC.E71-72.LG43
IntCon135	JM8.NC.E69-70.LG41
IntCon136	JM6&7.K.E116-119.Un66
IntCon137	JM6&7.K.E114-115.Un64
IntCon138	JM6&7.K.E110-111.Un61
IntCon139	JM5.K.E43-44.Un33
IntCon140	JM5.K.E45-46.Un34
IntCon141	JM5.K.E40-42.Un30
IntCon142	JM5.K.E40-42.Un31
IntCon143	JM5.K.E40-42.Un32
IntCon144	JM5.K.E37-38.Un27
IntCon145	JM5.K.E39.Un28
IntCon146	JM5.K.E39-40.Un29
IntCon147	JM8.NC.E70-71.LG42
[64]	
IntCon153	JM4.K.E40-41.NP24
IntCon154	JM4.K.E41-45.NP25
[65] Access More Broadly	
IntCon148	JM9.K.E38-39.NG37
IntCon149	JM9.K.E39.NG39
IntCon150	JM9.K.E39.NG40
IntCon151	JM9.K.E39-40.NG41
IntCon152	JM9.K.E40.NG42
[66] Transportation & Evacuation	
IntCon155	JM2.K.E105.NG77

IntCon156	JM2.K.E105-107.NG78
IntCon157	JM3.K.E65-66.NG37
IntCon158	JM6&7.K.E80-82.Un43
IntCon159	JM6&7.K.E82-83.Un44
IntCon160	JM1.M.E93-94.LG44
[67] Poor Construction & Dangerous Areas	
IntCon161	JM1.M.E102-104.LG48
IntCon162	JM1.M.E98.LG46
IntCon163	JM1.M.E79-81.LG40
IntCon164	JM1.M.E77-78.LG39
IntCon165	JM1.M.E73-76.LG38
IntCon166	JM1.M.E62-63.LG32
IntCon167	JM8.NC.E76-78.LG46
IntCon168	JM8.NC.E73-75.LG45
IntCon169	JM8.NC.E72-73.LG44

3. Family

Theme Codes	Interview Codes
Can Rally Around	
[68] Intent	
IntFam1	JM10.SC.E34-35.LG28
IntFam2	JM8.NC.E33-38.LG19
IntFam3	JM8.NC.E48.LG25
IntFam5	JM10.SC.E34.LG27
IntFam7	JM1.M.E62-63.LG31
IntFam8	JM1.M.E63-64.LG33
IntFam9	JM1.M.E71-72.LG37
IntFam17	JM2.K.E48-50.NG36
IntFam18	JM2.K.E46-47.NG34
IntFam19	JM2.K.E45-46.NG33
[69] Implementation	
IntFam10	JD5.M.E4.Ph2
IntFam4	JM8.NC.E45-47.LG24
IntFam11	JD4.M.E40-41.BI34
IntFam12	JD3.M.E30-31.De21
IntFam13	JD1.M.E4-5.De2
IntFam14	JD1.M.E5.De3
IntFam16	JD12.P1.E34.MomDevPh28
IntFam15	JD1.M.E6.De5
IntFam6	JD7.P1.E34-35.BI28
[70] Doesn't Always Work	
IntFam20	JD4.M.E42.BI35
IntFam21	JM1.M.E66-68.LG35
IntFam22	JM1.M.E66-71.LG36
[71] Not Everyone Has Family	
IntFam23	JM1.M.E65-66.LG34

IntFam24	JD8.P1.E52-54.Ph52
IntFam25	JD8.P1.E55-57.Ph53
IntFam26	JD3.M.E32.De22
IntFam27	JM1.M.E98-99.LG47
IntFam28	JM8.NC.E51-52.LG27

4. Participation

Theme Codes	Interview Codes
Policy Participation	
[72]	
IntPar2	JM3.K.E33-35.NG21
IntPar3	JM3.K.E33-34.NG20
IntPar4	JM3.K.E33-34.NG19
IntPar5	JM3.K.E33.NG18
IntPar7	JM4.K.E21-22.NP14
[73]	
IntPar1	JM3.K.E35.NG22
IntPar6	JM4.K.E20-21.NP13
IntPar8	JM2.K.E67.NG50
IntPar10	JM6&7.K.E27-28.Un15
IntPar11	JM6&7.K.E26.Un14
IntPar12	JM5.K.E29-30.Un20
[74]	
IntPar22	JM10. SC.E23-25.LG22
IntPar20	JM1.M.E58-59.LG28
IntPar21	JM1.M.E60-61.LG29
[75]	
IntPar9	JM2.K.E64-65.NG48
IntPar23	JM8.NC.E60-61.LG36
[76]	
IntPar13	JD23.K.E3-5.Ph3
IntPar14	JM1.M.E51-53.LG26
IntPar15	JM1.M.E50-51.LG25
IntPar16	JM1.M.E48-50.LG24
IntPar17	JM6&7.K.E79-80.Un42
IntPar18	JM5.K.E16-17.Un9
IntPar19	JM5.K.E30-31.Un22
[77] Gave Feedback	
IntPar24	JM1.M.E54-55.LG27
IntPar25	JM1.M.E24-25.LG13
IntPar26	JD19.P2.E42-43.BI44
IntPar27	JD2.M.E54-56.Ph27
IntPar28	JD7.P1.E38.BI31
IntPar29	JD6.P1.E28-29.PhCom24
IntPar30	JD6.P1.E29-30.PhCom25
IntPar31	JD20.K.E37-38.Ph36

IntPar32	JD20.K.E39.Ph37
IntPar33	JD20.K..E37.Ph35
IntPar34	JD20.K.E36-37.Ph34
IntPar35	JD20.K.E36.Ph33
IntPar36	JD10.P1.E40-41.Ph37
[78] Politics	
IntPar37	JD5.M.E51-52.Ph34
IntPar38	JD5.M.E52-54.Ph35
IntPar39	JD5.M.E54-56.Ph36
Did Not Give Feedback	
[79]	
IntPar40	JD8.P1.E45.Ph46
IntPar41	JD8.P1.E45-47.Ph47
IntPar59	JD11.P1.E32-33.BIPh28
IntPar60	JD11.P1.E31-32.BIPh27
IntPar68	JM1.M.E61.LG30
[80]	
IntPar43	JD13.P1.E36-37.Ph33
IntPar54	JD15.P2.E22-23.Ph22
IntPar48	JD17.P2.E37.Ph36
[81]	
IntPar44	JD22.K.E31-32.Co33
IntPar45	JD22.K.E31.Co32
IntPar46	JD21.K.E20.Ph24
IntPar47	JD21.K.E20-21.Ph25
IntPar49	JD17.P2.E36.Ph35
IntPar50	JD17.P2.E36.Ph34
IntPar51	JD16.P2.E22.Ph29
IntPar52	JD16.P2.E22-23.Ph30
IntPar53	JD16.P2.E22.Ph28
IntPar55	JD15.P2.E21-22.Ph21
IntPar42	JM4.K.E28-29.NP18
IntPar56	JD15.P2.E21.Ph20
IntPar57	JD13.P1.E35-36.Ph32
IntPar58	JD13.P1.E35.Ph31
IntPar61	JD11.P1.E28-31.BIPh26
IntPar62	JD11.P1.E26-27.BIPh24
IntPar63	JD11.P1.E26.BIPh23
IntPar64	JD10.P1.E39-40.Ph36
IntPar65	JD10.P1.E39.Ph35
IntPar66	JD1.M.E51-52.De39
IntPar67	JD4.M.E39.BI33

Implementation

1. Preparedness

Theme Codes	Interview Codes
[82] Have a Plan	
ImpPre1	JM3.K.E46-47.NG29
ImpPre2	JM3.K.E54-57.NG34
ImpPre3	JM3.K.E57-61.NG35
ImpPre4	JM3.K.E46-48.NG30
ImpPre5	JM3.K.E51-54.NG33
ImpPre6	JD10.P1.E32-33.Ph31
ImpPre7	JD7.P1.E43-44.BI36
ImpPre8	JD7.P1.E41-43.BI35
ImpPre9	JD7.P1.E41.BI34
ImpPre10	JD6.P1.E24-25.PhCom21
ImpPre11	JD8.P1.E43-44.Ph45
[83] Stay Flexible	
ImpPre12	JD23.K.E34-36.Ph33
ImpPre13	JD20.K.E33.Ph30
ImpPre14	JD23.K.E36-38.Ph34
ImpPre15	JD10.P1.E32.Ph30
ImpPre16	JD4.M.E33-34.BI27
[84] Be Informed	
ImpPre17	JD20.K.E29-30.Ph24
ImpPre18	JD20.K.E29.Ph23
ImpPre19	JD21.K.E17-18.Ph20
ImpPre20	JM3.K.E48-49.NG31
Make a Kit – Water & Food	
[85]	
ImpPre22	JD8.P1.E26.Ph26
ImpPre23	JD1.M.E45-46.De33
ImpPre25	JD17.P2.E34-35.Ph33
ImpPre26	JD20.K.E30.Ph25
ImpPre27	JD20.K.E32.Ph28
ImpPre28	JD20.K.E32-33.Ph29
ImpPre29	JD21.K.E18-19..Ph23
ImpPre30	JD21.K.E18-19.Ph22
ImpPre31	JD22.K.E28.Co29
ImpPre32	JD23.K.E38-39.Ph35
[86]	
ImpPre24	JD14.P1.E24.Ph24
ImpPre33	JD1.M.E45De32
ImpPre34	JD2.M.E51-53.Ph26
ImpPre35	JD4.M.E37-38.BI32
[87] Light	
ImpPre36	JD17.P2.E34.Ph32
ImpPre37	JD21.K.E18-19.Ph21
Medicines, Supplies	

[88]	
ImpPre38	JD23.K.E11-12.Ph12
ImpPre41	JD23.K.E11.Ph11
[89]	
ImpPre39	JD23.K.E12-13.Ph13
ImpPre40	JD23.K.E9-10.Ph10
[90]	
ImpPre42	JM3.K.E103-105.NG50
ImpPre43	JM3.K.E108-109.NG52
ImpPre44	JM3.K.E110.NG53
ImpPre45	JM3.K.E106-107.NG51
ImpPre46	JM3.K.E110.NG54
ImpPre47	JM3.K.E113-114.NG55
[91] Important Documents	
ImpPre48	JD22.K.E29-30.Co31
ImpPre49	JD22.K.E14.Co16
[92] Ready the House	
ImpPre50	JD17.PS.E33-34-Ph31
ImpPre51	JD14.P1.E9.Ph9
ImpPre52	JD14.P1.E9-10.Ph10
ImpPre53	JD10.P1.E33-34.Ph32
ImpPre54	JD22.K.E29.Co30
ImpPre55	JD22.K.E27-28.Co28
ImpPre56	JD22.K.E14.Co17
[93] Get Help to Ready if Needed	
ImpPre57	JD9.P1.E61-62.BI45
ImpPre58	JD9.P1.E62-64.BI46
ImpPre59	JD10.P1.E25-26.Ph22
ImpPre60	JD10.P1.E44.Ph40
ImpPre61	JD10.P1.E43-44.Ph39
ImpPre62	JD10.P1.E41-43.Ph38
ImpPre63	JM6&7.K.E111-112.Un62
ImpPre64	JM6&7.K.E112-113.Un63
ImpPre65	JM6&7.K.E115-116.Un65
ImpPre66	JD9.P1.E8-10.BI10

2. Lessons Learned

Theme Codes	Interview Codes
[94] Didn't Change	
ImpLL1	JD21.K.E17.Ph19
ImpLL2	JD22.K.E26.Co27
ImpLL3	JD22.K.E36-39.Co39
ImpLL4	JM1.M.E88-89.LG42
ImpLL5	JD2.M.IV.E.48-50
ImpLL6	JD10.P1.E31-32.Ph29
ImpLL7	JD11.P1.E20-21.BIPh18

ImpLL8	JD17.P2.E33.Ph30
ImpLL9	JD20.K.E31-32.Ph27
ImpLL10	JD20.K.E31.Ph26
Taking it Seriously	
[95]	
ImpLL11	JD19.P2.E38-39.BI38
ImpLL12	JD19.P2.E41.BI43
ImpLL13	JD18.P2.E26.CoPh29
ImpLL14	JD16.P2.E20.Ph26
ImpLL15	JD9.P1.E52-53.BI43
ImpLL16	JD9.P1.E51-52.BI42
ImpLL17	JD1.M.IV.E.38-40
ImpLL18	JD3.M.IV.E.42-43
ImpLL19	JD4.M.IV.E.32.Se.26
ImpLL21	JD5.M.IV.E.44-47.PH.30
ImpLL22	JD5.M.IV.E.47-48.Ph.31
ImpLL25	JD11.P1.E3-25.BIPh22
ImpLL26	JD13.P1.E32-34.Ph30
[96]	
ImpLL20	JD5.M.IV.E.43-44.Ph.29
ImpLL23	JD5.M.IV.E.38.Ph26
ImpLL24	JD7.P1.E17.BI13
[97] Water	
ImpLL27	JD8.P1.E40-41.Ph39
ImpLL28	JD6.P1.E24-26.Ph/Com22
ImpLL29	JD4.M.IV.E.36.Se.30
ImpLL30	JD14.P1.E24-25.Ph25
ImpLL31	JD20.K.E33-34.Ph31
[98] Food	
ImpLL32	JD8.P1.E40-43.Ph42
ImpLL33	JD6.P1.E24-26.Ph/Com23
ImpLL34	JD5.M.IV.E.48-49.Ph32
[99]	
ImpLL35	JD4.M.IV.E.36-37 SC.31
ImpLL36	JD18.P2.E27-28.CoPh31
[99] Ready the House	
ImpLL37	JD8.P1.E40-42.Ph40
ImpLL38	JD7.P1.E18-19.BI14
ImpLL39	JD5.M.IV.E.40-42.Ph28
ImpLL40	JD5.M.IV.E.38-39.Ph27
ImpLL41	JD4.M.IV.E.34.Se.28
ImpLL42	JD4.M.IV.E.34-35.Se.29
ImpLL43	JD3.M.IV.E.43-44
ImpLL44	JD1.M.IV.E.42
ImpLL45	JD1.M.IV.E.43
ImpLL46	JD1.M.IV.E.43-44
ImpLL47	JD14.P1.E22-23.Ph22

ImpLL48	JD13.P1.E31-32.Ph29
ImpLL49	JD14.P1.E23-24.Ph23
ImpLL50	JD15.P2.E19-20.Ph19
ImpLL51	JD16.P2.E20-21.Ph27
ImpLL52	JD18.P2.E26-27.CoPh30
ImpLL53	JD19.P2.E40-41.BI42
ImpLL54	JD19.P2.E40.BI41
ImpLL55	JD19.P2.E40.BI40
ImpLL56	JD19.P2.E39-40.BI39
ImpLL57	JD20.K.E33-35.Ph32
ImpLL58	JD9.P1.E53-55.BI44
[100] Light	
ImpLL59	JD8.P1.E40-42.Ph41
ImpLL60	JD6.P1.E24-26.Ph/Com22
ImpLL61	JD7.P1.E33.BI27
[101] Ready the Property	
ImpLL62	JD1.M.IV.E.40-41
ImpLL63	JD7.P1.E33.BI26
[102] Gather Medications	
ImpLL64	JD8.P1.E40-43.Ph43
[103] Gather Important Documents	
ImpLL65	JD8.P1.E40-43.Ph44
ImpLL66	JD7.P1.E32-33.BI25
[104] Identify Gaps/Needs	
ImpLL67	JM3.K.E70-72.NG40
ImpLL68	JM3.K.E72-73.NG41
ImpLL72	JM3.K.E90-92.NG46
ImpLL74	JM4.K.E59.NP32
ImpLL75	JM10.SC.E45-46.LG35
ImpLL76	JM.K.E46-48.NG51
ImpLL77	JM9.K.E46-47.NG50
ImpLL78	JM.K.E46-47.NG49
ImpLL79	JM9.K.E44-46.NG48
ImpLL80	JM9.K.E43-44.NG47
ImpLL81	JM9.K.E43-44.NG46
ImpLL82	JM9.K.E43-44.NG45
ImpLL83	JM9.K.E42-43.NG44
ImpLL84	JM6&7.K.E161-164.Un84
ImpLL85	JM6&7.K.E158-161.Un83
ImpLL86	JM6&7.K.E133-135.Un74
ImpLL87	JM6&7.K.E135-136.Un75
ImpLL88	JM6&7.K.E136-140.Un76
ImpLL89	JM6&7.K.E140-141.Un77
ImpLL90	JM6&7.K.E133.Un73
ImpLL91	JM6&7.K.E47.Un25
ImpLL92	JM6&7.K.E46-47.Un24
ImpLL93	JM6&7.K.E45-46.Un23

ImpLL94	JM6&7.K.E44-45.Un22
[105] Develop Resources	
ImpLL73	JM3.K.E29-30.NG16
ImpLL69	JM3.K.E75-77.NG44
ImpLL70	JM3.K.E75.76.NG43
ImpLL71	JM3.K.E73-75.NG42
ImpLL95	JM4.K.E17-18.NP11
ImpLL96	JM4.K.E18-19.NP12
ImpLL97	JM2.K.E129-130.NG88
ImpLL98	JM2.K.E124-127.NG88
ImpLL99	JM2.K.E127-128.NG86
ImpLL100	JM4.K.E57-58.NP31
[106] Re-evaluate Systems	
ImpLL101	JM1.M.E36-40.LG20
ImpLL102	JM1.M.E40-43.LG21
ImpLL103	JM1.M.E43-44.LG22

Experience

1. Storm Context: The Approach

Theme Codes	Interview Codes
[107] A Rainstorm in early 2000's	
ExConAp1	JD18.P2.E6.CoPh5
[108] Hurricane Gilbert	
ExConAp2	JD7.P1.E8.B14
ExConAp3	JD14.P1.E6.Ph4
ExConAp4	JD15.P2.E6.Ph5
ExConAp5	JD19.P2.E4.BI13
[109] Hurricane Ivan	
ExConAp6	JD23.K.E8.Ph7
ExConAp7	JD17.P2.E5.Ph6
ExConAp8	JD16.P2.E5.Ph4
ExConAp9	JD22.K.E5.Co4
ExConAp10	JD6.P1.E5.PhCom3
ExConAp11	JD13.P1.E7.Ph5
ExConAp12	JD12.P1.E8.MomDevPh5
ExConAp13	JD8.P1.E8.Ph5
ExConAp14	JD9.P1.E4.BI4
[110] Hurricane Gustav	
ExConAp15	JD10.P1.E6.Ph7
ExConAp16	JD20.K.E15.Ph6
ExConAp17	JD21.K.E5.Ph6
ExConAp18	JD 11.P1.E4.BIPh4
ExConAp19	JM4.K.E30-32.NP19
Descriptions	
[111] Anticipation	
ExConAp20	JD9.P1.E7.BI8
ExConAp21	JD9.P1.E5.BI6
ExConAp22	JD9.P1.E6.BI7
[112] Night/Darkness	
ExConAp23	JD14.P1.E6-7.Ph5
ExConAp24	JD14.P1.E7-8.Ph6
ExConAp25	JD5.M.E12-13.Ph6
ExConAp26	JD5.M.E11-12.Ph5
[113] Expectations	
ExConAp27	JD8.P1.E16.Ph15
ExConAp28	JD5.M.E8.Ph4
[114] Newness	
ExConAp29	JD19.P2.E5.BI5
ExConAp30	JD19.P2.E4-5.BI14
[115] Significance	
ExConAp31	JD7.P1.E16-17.BI12
ExConAp32	JD7.P1.E9.BI15
ExConAp33	JD9.P1.E4-5.BI5
[116] Excitement	
ExConAp34	JD21.K.E5-6.Ph7

ExConAp35	JD21.K.E6-7.Ph8
ExConAp36	JD19.P2.E5-6.BI6
ExConAp37	JD19.P2.E6.BI7
[117] Assumptions	
ExConAp38	JD22.K.E15-16.Co18
ExConAp39	JD22.K.E16-17.Co19
ExConAp40	JD22.K.E18-19.Co20
ExConAp41	JD19.P2.E20-21.BI21
ExConAp42	JD19.P2.E15.BI16
ExConAp43	JD19.P2.E16.BI17
ExConAp44	JD19.P2.E16-17.BI18
ExConAp45	JD22.K.E33.Co34
ExConAp46	JD9.P1.E7-8.BI9
[118] Preparations	
ExConAp47	JD19.P2.E13-14.BI15
ExConAp48	JD19.P2.E19-20.BI20
ExConAp49	JD19.P2.E17-19.BI19
ExConAp50	JD22.K.E7-8.Co9
ExConAp51	JD23.K.E9.Ph9
[119] Heard About	
ExConAp52	JD22.K.E33-34.Co35
ExConAp53	JD22.K.E33-34.Co36
ExConAp54	JD22.K.E33-34.Co37
[120] Context at Home	
ExConAp55	JD7.P1.E12.BI8
ExConAp56	JD17.P2.E8-9.Ph10
ExConAp57	JD17.P2.E2-3.Ph4
ExConAp58	JD18.P2.E7-8.CoPh7
ExConAp59	JD14.P1.E8.Ph7
ExConAp60	JD13.P1.E7-8.Ph6
ExConAp61	JD11.P1.E4-5.BIPh5
[121] Inaccessibility at home	
ExConAp62	JD17.P2.E3-4.Ph5
ExConAp63	JD17.P2.E23-24.Ph22
ExConAp64	JD17.P2.E22.Ph19
ExConAp65	JD17.P2.E10-11.Ph11
[122] Community Access	
ExConAp66	JD7.P1.E35-36.BI29
ExConAp67	JD7.P1.E36-37.BI30
ExConAp68	JD10.P1.E3.Ph4

2. Storm Context: Initial Impact

Theme Codes	Interview Codes
[123] Wind & Debris	
ExConlm1	JD16.P2.E12.Ph16
ExConlm2	JD19.P2.E23.BI25
ExConlm3	JD19.P2.E12-13.BI14
ExConlm4	JD19.P2.E11-12.BI13
ExConlm5	JD17.P2.E12-14.Ph14
ExConlm6	JD1.M.E37-38.De26
ExConlm7	JD2.M.E27.Ph11
ExConlm8	JD8.P1.E13.Ph10
[124] Water in & around the House	
ExConlm9	JD9.P1.E21-22.BI21
ExConlm10	JD8.P1.E33.Ph33
ExConlm11	JD6.P1.E6.PhCom5
ExConlm12	JD6.P1.E16-17.PhCom16
ExConlm13	JD6.P1.E16.PhCom15
ExConlm14	JD5.M.E18-19.Ph10
ExConlm15	JD4.M.E15-16.BI8
ExConlm16	JD3.M.E18-20.De13
ExConlm17	JD2.M.E27-28.Ph12
ExConlm18	JD1.M.E26.De13
ExConlm19	JD1.M.E36-37.De25
ExConlm20	JD12.P1.E19-20.MomDevPh16
ExConlm21	JD13.P1.E9.Ph9
ExConlm22	JD13.P1.E8-9.Ph8
ExConlm23	JD16.P2.E6.Ph7
ExConlm24	JD16.P2.E5-6.Ph6
ExConlm25	JD16.P2.E5.Ph5
ExConlm26	JD16.P2.E1-2.Ph15
ExConlm27	JD18.P2.E6-7.CoPh6
ExConlm28	JD5.M.E22-23.Ph16
ExConlm29	JD5.M.E21.Ph14
ExConlm30	JD6.P1.E14.PhCom13
ExConlm31	JD6.P1.E13.PhCom12
ExConlm32	JD7.P1.E13-15.BI10
ExConlm33	JD7.P1.E12-13.BI9
ExConlm34	JD7.P1.E10-11.BI7
[125] Property Damage	
ExConlm35	JD9.P1.E20-21.BI20
ExConlm36	JD9.P1.E19.BI19
ExConlm37	JD8.P1.E14-15.Ph12
ExConlm38	JM1.M.E6-7.LG2
ExConlm39	JD9.P1.E37.BI30
ExConlm40	JD10.P1.E25.Ph21
ExConlm41	JD12.P1.E8-10.MomDevPh6
[126]	
ExConlm42	JD4.M.E9-10.BI3

[127] The Roof	
ExConIm43	JD8.P1.E13-14.Ph11
ExConIm44	JD7.P1.E10.BI6
ExConIm45	JD6.P1.E5-6.PhCom4
ExConIm46	JD6.P1.E15.PhCom14
ExConIm47	JD5.M.E14.Ph7
ExConIm48	JD5.M.E17.Ph9
ExConIm49	JD5.M.E20.Ph12
ExConIm50	JD4.M.E7-9.BI2
ExConIm51	JD4.M.E13-14.BI5
ExConIm52	JD3.M.E17.De12
ExConIm53	JD2.M.E28.Phy13
ExConIm54	JD1.M.E25.De10
ExConIm55	JD1.M.E36.De24
ExConIm56	JD10.P1.E11.Ph11
ExConIm57	JD12.P1.E10-11.MomDevPh7
ExConIm58	JD14.P1.E8-9.Ph8
ExConIm59	JD13.P1.E8.Ph7
ExConIm60	JD13.P1.E38.Ph35
ExConIm61	JD15.P2.E6-7.Ph6
ExConIm62	JD10.P1.E11-13.P12
ExConIm63	JD10.P1.E13.Ph13
ExConIm64	JD9.P1.E37-38.BI32

3. Shelter from the Storm

Theme Codes	Interview Codes
[128] Avoiding Shelters	
ExShel1	JM4.K.E32-33.NP20
ExShel2	JM4.K.E34-35.NP22
ExShel3	JD9.P1.E50.BI41
ExShel4	JM9.K.E36-37.NG35
ExShel5	JM9.K.E37-38.NG36
ExShel6	JD8.P1.E17-19.Ph17
ExShel7	JD8.P1.E21-22.Ph20
ExShel8	JD8.P1.E19-21.Ph19
ExShel9	JD8.P1.E19.Ph18
[129] Staying Home	
ExShel10	JM1.M.E.94-97.LG45
ExShel11	JM1.M.E92-93.LG43
ExShel12	JM1.M.E30.LG15
ExShel13	JM4.K.E33-34.NP21
ExShel14	JD22.K.E13.Co14
ExShel15	JD21.K.E9-10.Ph13
ExShel16	JD21.K.E8-9.Ph11
ExShel17	JD20.K.E18.Ph11

ExShel18	JD20.K.E18.Ph12
ExShel19	JD17.P2.E8.Ph9
ExShel20	JD19.P2.E7.BI8
ExShel21	JD16.P2.E7.Ph8
ExShel22	JD14.P1.E10-11.Ph11
ExShel23	JD11.P1.E21-22.BIPh19
ExShel24	JD1.M.E7-8.De4
ExShel25	JD3.M.E38.De25
ExShel26	JD4.M.E7.BI1
ExShel27	JD6.P1.E10.PhCom10
ExShel28	JD6.P1.E10.PhCom9
ExShel29	JD7.P1.E29-30.BI24
ExShel30	JD7.P1.E21.BI15
ExShel31	JD8.P1.E17.Ph16
ExShel32	JD8.P1.E8-9.Ph6
ExShel33	JD9.P1.E11.BI11
ExShel34	JD9.P1.E15-16.BI16
ExShel35	JD4.M.E14.BI6
ExShel36	JD4.M.E15.BI7
ExShel37	JD14.P1.E19-20.Ph21
[130] Staying with Friends/Family	
ExShel38	JD23.K.E14-15.Ph16
ExShel39	JD23.K.E15-16.Ph18
ExShel40	JD15.P2.E7-8.Ph8
ExShel41	JD13.P1.E9-10.Ph10
ExShel42	JD11.P1.E5-7.BIPh6
ExShel43	JD11.P1.E7-8.BIPh7
ExShel44	JD2.M.E29-32.Ph16
ExShel45	JD5.M.E25.Ph18
ExShel46	JD5.M.E19-20.Ph11

4. Emotional Toll

Theme Codes	Interview Codes
[131]	
ExEm2	JD19.P2.E22-23.BI23
ExEm3	JD19.P2.E23.BI24
ExEm4	JD2.M.E46-48.Ph24
ExEm5	JD19.P2.E22.BI22
[132] Waiting it out	
ExEm1	JD15.P2.E24-25.Ph23
ExEm11	JD14.P1.E12-13.Ph13
ExEm12	JD14.P1.E13-14.Ph14
ExEm13	JD19.P2.E24.BI26
[133] Spirituality/God	
ExEm14	JD10.P1.E26-27.Ph24
ExEm15	JD10.P1.E23-24.Ph20

[134] Darkness/Storm	
ExEm16	JD4.M.E47-48.De40
ExEm17	JD16.P2.E11.Ph14
ExEm18	JD17.P2.E25.Ph23
ExEm19	JD22.K.E6.Co6
ExEm20	JD22.K.E6.Co7
ExEm21	JD22.K.E7.Co8
[135] Sounds/Storm	
ExEm22	JD4.M.E48.De41
ExEm23	JD19.P2.E7-9.BI10
ExEm24	JD19.P2.E9-10.BI11
ExEm25	JD19.P2.E10-11.BI12
[136] Difficult	
ExEm6	JD10.P1.E22-23.Ph19
ExEm7	JD4.M.E23.De16
ExEm8	JD4.M.E23.De17
ExEm9	JD14.P1.E30.Ph28
ExEm10	JD23.K.E8.Ph8
[137] Afraid/Fear	
ExEm26	JD8.P1.E23-25.Ph23
ExEm27	JD7.P1.E38-39.BI32
ExEm28	JD4.M.E47.De39
ExEm29	JD16.P2.E11.Ph13
ExEm30	JD16.P2.E12.Ph17
ExEm31	JD5.M.E21-22.Ph15
[138] Scared/Scary	
ExEm32	JD9.P1.E13.BI14
ExEm33	JD9.P1.E13-14.BI13
ExEm34	JD13.P1.E38.Ph34
[139] Terrifying	
ExEm35	JD19.P2.E7.BI9
ExEm36	JD22.K.E5-6.Co5
ExEm37	JD5.M.E21.Ph13
ExEm38	JD5.M.E14-17.Ph8
[140] Fear about Mobility	
ExEm39	JD18.P2.E15.CoPh17
ExEm40	JD7.P1.E39-40.BI33
ExEm41	JD7.P1.E15.BI11
ExEm42	JD15.P2.E11-12.Ph12
[141] Looting/Safety	
ExEm43	JD4.M.E49-50.De43
ExEm44	JD4.M.E55-56.De51
ExEm45	JD9.P1.E38-39.BI33
ExEm46	JD22.K.E9-10.Co10
ExEm47	JD22.K.E10.Co11
ExEm48	JD4.M.E48-49.De42

5. Basic Needs

Theme Codes	Interview Codes
[142] Water	
ExBN1	JD8.P1.E15.Ph14
ExBN2	JD8.P1.E25-26.Ph24
ExBN3	JD6.P1.E8-9.PhCom8
ExBN4	JD6.P1.E18.PhCom17
ExBN5	JM1.M.E9-10.LG4
ExBN6	JD4.M.E51-52.BI46
ExBN7	JD3.M.E14.De9
ExBN8	JD3.M.E21.De15
ExBN9	JD2.M.E29.Ph15
ExBN10	JD2.M.E38-40.Ph20
ExBN11	JD1.M.E25.De12
ExBN12	JD1.M.E26-27.De14
ExBN13	JD14.P1.E15.Ph17
ExBN14	JD14.P1.E31.Ph29
ExBN15	JD18.P2.E15-16.CoPh18
ExBN16	JD18.P2.E16-17.CoPh21
ExBN17	JD18.P2.E17-19.CoPh23
ExBN18	JD19.P2.E27-28.BI31
ExBN19	JD19.P2.E54.BI52
ExBN20	JD20.K.E15-16.Ph7
ExBN21	JD20.K.E22-23.Ph17
ExBN22	JD21.K.E8.Ph10
ExBN23	JD21.K.E13-14.Ph16
ExBN24	JD23.K.E14.Ph15
[143] Food	
ExBN25	JD1.M.E28-29.De16
ExBN26	JD14.P1.E15.Ph16
ExBN27	JD14.P1.E11-12.Ph12
ExBN28	JD13.P1.E12-13.Ph14
ExBN29	JD12.P1.E15.16.MomDevPh13
ExBN30	JD11.P1.E17-19.BIPh17
ExBN31	JD1.M.E27-28.De15
ExBN32	JD3.M.E22-23.De18
ExBN33	JD3.M.E22.De17
ExBN34	JD8.P1.E58-59.Ph56
ExBN35	JD3.M.E14.De8
ExBN36	JD15.P2.E13.Ph13
ExBN37	JD16.P2.E8.Ph10
ExBN38	JD8.P1.E58.Ph55
ExBN39	JD16.P2.E13.Ph18
ExBN40	JD16.P2.E14.Ph20
ExBN41	JD17.P2.E25-27.Ph25
ExBN42	JD18.P2.E11-12.CoPh12
ExBN43	JM2.K.E97-98.NG73
ExBN44	JD20.K.E22-24.Ph18

ExBN45	JM4.K.E50-51.NP28
ExBN46	JM4.K.E52-54.NP30
ExBN47	JM4.K.E54-56.NP31
[144] Clothing	
ExBN48	JD16.P2.E13.Ph19
ExBN49	JD16.P2.E15.Ph22
ExBN50	JD16.P2.E14-15.Ph21
[145] Shelter	
ExBN51	JD2.M.2E33-34.Ph17
ExBN52	JD19.P2.E25.BI27
ExBN53	JD13.P1.E39.Ph36
ExBN54	JD13.P1.E16-17.Ph17
ExBN55	JD13.P1.E17-18.Ph18
ExBN56	JD13.P1.E16.Ph16
ExBN57	JD12.P1.E18-19.MomDevPh15
ExBN58	JD12.P1.E12-13.MomDevPh10
ExBN59	JD12.P1.E11-12.MomDevPh9
ExBN60	JD9.P1.E42-43.BI35
ExBN61	JD5.M.E26-27.Ph20
ExBN62	JD5.M.E25-26.Ph19
ExBN63	JD12.P1.E34-36.MomDevPh30

6. Beyond the Basic Needs

Theme Codes	Interview Codes
[146] Power	
ExBey1	JD8.P1.E10.Ph8
ExBey2	JD8.P1.E15.Ph13
ExBey3	JD8.P1.E25-26.Ph25
ExBey4	JD8.P1.E31-32.Ph32
ExBey5	JD7.P1.E26-27.BI22
ExBey6	JD7.P1.E25-26.BI21
ExBey7	JD7.P1.E24-25.BI20
ExBey8	JD6.P1.E7.PhCom6
ExBey9	JD6.P1.E7-8.PhCom7
ExBey10	JD6.P1.E11-12.PhCom11
ExBey11	JD6.P1.E19.PhCom18
ExBey12	JD4.M.E21-22.BI14
ExBey13	JD4.M.E52.BI47
ExBey14	JD4.M.E52-53.BI48
ExBey15	JD4.M.E55.BI50
ExBey16	JD4.M.E53-54.BI49
ExBey17	JD4.M.E56-58.BI52
ExBey18	JD3.M.E14.De10
ExBey19	JD3.M.E21.De16
ExBey20	JD2.M.E29.Ph14

ExBey21	JD1.M.E25De11
ExBey22	JD9.P1.E45-46.BI37
ExBey23	JD10.P1.E6.Ph8
ExBey24	JD14.P1.E16.Ph18
ExBey25	JD14.P1.E3?.Ph30
ExBey26	JD15.P2.E10.Ph10
ExBey27	JD17.P2.E6.Ph7
ExBey28	JD17.P2.E25-26.Ph24
ExBey29	JD18.P2.E14-15.CoPh16
ExBey30	JD18.P2.E15-16.CoPh19
ExBey31	JD19.P2.E27-28.BI30
ExBey32	JD20.K.E15-16.Ph8
ExBey33	JD21.K.E8.Ph9
ExBey34	JD23.K.E14.Ph14
ExBey35	JM3.K.E65-67.NG38
Access	
[147]	
ExBey36	JD4.M.E46-447.BI38
ExBey37	JD4.M.E45.BI37
ExBey38	JD4.M.E44.BI36
ExBey39	JD4.M.E19-21.BI12
ExBey40	JD23.K.E23-24.Ph22
ExBey41	JD23.K.E24.Ph23
ExBey42	JD23.K.E24-25.Ph24
[148]	
ExBey43	JD20.K.E21-22.Ph16
ExBey44	JD20.K.E.19.Ph13
ExBey45	JD20.K.E17.Ph10
ExBey46	JD21.K.E12-13.Ph15
ExBey47	JD20.K.E16-17.Ph9
ExBey48	JD19.P2.E55.BI53
ExBey49	JD18.P2.E17-18.CoPh22
ExBey50	JD18.P2.E14.CoPh15
ExBey51	JD18.P2.E9.CoPh9
ExBey52	JD18.P2.E10.CoPh10
ExBey53	JD18.P2.E8-9.CoPh8
ExBey54	JD17.P2.E22-23.Ph21
ExBey55	JD17.P2.E19-20.Ph17
ExBey56	JD17.P2.E11-12.Ph12
ExBey57	JD17.P2.E12.Ph13
ExBey58	JD17.P2.E6-7.Ph8
ExBey59	JD16.P2.E7-8.Ph9
ExBey60	JD16.P2.E8-9.Ph11
ExBey61	JD16.P2.E9-10.Ph12
ExBey62	JD15.P2.E10-11.Ph11
ExBey63	JD15.P2.E7.Ph7
ExBey64	JD14.P1.E32-34.Ph32
ExBey65	JD14.P1.E31-32.Ph31

ExBey66	JD7.P1.E23-24.BI18
ExBey67	JD11.P1.E16.BIPh15
ExBey68	JD11.P1.E17.BIPh16
ExBey69	JD10.P1.E15-16.Ph15
ExBey70	JD10.P1.E14-15.Ph14
ExBey71	JD9.P1.E44-45.BI36
ExBey72	JD9.P1.E16-17.BI17
[149] Impact on Livelihood	
ExBey73	JD12.P1.E19-22.MomDevPh17
ExBey74	JD10.P1.E37-38. Ph34
ExBey75	JD10.P1.E35-36.Ph33
ExBey76	JD10.P1.E4.Ph5
ExBey77	JD19.P2.E29-30.BI32
ExBey78	JD17.P2.E20-21.Ph18
ExBey79	JD15.P2.E18-19.Ph18
ExBey80	JD9.P1.E17-19.BI18
ExBey81	JD4.M.E11.BI4
ExBey82	JM1.M.E10-12.LG5
ExBey83	JM1.M.E12-13.LG6
ExBey84	JM1.M.E8-9.LG3
[150] Cleanup	
ExBey85	JD22.K.E20-21.Co22
ExBey86	JD22.K.E19-20.Co21
ExBey87	JD19.P2.E25-27.BI29
ExBey88	JD14.P1.E14-15.Ph15
ExBey89	JD4.M.E17.BI9
ExBey90	JD9.P1.E46-47.BI39
ExBey91	JD9.P1.E45-46.BI38
[151] Long Waits to Full Recovery	
ExBey92	JD12.P1.E30-31.MomDevPh26
ExBey93	JD12.P1.E30.MomDevPh24
ExBey94	JD7.P1.E24-25.BI19
ExBey95	JD12.P1.E13.MomDevPh11
ExBey96	JD10.P1.E26.Ph23
ExBey97	JD12.P1.E11.MomDevPh8
ExBey98	JD2.M.E34-36.Ph18
ExBey99	JD1.M.E34-35.De22
ExBey100	JD1.M.E35.De23
ExBey101	JD2.M.E43-45.Ph23
ExBey102	JD2.M.E41-43.Ph22
ExBey103	JD3.M.E41.De29
ExBey104	JD3.M.E40-41.De28
ExBey105	JD3.M.E39-40.De27
ExBey106	JD2.M.E41.De21
ExBey107	JD3.M.E39.De26
ExBey108	JD4.M.E51.BI45
ExBey109	JD4.M.E51.BI44
ExBey110	JD5.M.E37.Ph25

ExBey111	JD19.P2.E25-26.BI28
ExGH78	JD12.P1.E26-27.MomDevPh21
[152] Social/Communication	
ExBey112	JD13.P1.E13-15.Ph15
ExBey113	JD1.M.E30-32.De18
ExBey114	JD2.M.E36-28.Ph19
ExBey115	JD3.M.E20.De14
ExBey116	JD4.M.E21.BI13
ExBey117	JD4.M.E22.BI15
ExBey118	JD5.M.E35-36.Ph24
ExBey119	JD5.M.E34-35.Ph23
ExBey120	JD5.M.E33-34.Ph22
ExBey121	JD3.M.E15.De11
ExBey122	JD3.M.E11.De5
ExBey123	JD3.M.E12-14.De6
ExBey124	JD3.M.E11-12.De7

7. Self Sufficiency

Theme Codes	Interview Codes
[153] Making Due	
ExSS1	JD22.K.E13.Co15
ExSS2	JD21.K.E10.Ph14
ExSS3	JD23.K.E16-19.Ph19
ExSS4	JD21.K.E9.Ph12
ExSS5	JD20.K.E20.Ph14
ExSS6	JD18.P2.E13.CoPh14
ExSS7	JD18.P2.E12-13.CoPh13
ExSS8	JD17.P2.E15-16.Ph16
ExSS9	JD17.P2.E15.Ph15
ExSS10	JD23.K.E25-27.Ph25
ExSS11	JD23.K.E20-22.Ph21
ExSS12	JM4.K.E51-52.NP29
ExSS13	JD12.P1.E14-15.MomDevPh12
ExSS14	JD12.P1.E15-17.MomDevPh14
ExSS15	JD20.K.E27-28.Ph22
ExSS16	JD20.K.E20-21.Ph15
ExSS17	JD23.K.E45-46.Ph39
[154] Helping Others	
ExSS18	JD19.P2.E55-56.BI54
ExSS19	JD19.P2.E48-49.BI48
ExSS20	JD2.M.E20-22.Ph8
ExSS21	JD2.M.E22-23.Ph9
ExSS22	JD2.M.E23-26.Ph10
ExSS23	JD8.P1.E39-40.Ph38
ExSS24	JD8.P1.E37-39.Ph37

[155] Distress: Inability to Help Others	
ExSS25	JD10.P1.E17-18.Ph16
ExSS26	JD10.P1.E18-20.Ph17
ExSS27	JD10.P1.E20-21.Ph18
ExSS28	JD13.P1.E40-42.Ph39
ExSS29	JD13.P1.E39.Ph37

8. Family & Friends

Theme Codes	Interview Codes
Getting Help from Family/Friends	
[156]	
ExFF1	JD23.K.E32-33.Ph32
ExFF2	JD23.K.E15.Ph16
ExFF3	JD23.K.E19.Ph20
ExFF4	JD22.K.E11.Co12
ExFF5	JD4.M.E18.BI10
ExFF6	JD4.M.E19.BI11
ExFF7	JD18.P2.E11.CoPh11
ExFF8	JD23.K.E29-30.Ph29
ExFF9	JD23.K.E44-45.Ph38
ExFF11	JD9.P1.E11-12.BI12
ExFF12	JD8.P1.E11-12.Ph9
ExFF10	JD8.P1.E9-10.Ph7
ExFF13	JD3.M.E25-26.De20
ExFF21	JD9.P1.E39-41.BI34
ExFF14	JD22.K.E11-12.Co13
ExFF15	JD22.K.E23-24.Co25
ExFF16	JD11.P1.E14-15.BIPh14
ExFF17	JD11.P1.E8-9.BIPh8
ExFF18	JD11.P1.E9-11.BIPh9
[157]	
ExFF22	JD5.M.E23-24.Ph17
ExFF23	JM1.M.E13-15.LG7
ExFF24	JD15.P2.E8-9.Ph9
ExFF25	JD11.P1.E27-28.BIPh25
ExFF26	JD11.P1.E22.BIPh20
ExFF27	JD11.P1.E22-23.BIPh21
ExFF28	JD11.P1.E11-12.BIPh10
ExFF29	JD11.P1.E11-12.BIPh11
ExFF35	JD8.P1.E23-24.Ph21
ExFF33	JD8.P1.E27.Ph27
ExFF30	JD11.P1.E12-13.BIPh12
[158]	
ExFF20	JD23.K.E46-47.Ph40
ExFF19	JD23.K.E47-48.Ph41

ExFF31	JD8.P1.E30-31.Ph31
ExFF36	JD8.P1.E29-30.Ph30
ExFF32	JD8.P1.E57-58.Ph54
ExFF34	JD8.P1.E23-24. Ph22
ExFF37	JD8.P1.E28-29.Ph29
[159] Community Help	
ExFF38	JD19.P2.E58-60.BI56
ExFF39	JD5.M.E28-32.Ph21
ExFF40	JD5.M.E50-51.Ph33
ExFF41	JD19.P2.E56-58.BI55
Not Getting Help from Friends/Family	
[160]	
ExFF42	JD8.P1.E28.Ph28
ExFF43	JD23.K.E50-51.Ph42
ExFF44	JD23.K.E48.h42
ExFF45	JD23.K.E41-44.Ph37
ExFF46	JD23.K.E39-41.Ph36
[161]	
ExFF47	JD23.K.E30-31.Ph30
ExFF48	JD23.K.E28.Ph27
ExFF49	JD23.K.E27.Ph26
ExFF50	JD11.P1.E14.BIPh13
ExFF51	JD13.P1.E12.Ph13
ExFF52	JD13.P1.E11.Ph12
ExFF53	JD13.P1.E10-11.Ph11

9. Government Help

Theme Codes	Interview Codes
[162] Working Well- Agency Involved	
ExGH1	JM1.M.E32-33.LG17
ExGH2	JM1.M.E33-34.LG18
ExGH3	JM1.M.E30-31.LG16
ExGH4	JD3.M.E36.De24
ExGH5	JD1.M.E51.De38
ExGH6	JD1.M.E49-50.De50
ExGH7	JD1.M.E33.De20
ExGH8	JM1.M.E17-18.LG9
ExGH9	JD1.M.E34.De21
ExGH10	JD1.M.E29-30.De17
ExGH11	JD1.M.E9-10.De6
ExGH12	JD1.M.E33.De19
ExGH13	JD1.M.E48.De34
ExGH14	JD9.P1.E28-31.BI24
ExGH15	JD18.P2.E34.CoPh34
ExGH16	JD18.P2.E34-35.CoPh35

ExGH17	JD19.P2.E47.BI46
ExGH18	JD19.P2.E47-48.BI47
ExGH19	JD3.M.E49.De34
ExGH20	JM1.M.E84-87.LG41
ExGH21	JD3.M.E52-53.De35
Working Well	
[163]	
ExGH22	JD19.P2.E33-34.BI35
ExGH23	JD19.P2.E34-36.BI36
ExGH24	JD19.P2.E36-37.BI37
ExGH25	JD17.P2.E30-32.Ph29
ExGH26	JD17.P2.E28.Ph26
ExGH27	JD15.P2.E14.Ph14
ExGH28	JD15.P2.E14-15.Ph15
ExGH29	JD14.P1.E26-28.Ph26
ExGH30	JD9.P1.E23-25.BI22
ExGH31	JM1.M.E22-23.LG12
ExGH32	JD7.P1.E23.BI17
[164]	
ExGH43	JD13.P1.E27-28.Ph25
ExGH44	JD13.P1.E28.Ph26
ExGH45	JD13.P1.E28-29.Ph27
ExGH46	JD13.P1.E28-30.Ph28
ExGH47	JD9.P1.E35.BI27
ExGH48	JD1.M.E50.De36
ExGH49	JD1.M.E50.De37
ExGH50	JD4.M.E24-25.BI19
ExGH33	JD17.P2.E29-30.Ph28
ExGH34	JD19.P2.E32-33.BI34
ExGH35	JD18.P2.E20-22.CoPh25
ExGH36	JD18.P2.E22-23.CoPh26
ExGH39	JD14.P1.E28-29.Ph27
ExGH40	JD13.P1.E20.Ph20
[165]	
ExGH37	JD18.P2.E23-24.CoPh27
ExGH38	JD18.P2.E24-25.CoPh28
ExGH41	JD13.P1.E21.Ph21
ExGH42	JD13.P1.E21.Ph22
[166] Off the Mark	
ExGH51	JD8.P1.E49-50.Ph49
ExGH54	JM1.M.E4-5.LG1
ExGH55	JD9.P1.E34-35.BI26
ExGH56	JD9.P1.E32-34.BI25
ExGH57	JD16.P2.E16-17.Ph23
ExGH58	JD17.P2.E28-29.Ph27
ExGH59	JD18.P2.E35-37.CoPh36
ExGH60	JD19.P2.E49-50.BI49
ExGH62	JD19.P2.E31-32.BI33

[167] Getting Nothing	
ExGH61	JD19.P2.E51-53.BI51
ExGH53	JD6.P1.E20-22.PhCom19
ExGH63	JD8.P1.E34.Ph34
ExGH64	JD8.P1.E35-36.Ph36
ExGH65	JD6.P1.E22-23.PhCom20
ExGH70	JD9.P1.E36.BI28
ExGH67	JD4.M.E25-26.BI20
ExGH66	JM1.M.E34-36.LG19
ExGH52	JD8.P1.E34-35.Ph35
ExGH68	JD3.M.E45.De32
ExGH69	JD3.M.E45-46.De33
ExGH71	JD10.P1.E29.Ph27
ExGH72	JD13.P1.E27.Ph24
ExGH73	JD15.P2.E16-17.Ph17
ExGH74	JD15.P2.E15-16.Ph16
ExGH75	JD19.P2.E50-51.BI50
ExGH76	JD16.P2.E17.Ph24
[168] Hard Fight	
ExGH76b	JD12.P1.E28-30.MomDevPh23
ExGH77	JD12.P1.E27-28.MomDevPh22
ExGH78	JD12.P1.E26-27.MomDevPh21
ExGH79	JD12.P1.E25-26.MomDevPh20
ExGH80	JD12.P1.E31-33.MomDevPh27
ExGH81	JD12.P1.E30.MomDevPh25
ExGH82	JD12.P1.E34-35.MomDevPh29
[169] Distribution	
ExGH83	JD7.P1.E21-22.BI16
ExGH84	JM1.M.E18-19.LG10
ExGH85	JM1.M.E16-17.LG8
ExGH86	JM1.M.E19-21.LG11
ExGH87	JD4.M.E24.BI18
ExGH88	JD4.M.E27.BI21
ExGH89	JD4.M.E28-29.BI25
ExGH90	JM2.K.E108-109.NG79
ExGH91	JD13.P1.E21-26.Ph23
[170] No One Came/Cared	
ExGH95	JD22.K.E24-25.Co26
ExGH96	JD23.K.E32.Ph31
ExGH97	JD22.K.E22.Co23
ExGH98	JD21.K.E15.Ph17
ExGH99	JD21.K.E15-16.Ph18
ExGH100	JD20.K.E25.Ph19
ExGH101	JD20.K.E25-26.Ph20
ExGH103	JD18.P2.E37-38.CoPh37
ExGH104	JD18.P2.E20.CoPh24
ExGH105	JD16.P2.E17-19.Ph25
ExGH106	JD14.P1.E17.Ph19

ExGH108	JD13.P1.E19-20.Ph19
ExGH109	JD12.P1.E23-24.MomDevPh18
ExGH111	JD10.P1.E30.Ph28
ExGH112	JD10.P1.E28-29.Ph25
ExGH113	JD10.P1.E28-29.Ph26
ExGH119	JD8.P1.E62-63.Ph57
ExGH120	JD7.P1.E28-29.BI23
ExGH116	JD8.P1.E48-49.Ph48
ExGH114	JD9.P1.E48-49.BI40
ExGH110	JD12.P1.E24-25.MomDevPh19
ExGH115	JD9.P1.E26-28.BI23
ExGH102	JD20.K.E26.Ph21
ExGH107	JD14.P1.E17-18.Ph20
[171]	
ExGH92	JD22.K.E22-23.Co24
ExGH93	JD13.P1.E39-40.Ph38
ExGH94	JD22.K.E35-36.Co38
ExGH117	JD8.P1.E50-51.Ph50
ExGH118	JD8.P1.E50-52.Ph51

Appendix G
Virginia Audit Trail

Participants

Theme Codes	Interview Codes
[1] Disability	
VaPart1	VD13.So.E2.BI3
VaPart2	VD10.So.E2.BI2
VaPart3	VM3.Ea.E2.Reg2
VaPart4	VD9.No.E2.De2
VaPart5	VM6.No.E2.LG2
VaPart6	VM5.No.E2.LG2
VaPart7	VD8.No.E2.Ph2
VaPart8	VD7.So.E2.Ph3
VaPart9	VD6.So.E2.Ph2
VaPart10	VD5.Ea.E2.Ph1
VaPart11	VM2.Ea.E2.Reg2
VaPart12	VD2.Ea.E2.Ph2
VaPart13	VD1.Ea.E2.MPhCo1
VaPart14	VD12.So.E2.Co3
VaPart15	VD11.So.E2.CoPh3
VaPart16	VD4.No.E2-3.Psy2
VaPart17	VD3.No.E3.Psy2
[2] Advocates	
VaPart18	VD6.So.E2-3.Ph3
VaPart27	VD7.So.E2.Ph2
VaPart19	VD7.So.E29-30.Ph26
VaPart20	VD9.No.E85-87.De31
VaPart21	VD6.So.E79-80.Ph62
VaPart22	VD6.So.E881.Ph63
VaPart23	VD6.So.E81-82.Ph64
VaPart24	VD6.So.E82-83.Ph65
VaPart25	VM6.No.E97-99.LG48
VaPart26	VD8.No.E40-41.Ph31
[3] Functional Needs	
VaPart28	VD4.No.E3-4.Psy4
VaPart29	VD1.Ea.E19-21.MPhCo12
VaPart30	VD1.Ea.E8-9.MPhCo3
VaPart31	VD1.Ea.E47-49.MPhCo32
VaPart32	VD1.Ea.E3-8.MPhCo2

VaPart33	VD5.Ea.E5.Ph6
VaPart34	VD5.Ea.E5-6.Ph7
VaPart35	VD5.Ea.E6.Ph8
VaPart36	VD5.Ea.E6.Ph9
VaPart37	VD5.Ea.E6.Ph10
VaPart38	VD5.Ea.E6-7.Ph11
VaPart39	VD5.Ea.E5.Ph4
VaPart40	VD5.Ea.E5.Ph5
VaPart41	VD5.Ea.E92-93.Ph66
VaPart42	VD5.Ea.E94-95.Ph68
VaPart43	VD6.So.E17.Ph18
VaPart44	VD6.So.E17.Ph17
VaPart45	VD8.No.E2.Ph3
VaPart46	VD7.So.E27.Ph24
VaPart47	VM2.Ea.E32-33.Reg22
VaPart48	VD13.So.E23-25.BI17
VaPart49	VD13.So.E67-63.BI46
[4] Age	
VaPart50	VD5.Ea.E3.Ph2
VaPart51	VD12.So.E15-17.Co21
VaPart52	VD12.So.E2.Co1
VaPart53	VD11.So.E2.CoPh1
VaPart54	VD13.So.E2.BI1
[5] Gender 9F 8M	
VaPart55	VM7.So.E2.LG1
VaPart56	VD13.So.E2.BI2
VaPart57	VD12.So.E2.Co2
VaPart58	VD11.So.E2.CoPh2
VaPart59	VD7.So.E2.Ph1
VaPart60	VM3.Ea.E2.Reg1
VaPart62	VM6.No.E2.LG1
VaPart63	VM5.No.E2.LG1
VaPart67	VM4.Ea.E2.LG1
VaPart68	VM2.Ea.E2.Reg1
VaPart61	VD9.No.E2.De1
VaPart64	VD8.No.E2.Ph1
VaPart65	VD10.So.E2.BI1
VaPart66	VD6.So.E2.Ph1
VaPart69	VD2.Ea.E2.Ph1
[6] Geographic Community	
VaPart70	VM7.So.E2.LG3
VaPart71	VM8.No.E2.LG2
VaPart72	VD8.No.E3.Ph4
VaPart73	VD7.So.E2-3.Ph4
VaPart74	VD6.So.E3.Ph4
VaPart75	VM4.Ea.E2.LG3
VaPart76	VM3.Ea.E2.Reg5
[7] Participation in Disability Community	
VaPart77	VD4.No.E2.Psy1

VaPart78	VD3.No.E2.Psy1
VaPart79	VD3.No.E5.Psy4
[8] Planners	
VaPart80	VM5.No.E2-3.LG3
VaPart81	VM3.Ea.E2.Reg3
VaPart82	VM1.Ea.E2.Reg1
VaPart83	VD2.Ea.E2-3.Ph3
VaPart84	VM2.Ea.E2-3.Reg3
VaPart85	VM2.Ea.E35-37.Reg25
VaPart86	VM4.Ea.E2.LG2
VaPart87	VM8.No.E2.LG1
VaPart88	VM6.No.E2-3.LG3
VaPart89	VD9.No.E2-3.De3
VaPart90	VM7.So.E2.LG2

Intent

1. The Plan

Theme Codes	Interview Codes
[9] Old Plan	
ValntPlan1	VM6.No.E15-17.LG10
ValntPlan2	VM2.Ea.E20-22.Reg15
ValntPlan5	VM2.Ea.E22-23.Reg16
[10] Changing	
ValntPlan13	VM8.No.E18.LG16
ValntPlan14	VM8.No.E19.LG18
ValntPlan9	VM6.No.E8-9.LG6
ValntPlan10	VM6.No.E9-11.LG7
ValntPlan12	VM6.No.E49-52.LG30
ValntPlan6	VM1.Ea.E122-124.Reg95
ValntPlan21	VM1.Ea.E139-140.Reg108
ValntPlan20	VM1.Ea.E84.Reg69
ValntPlan22	VM1.Ea.E141-142.Reg109
ValntPlan23	VM1.Ea.E142.Reg110
[11]	
ValntPlan3	VM4.Ea.E6-7.LG8
ValntPlan4	VM4.Ea.E4-5.LG5
ValntPlan7	VM4.Ea.E18-20.LG17
ValntPlan8	VM6.No.E14-15.LG9
ValntPlan11	VM6.No.E18-20.LG11
ValntPlan15	VM7.So.E40-41.LG30
[12]	
ValntPlan16	VM8.No.E20-21.LG19
ValntPlan17	VM8.No.E21-22.LG20
ValntPlan18	VM8.No.E124-127.LG77
ValntPlan19	VM6.No.E58-62.LG35.
[13] New Plan	
ValntPlan30	VM7.So.E8-9.LG7
ValntPlan25	VM5.No.E33-35.LG24
ValntPlan26	VM4.Ea.E5.LG6
ValntPlan27	VM7.So.E4-5.LG4
ValntPlan28	VM8.No.E6-7.LG7
ValntPlan29	VM8.No.E4-5.LG4
ValntPlan31	VM4.Ea.E4.LG4
ValntPlan32	VM1.Ea.E47-48.Reg34
ValntPlan33	VM2.Ea.E19-20.Reg4
ValntPlan34	VM1.Ea.E50-54.Reg36
ValntPlan35	VM1.Ea.E48-50.Reg35
ValntPlan24	VM6.No.E55.LG33
ValntPlan36	VD7.So.E40-44.Ph35
ValntPlan37	VD7.So.E44-45.Ph36
ValntPlan38	VM3.Ea.E22.Reg20
ValntPlan39	VM7.So.E18-19.LG14

2. Resources & References

Theme Codes	Interview Codes
Guidance Sources	
ValIntRef32	VM3.Ea.E42-44.Reg35
[14]	
ValIntRef1	VM7.So.E31.LG1
ValIntRef2	VM7.So.E31-32.LG22
ValIntRef3	VM1.Ea.E45.Reg32
ValIntRef4	VM1.Ea.E57.Reg41
ValIntRef5	VM2.Ea.E51-52.Reg35
ValIntRef6	VM3.Ea.E41-42.Reg34
[15]	
ValIntRef7	VM6.No.E31.LG18
ValIntRef8	VM8.No.E73.LG51
ValIntRef9	VM2.Ea.E34-35.Reg23
ValIntRef10	VM4.Ea.E28.LG22
ValIntRef11	VM6.No.E49.LG29
ValIntRef12	VM6.No.E34.LG21
ValIntRef20	VM3.Ea.E96-97.Reg68
ValIntRef21	VM3.Ea.E98-99.Reg69
ValIntRef15	VD9.No.E121-122.De45
ValIntRef17	VM1.Ea.E58.Reg42
ValIntRef18	VM2.Ea.E39-40.Reg27
ValIntRef23	VM7.So.E32.LG23
ValIntRef13	VM6.No.E33-34.LG20
ValIntRef14	VM8.No.E73.LG52
ValIntRef19	VM2.Ea.E48-49.Reg32
ValIntRef30	VM1.Ea.E69.Reg53
ValIntRef31	VM1.Ea.E70-71.Reg54
[16]	
ValIntRef16	VM1.Ea.E58.Reg44
ValIntRef25	VM1.Ea.E58.Reg43
ValIntRef26	VM1.Ea.E57.Reg40
[17]	
ValIntRef24	VM5.No.E15.LG11
ValIntRef27	VM1.Ea.E58-60.Reg45
ValIntRef28	VM1.Ea.E55.Reg37
ValIntRef29	VM2.Ea.E35.Reg25
[18] Best Practices	
ValIntRef33	VM5.No.E44-45.LG31
ValIntRef34	VM3.Ea.E93.Reg65
ValIntRef35	VM3.Ea.E93-94.Reg66
ValIntRef36	VM3.Ea.E94-96.Reg67
ValIntRef37	VM3.Ea.E84-86.Reg61
ValIntRef47	VM1.Ea.E82-83.Reg68
ValIntRef44	VM1.Ea.E85-86.Reg71
ValIntRef41	VM3.Ea.E35-36.Reg30

ValIntRef42	VM2.Ea.E40-43.Reg29
[19]	
ValIntRef38	VM3.Ea.E36-37.Reg31
ValIntRef39	VM3.Ea.E38-39.Reg32
ValIntRef40	VM3.Ea.E39.Reg33
[20]	
ValIntRef43	VM2.Ea.E38-39.Reg26
ValIntRef45	VM1.Ea.E84-85.Reg70
ValIntRef46	VM1.Ea.E81-82.Reg67
[21] Ethics	
ValIntRef48	VM8.No.E11-12.LG12
ValIntRef49	VM4.Ea.E11-12.LG12
ValIntRef50	VM1.Ea.E71-73.Reg56
ValIntRef51	VM1.Ea.E71-72.Reg55
ValIntRef52	VM6.No.E74-85.LG44
ValIntRef53	VM8.No.E73-74.LG53
[22] Legal	
ValIntRef55	VM8.No.E16-17.LG15
ValIntRef56	VM8.No.E15-16.LG14
ValIntRef59	VM8.No.E4.LG3
ValIntRef65	VM5.No.E13-14.LG10
ValIntRef67	VM5.No.E4-5.LG4
ValIntRef69	VD7.So.E58-60.Ph48
ValIntRef70	VD7.So.E19-20.Ph20
ValIntRef66	VM5.No.E6-7.LG5
ValIntRef58	VM8.No.E8-9.LG9
ValIntRef61	VM6.No.E39.LG25
ValIntRef73	VM7.So.E9-10.LG8
ValIntRef62	VM6.No.E22.LG13
ValIntRef71	VM7.So.E32-33.LG24
ValIntRef60	VM6.No.E45-46.LG27
[23]	
ValIntRef72	VM7.So.E13-14.LG11
ValIntRef75	VM4.Ea.E20-21.LG18
ValIntRef76	VM4.Ea.E10-11.LG11
ValIntRef22	VM5.No.E16-17.LG12
ValIntRef57	VM8.No.E7.LG8
ValIntRef54	VM8.No.E73.LG50
ValIntRef74	VM4.Ea.E28.LG23
[24]	
ValIntRef68	VD7.So.E101-102.Ph74
ValIntRef63	VM5.No.E42-44.LG30
ValIntRef64	VM5.No.E17-19.LG13
ValIntRef77	VM8.No.E12-15.LG13
[25] Research	
ValIntRef78	VM3.Ea.E7-10.Reg8
ValIntRef79	VM1.Ea.E61-62.Reg46
ValIntRef80	VM8.No.E104-106.LG67

[26] Awareness Raising, Training re: Disability	
ValIntRef81	VM2.Ea.E26-27.Reg18
ValIntRef82	VD10.So.E19-20.BI17
ValIntRef83	VM5.No.E31-33.LG23
ValIntRef84	VM1.Ea.E109-110.Reg86
ValIntRef85	VM1.Ea.111-112.Reg87
ValIntRef86	VM1.Ea.E90.Reg73
ValIntRef87	VM2.Ea.E26-28.Reg19
ValIntRef88	VM2.Ea.E26-29.Reg20
ValIntRef89	VM1.Ea.E98-99.Reg79
ValIntCon15	VM3.Ea.E48-49.Reg40
ValIntCon14	VM3.Ea.E88-89.Reg63
ValIntRef90	VM3.Ea.E61-62.Reg50
ValIntRef91	VM3.Ea.E64-65.Reg52
ValIntRef92	VM3.Ea.E82-84.Reg60
ValIntRef93	VM4.Ea.E29-30.LG24
ValIntRef94	VM4.Ea.E85-87.LG58
ValIntRef95	VM1.Ea.E3-4.Reg3
ValIntRef97	VM6.No.E67-68.LG39
ValIntRef98	VM1.Ea.E4.Reg4
ValIntRef99	VD8.No.E17-18.Ph17
[27]	
ValIntRef96	VM1.Ea.E96-98.Reg78
ValIntRef127	VM1.Ea.E95-96.Reg77
ValIntRef128	VM1.Ea.E64.Reg48
ValIntRef129	VM3.Ea.E57-58.Reg47
[28] Outreach	
ValIntRef100	VM1.Ea.E64-65.Reg49
ValIntRef102	VM1.Ea.E7-8.Reg8
ValIntRef103	VM1.Ea.E126.Reg98
ValIntRef104	VM2.Ea.E30-31.Reg21
ValIntRef105	VM3.Ea.E19-20.Reg17
ValIntRef106	VM1.Ea.E105-106.Reg83
ValIntRef111	VM1.Ea.E133-135.Reg104
ValIntRef112	VM1.Ea.E65-66.Reg50
ValIntRef114	VM1.Ea.E65-68.Reg52
ValIntRef115	VM1.Ea.E65-67.Reg51
ValIntRef113	VM1.Ea.E114-115.Reg90
ValIntRef122	VM5.No.E35-37.LG25
ValIntRef124	VM5.No.E39-41.LG28
ValIntRef126	VM6.No.E35-36.LG23
ValIntRef131	VM6.No.E56-57.LG34
ValIntRef132	VM8.No.E95-97.LG62

3. Planning Participants

Theme Codes	Interview Codes
[29] EMs	
ValIntPar1	VM1.Ea.E55-56.Reg38

ValntPar2	VM1.Ea.E75.Reg60
ValntPar3	VM1.Ea.E94-95.Reg76
ValntPar4	VM2.Ea.E10.Reg8
ValntPar5	VM3.Ea.E22.Reg21
ValntPar6	VM3.Ea.E5-7.Reg3
ValntPar7	VM1.Ea.E25-26.Reg19
ValntPar8	VM5.No.E12-13.LG9
ValntPar9	VM1.Ea.E3.Reg2
[30] Agencies	
ValntPar10	VM6.No.E52-53.LG31
ValntRef122	VM5.No.E35-37.LG25
ValntPar11	VM3.Ea.E51.Reg43
ValntPar12	VM1.Ea.E27-28.Reg21
ValntPar13	VM1.Ea.E28.Reg22
ValntPar40	VM5.No.E20-21.LG14
[31]	
ValntPar29	VM1.Ea.E75.Reg61
ValntPar28	VM6.No.E27-29.LG16
ValntPar31	VM1.Ea.E76.Reg63
ValntPar32	VM5.No.E21-23.LG16
ValntPar33	VM6.No.E31-32.LG19
ValntPar34	VM6.No.E24-27.LG15
ValntPar35	VM4.Ea.E34.LG26
ValntPar36	VM4.Ea.E35-36.LG27
ValntPar37	VM4.Ea.36-38.LG28
ValntPar38	VM4.Ea.E38-40.LG29
ValntPar39	VM7.So.E38-39.LG28
ValntPar42	VD8.No.E34-36.Ph28
ValntPar43	VD8.No.E50-51.Ph37
ValntPar44	VD8.No.E52.Ph38
ValntPar45	VD7.So.E90.Ph68
ValntPar46	VD7.So.E91-93.Ph69
[32]	
ValntPar47	VM3.Ea.E44-47.Reg36
ValntPar48	VM1.Ea.E74.Reg57
ValntPar49	VD7.So.E82-83.Ph63
ValntPar50	VM1.Ea.E15-18.Reg14
ValntPar21	VM4.Ea.E51-52.LG37
ValntPar22	V4.Ea.E90-92.LG61
ValntPar30	VM1.Ea.E74-75.Reg58
[33]	
ValntPar14	VM3.Ea.E31-33.Reg28
ValntPar15	VM7.So.E77.LG54
ValntPar16	VM1.Ea.E62-63.Reg47
ValntPar17	VM1.Ea.E75-76.Reg62
ValntPar18	VM1.Ea.E75.Reg59
ValntPar19	VM4.Ea.E89-90.LG60
ValntPar20	VM4.Ea.E88-89.LG59
ValntPar23	VM2.Ea.E50-51.Reg34

ValntPar24	VM6.No.E36-38.LG24
[34]	
ValntPar25	VM4.Ea.E92-93.LG62
ValntPar26	VM4.Ea.E92-94
ValntPar27	VM4.Ea.E92-94.LG64
ValntPar41	VM3.Ea.E3.Reg4
[35] Planning with PWD	
ValntPar51	VM1.Ea.E78-79.Reg65
ValntPar52	VD7.So.E14.Ph16
ValntPar56	VM1.Ea.E55-57.Reg39
ValntPar57	VM1.Ea.E80.Reg66
ValntPar59	VD9.No.E120-121.De44
ValntPar61	VD5.Ea.E110-111.Ph76
ValntPar62	VM5.No.E21-23.LG15
ValntPar64	VD5.Ea.E101-102.Ph71
ValntPar66	VM8.No.E18-19.LG17
ValntPar68	VM8.No.E107-110.LG68
[36]	
ValntPar67	VM8.No.E102-103.LG66
ValntPar63	VM5.No.E23-24.LG17
ValntPar60	VM7.So.E78-79.LG55
ValntPar58	VM7.So.E10-11.LG9
ValntPar65	VM7.So.E47-48.LG35
ValntPar53	VM7.So.E66-68.LG49
ValntPar54	VM7.So.E68-69.LG50
[37] Working Groups Achievements	
ValntPar69	VM1.Ea.E46-47.Reg33
ValntPar70	VD5.Ea.E111-112. Ph77
ValntPar71	VM3.Ea.E4-5.Reg6
ValntPar72	VM3.Ea.E21-24.Reg18
ValntPar73	VM3.Ea.E26.Reg25
ValntPar76	VM3.Ea.E49-50.Reg41
ValntPar74	VM3.Ea.E25-26.Reg24
ValntPar75	VM3.Ea.E24-25.Reg23
ValntPar77	VM3.Ea.E33-34.Reg29
ValntPar78	VM3.Ea.E50.Reg42
ValntPar79	VM6.No.E40-44.LG26
ValntPar80	VM1.Ea.E30.Reg23
ValntPar81	VM3.Ea.E47-48.Reg38
ValntPar82	VM1.Ea.E108-109.Reg85
ValntPar83	VM3.Ea.E48.Reg39
ValntPar84	VM1.Ea.E105-107.Reg84
ValntPar85	VM3.Ea.E47.Reg37
ValntPar86	VM1.Ea.E122-125.Reg96
ValntPar87	VM3.Ea.E13.Reg11
ValntPar88	VM3.Ea.E11-12.Reg10
ValntPar89	VM1.Ea.E87-89.Reg72
ValntPar90	VM1.Ea.E91-92.Reg74

ValIntPar91	VM1.Ea.E92-94.Reg75
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4. Plan Context

Theme Codes	Interview Codes
[38] Diversity of Needs	
ValIntRef118	VM7.So.E15-17.LG13
ValIntRef119	VM7.So.E22-23.LG17
ValIntRef120	VM7.So.E22.LG16
ValIntCon1	VM8.No.E75-76.LG54
ValIntCon2	VM8.No.E36-37.LG29
ValIntRef121	VM7.So.E34-35.LG25
ValIntCon10	VM7.So.E48-49.LG36
ValIntCon4	VM8.No.E10-11.LG11
ValIntCon5	VM8.No.E6.Lg6
ValIntCon7	VM6.No.E53-54.LG32
ValIntCon22	VM2.Ea.E60.Reg41
ValIntCon6	VM8.No.E5-6.LG5
[39]	
ValIntCon9	VM7.So.E49.LG37
ValIntCon11	VM7.So.E35-37.LG27
ValIntCon12	VM7.So.E35-36.LG26
ValIntRef116	VM1.Ea.E7.Reg7
[40]	
ValIntCon8	VM6.No.E11-13.LG8
ValIntCon3	VM6.No.E69.LG40
ValIntCon13	VM7.So.E24.LG18
ValIntCon18	VM2.Ea.E61-62.Reg43
ValIntCon19	VM2.Ea62.Reg44
ValIntCon20	VM2.Ea.E62.Reg45
ValIntCon21	VM2.Ea.E62.Reg46
ValIntCon16	VM2.Ea.E63.Reg47
ValIntCon17	VM2.Ea.E61.Reg42
[41] Managing Expectations	
ValIntCon23	VM1.Ea.E127-128.Reg99
ValIntCon24	VM1.Ea.E128-129.Reg100
ValIntCon25	VM4.Ea.E58-59.LG41
ValIntCon26	VM4.Ea.E56-57.LG40
ValIntCon27	VM3.Ea.E22-23.Reg22
ValIntCon28	VM3.Ea.E78.Reg57
ValIntCon29	VM3.Ea.E54.Reg45
ValIntCon30	VM4.Ea.E72-73.LG50
ValIntCon31	VM4.Ea.E72.LG49
ValIntCon32	VM7.So.E52.LG39
ValIntCon33	VM8.No.E54-55.LG40
ValIntCon34	VM8.No.E81-85.LG58
ValIntCon35	VM8.No.E50-51.LG38
ValIntCon47	VM4.Ea.E12-13.LG13
ValIntCon39	VM8.No.E43-44.LG34

[42]	
ValntCon36	VD13.So.E79.BL50
ValntCon37	VD12.So.E25.Co30
ValntCon38	VD9.No.E50-51.De18
[43]	
ValntCon40	VD4.No.E24-25.Psy22
ValntCon41	VD13.So.E65.BI43
ValntCon42	VD13.So.E66.BI44
ValntCon43	VD13.So.E67.BI45
[43b]	
ValntCon44	VD7.So.E71-72.Ph56
ValntCon45	VD7.So.E10-11.Ph13
ValntCon46	VM6.No.E85-92.LG45
[44] Knowing Hazards	
ValntRef130	VD7.So.E95-96.Ph71
ValntCon48	VD13.So.E77-79.BI49
ValntCon49	VD10.So.E29-30.BI24
ValntCon50	VD6.So.E83-84.Ph67
ValntCon51	VD6.So.E84-85.Ph68
ValntCon52	VD6.So.E85-86.Ph69
ValntCon53	VD6.So.E83.Ph66
ValntCon54	VM7.So.E54-56.LG42
ValntCon55	VM2.Ea.E16-18.Reg13
ValntCon56	VD2.Ea.E7-8.Ph7
ValntCon57	VM2.Ea.E72-73.Reg54
ValntCon58	VM1.Ea.E136-137.Reg105
[45] Pets	
ValntCon59	VM6.No.E35.LG22
ValntCon60	VD12.So.E17-18.Co22
ValntCon61	VD7.So.E100-101.Ph73
ValntCon62	VM2.Ea.E46-47.Reg31

5. Registries

Theme Codes	Interview Codes
[46]	
ValntReg1	VM4.Ea.E6.LG7
ValntReg2	VD7.So.E113-114.Ph82
ValntReg3	VD10.So.E30-31.BI25
ValntReg4	VD10.So.E27-28.BI22
ValntReg5	VM3.Ea.E11.Reg9
ValntReg7	VM4.Ea.E15-16.LG15
ValntReg8	VM1.Ea.E10.Reg10
ValntReg6	VM1.Ea.E10-11.Reg11
ValntReg9	VM3.Ea.E15.Reg13
ValntReg10	VM3.Ea.E16.Reg14
ValntReg11	VM4.Ea.E7-9.LG9
ValntReg13	VM7.So.E19-21.LG15

ValntReg14	VM3.Ea.E26-29.Reg26
[47] Purpose	
ValntReg12	VM3.Ea.E13-15.Reg12
ValntReg15	VM2.Ea.E67-68.Reg50
ValntReg17	VM1.Ea.E100-101.Reg80
ValntReg18	VM1.Ea.E138-139.Reg107
ValntReg19	VM1.Ea.E101-104.Reg82
ValntReg20	VM1.Ea.E101-1-2.Reg81
ValntReg21	VM1.Ea.E12-14.Reg13
ValntReg16	VM3.Ea.E53-54.Reg44
ValntReg22	VM1.Ea.E9.Reg9
[48] Getting Registrants	
ValntReg23	VM4.Ea.E14-15.LG14
ValntReg24	VM3.Ea.E16-17.Reg15
ValntReg25	VM4.Ea.E76-77.LG52
ValntReg26	VM4.Ea.E77-79.LG53
ValntReg27	VM5.No.E11.LG8
ValntReg28	VM3.Ea.E17-18.Reg16
ValntReg29	VM1.Ea.E125-126.Reg97
ValntReg30	VD4.No.E28.Psy25
ValntReg31	VD3.No.E23-24.Psy18
ValntReg32	VD3.No.E22-23.Psy17
ValntReg37	VD8.No.E52.53.Ph39
ValntReg38	VM1.Ea.E11-12.Reg12
ValntReg33	VD8.No.E53-54.Ph40
ValntReg34	VD11.So.E24-25.CoPh29
ValntReg35	VD11.So.E21-22.CoPh26
ValntReg36	VD11.So.E22-23.CoPh27
[49] Using	
ValntReg39	VM4.Ea.E16-18.LG16
ValntReg40	VM6.No.E133-136.LG66
ValntReg41	VM6.No.E130-133.LG65
ValntReg42	VM6.No.E129-130.LG64
ValntReg43	VM6.No.E126-129.LG63
[50] Registry Issues	
ValntReg44	VM4.Ea.E64.LG44
ValntReg45	VM4.Ea.E64-65.LG45
ValntReg46	VM4.Ea.E66-67.LG46
ValntReg47	VM2.Ea.E69-70.Reg51
ValntReg48	VM4.Ea.E69-71.LG48
ValntReg49	VM4.Ea.E67-69.LG47
ValntReg50	VM7.So.E58-59.LG44
ValntReg51	VM7.So.E57-58.LG43
ValntReg52	VD7.So.E105-107.Ph77
ValntReg53	VD7.So.E105.Ph76
ValntReg54	VM8.No.E67-70.LG48
ValntReg55	VM8.No.E66-67.LG47

ValntReg56	VM3.Ea.E30-31.Reg27
ValntShel33	VD1.Ea.E91-93.MPhCo60

6. Evacuation Planning

Theme Codes	Interview Codes
[51]	
ValntEvac1	VD13.So.E17.BI15
ValntEvac15	VD6.So.E62-63.Ph48
ValntEvac11	VD7.So.E51-52.Ph42
ValntEvac16	VD6.So.E57-59.Ph46
ValntEvac12	VD7.So.E52-53.Ph43
ValntEvac27	VD6.So.E7-8.Ph8
ValntEvac17	VD6.So.E41.Ph34
ValntEvac18	VD6.So.E34-35.Ph30
ValntEvac19	VD6.So.E26-27.Ph25
ValntEvac20	VD6.So.E28-30.Ph26
ValntEvac21	VD6.So.E30-31.Ph27
ValntEvac22	VD6.So.E31-33.Ph28
ValntEvac23	VD6.So.E18-19.Ph19
ValntEvac24	VD6.So.E16-17.Ph16
ValntEvac25	VD6.So.E10-12.Ph12
ValntEvac26	VD6.So.E11-13.Ph13
ValntEvac2	VD11.So.E20-21.CoPh25
ValntEvac8	VD12.So.E12-13.Co18
ValntEvac10	VD7.So.E57-58.Ph47
ValntEvac13	VD7. So. E55-57.Ph46
[52]	
ValntEvac49	VM1.Ea.E19-20.Reg15
ValntEvac4	VM8.No.E52-53.LG39
ValntEvac5	VM6.No.E111-114.LG56
ValntEvac7	VM6.No.E22-23.LG14
ValntEvac9	VM7.So.E75-76.LG53
ValntEvac14	VM7.So.E26-30.LG20
ValntEvac28	VM3.Ea.E65-66.Reg53
ValntEvac29	VM3.Ea.E62-64.Reg51
ValntEvac30	VM3.Ea.E60-61.Reg49
ValntEvac31	VM3.Ea.E22.Reg19
[53]	
ValntEvac6	VM8.No.E39-41.LG32
ValntEvac32	VD5.Ea.E60-62.Ph45
ValntEvac33	VD5.Ea.E63-64.Ph46
ValntEvac34	VD5.Ea.E64.Ph47
ValntEvac35	VD5.Ea.E54-56.Ph42
ValntEvac36	VD5.Ea.E56-59.Ph43
ValntEvac37	VD5.Ea.E59-60.Ph44
ValntEvac38	VD5.Ea.E44-45.Ph36
ValntEvac39	VM2.Ea.E14.Reg11

[54]	
ValntEvac48	VM1.Ea.E20-22.Reg16
ValntEvac40	VD2.Ea.E44-46.Ph41
ValntEvac47	VM1.Ea.E22-24.Reg17
ValntEvac41	VD2.Ea.E42-44.Ph40
ValntEvac42	VD2.Ea.E40-42.Ph39
ValntEvac43	VM1.Ea.E113.Reg89
ValntEvac44	VM1.Ea.E76-78.Reg64
ValntEvac45	VM1.Ea.E26-27.Reg20
ValntEvac46	VM1.Ea.E24-25.Reg18

7. Accessible Shelter Planning

Theme Codes	Interview Codes
[55]	
ValntShel2	VM6.No.E122-126.LG62
ValntShel5	VM7.So.E73-74.LG52
ValntShel30	VD1.Ea.E96-97.MPhCo64
ValntShel31	VD1.Ea.E95-96.MPhCo63
ValntShel32	VD1.Ea.E94-95.MPhCo62
ValntShel34	VD1.Ea.E93-94.MPhCo61
[56]	
ValntShel38	VM1.Ea.E113.Reg88
ValntShel4	VM7.So.E86-88.LG59
ValntShel6	VD7.So.E23-24.Ph22
ValntShel7	VD7.So.E24-25.Ph23
ValntShel11	VM7.So.E14-15.LG12
ValntShel12	VM1.Ea.E34-35.Reg26
ValntShel13	VM1.Ea.E34.Reg25
ValntShel15	VM7.So.E12-13.LG10
ValntShel19	VM4.Ea.E44-46.LG33
ValntShel20	VM4.Ea.E46-47.LG34
ValntShel21	VM4.Ea.E47-48.LG35
ValntShel22	VM4.Ea.E48-49.LG36
ValntShel23	VM4.Ea.E43-44.LG32
[57]	
ValntShel49	VM2.Ea.E44-45.Reg30
ValntShel47	VD7.So.E18-19.Ph19
ValntShel36	VM2.Ea.E43-44.Reg29
ValntShel37	VM1.Ea.E5-6.Reg5
ValntShel44	VD7.So.E65-69.Ph54
ValntShel45	VD7.So.E63-65.Ph53
ValntShel46	VD7.So.E109.Ph78
ValntShel48	VD5.Ea.E70.Ph51
[58]	
ValntShel1	VM8.No.E63-64.LG45
ValntShel14	VM1.Ea.E31-33.Reg24
ValntShel3	VM6.No.E29-30.LG17

ValntShel8	VD7.So.E20-23.Ph21
ValntShel9	VD7.So.E15-16.Ph17
ValntShel10	VD7.So.E11-12.Ph14
ValntShel16	VM4.Ea.E59-61.LG42
ValntShel17	VM4.Ea.E61-63.LG43
ValntShel18	VM4.Ea.E55-56.LG39
ValntShel24	VM4.Ea.E40-41.LG30
ValntShel25	VM4.Ea.E22-25.LG20
ValntShel26	VM4.Ea.E21-22.LG19
ValntShel27	VM4.Ea.E9.LG10
ValntShel28	VM3.Ea.E90-92.Reg64
ValntShel29	VM3.Ea.E87-88.Reg62
ValntShel35	VM2.Ea.E70-71.Reg52
ValntShel39	VM1.Ea.E42-43.Reg31
ValntShel40	VM1.Ea.E40-42.Reg30
ValntShel41	VM1.Ea.E38-40.Reg29
ValntShel42	VM1.Ea.E37-38.Reg28
ValntShel43	VM1.Ea.E35-36.Reg27

Implementation

1. Implementation Challenges

Theme Codes	Interview Codes
[59] Right Staff	
ValmplChal55	VM8.No.E90-94.LG61
ValmplChal56	VM8.No.E88-90.LG60
ValmplChal57	VM8.No.E86-87.LG59
ValmplChal1	VM4.Ea.E80-81.LG55
ValmplChal2	VM3.Ea.E99-100.Reg70
ValmplChal3	VM3.Ea.E100-101.Reg71
ValmplChal4	VM8.No.E112-117.LG71
ValmplChal5	VM8.No.E124.LG76
ValmplChal6	VM8.No.E144.LG86
ValmplChal7	VM8.No.E145.LG87
ValmplChal8	VM8.No.E142-144.LG85
ValmplChal9	VM8.No.E141-142.LG84
ValmplChal11	VD9.No.E125-126.De47
ValmplChal13	VD9.No.E116-120.De43
ValmplChal14	VD9.No.E115-116.De42
ValmplChal15	VD5.Ea.E98-101.Ph70
ValmplChal16	VD9.No.E112-114.De41
ValmplChal17	VM8.No.E100-101.LG65
ValmplChal18	VM8.No.E99-100.LG64
ValmplChal19	VM8.No.E97-99.LG63
ValmplChal20	VM8.No.E71-72.LG49
ValmplChal21	VM6.No.E46-48.LG28
ValmplChal22	VM6.No.E5-8.LG5
ValmplChal23	VM5.No.E37-38.LG26
ValmplChal24	VM5.No.E31.LG22
ValmplChal27	VM7.So.E26.LG19
ValmplChal28	VM7.So.E6-8.LG6
[60]	
ValmplChal10	VD9.No.E126-127.De48
ValmplChal25	VM5.No.E29-31.LG21
ValmplChal26	VD7.So.E16-18.Ph18
ValmplChal12	VD9.No.E1221-124.De46
[61] \$ for Planning	
ValmplChal29	VD10.So.E28-29.BI23
ValmplChal30	VM7.So.E64-65.LG48
ValmplChal31	VM7.So.E39-40.LG29
ValmplChal32	VM4.Ea.E79-80.LG54
ValmplChal33	VM2.Ea.E49-50.Reg33
ValmplChal34	VM2.Ea.E10-11.Reg9
ValmplChal35	VD2.Ea.E46-47.Ph42
ValmplChal36	VM1.Ea.E143.Reg111
ValmplChal37	VM1.Ea.E129-130.Reg100
ValmplChal38	VM1.Ea.E115-117.Reg91
[62] \$ for personal preparedness	
ValmplChal39	VD7.So.E84-85.Ph64

ValmplChal40	VD7.So.E85-86.Ph65
ValmplChal41	VM3.Ea.E69-72.Reg56
ValmplChal43	VM2.Ea.E54-55.Reg38
Information Dissemination	
[63]	
ValmplChal44	VM4.Ea.E31-33.LG25
ValmplChal50	VD9.No.E27-31.De13
ValmplChal51	VD9.No.E23-25.De11
ValmplChal52	VD9.No.E22-23.De10
ValmplChal53	VD9.No.E31-33.De14
ValmplChal47	VM6.No.E21-22.LG12
ValmplChal54	VD9.No.E33-36.De15
ValmplChal58	VM8.No.E111.LG69
ValmplChal59	VD9.No.E104-106.De37
ValmplChal60	VD10.So.E25.BI21
ValmplChal61	VD10.So.E23-25.BI20
ValmplChal45	VD12.So.E21-22.Co26
ValmplChal46	VD8.No.E33-34.Ph27
[64]	
ValmplChal48	VM6.No.E93-95.LG46
ValmplChal49	VM6.No.E95-97.LG47
ValmplChal62	VD13.So.E83-85.BI52
ValmplChal63	VD7.So.E110-112.Ph80
ValmplChal64	VD6.So.E39-41.Ph33
ValIntRef123	VM5.No.E39.LG27
ValIntRef124	VM5.No.E39-41.LG28
ValIntRef125	VM5.No.E41-42.LG29
ValIntEvac3	VD7.So.E86-88.Ph66
ValIntRef117	VD6.So.E59-61.Ph47
VaExpOK4	VD7.So.E48-49.Ph39
[65] Boundaries	
ValmplChal65	VM2.Ea.E5-6.Reg4
ValmplChal66	VD2.Ea.E28-29.Ph29
ValmplChal67	VD6.So.E87-88.Ph72
ValmplChal68	VM2.Ea.E5-6.Reg5
ValmplChal69	VM8.No.E30-31.LG26
ValmplChal70	VM7.So.E5-6.LG5
[66]	
ValmplChal71	VM4.Ea.E41-42.LG31
ValmplChal72	VM8.No.E112.LG70

2. Personal Preparedness

Theme Codes	Interview Codes
[67] Planners on Personal Preparedness	
ValIntRef101	VM1.Ea.E120-121.Reg94

ValmplIPP23	VM6.No.E109.LG54
ValmplIPP1	VM1.Ea.E137-138.Reg106
ValmplIPP3	VM4.Ea.E82-83.LG56
ValmplIPP4	VM4.Ea.E73-75.LG51
ValmplIPP9	VM2.Ea.E13-14.Reg10
ValmplIPP10	VM1.Ea.E118.Reg92
ValmplIPP11	VM7.So.E54.LG41
ValmplIPP15	VD9.No.E25-26.De12
ValmplIPP16	VM8.No.E65.LG46
ValmplIPP17	VM8.No.E55-56.LG41
ValmplIPP19	VM8.No.E44-45.LG35
ValmplIPP20	VM8.No.E28-29.LG31
ValmplIPP21	VM8.No.E32-34.LG27
ValmplIPP22	VM6.No.E109-111.LG55
ValmplIPP24	VM6.No.E106-109.LG53
ValmplIPP25	VM6.No.E105-106.LG52
ValmplIPP27	VM8.No.E27-28.LG23
ValmplIPP28	VM8.No.E25-27.LG22
ValmplIPP30	VD13.So.E80-83.BI51
ValmplIPP31	VD13.So.E76-77.BI48
ValmplIPP32	VD13.So.E74-76.BI47
ValmplIPP33	VM5.No.E9-10.LG7
ValmplIPP34	VD13.So.E50-51.BI33
[68]	
ValntPar55	VM2.Ea.E6-7.Reg6
ValmplIPP2	VM7.So.E49-51.LG38
ValmplIPP5	VM3.Ea.E58-59.Reg48
ValmplIPP6	VM3.Ea.E55-56.Reg46
ValmplIPP7	VD5.Ea.E113-114.Ph78
ValmplIPP12	VM8.No.E78-81.LG57
ValmplIPP13	VM8.No.E77.LG56
ValmplIPP14	VM8.No.E76.LG55
ValmplIPP26	VM8.No.E28-29.LG24
ValmplIPP44	VM7.So.E53-54.LG40
ValmplIPP38	VM7.So.E82-83.LG57
ValmplIPP39	VM7.So.E83-85.LG58
ValmplIPP40	VM7.So.E62-64.LG47
ValmplIPP18	VM8.No.E46.LG36
[69]	
ValmplIPP8	VM2.Ea.E64-65.Reg48
ValmplIPP35	VD12.So.E27-28.Co33
ValmplIPP36	VD12.So.E26-27.Co32
ValmplIPP37	VD12.So.E25-26.Co31
ValmplIPP43	VD7.So.E12-13.Ph15
[70] Preparedness: Hard Sell without Recent Crisis	
ValmplIPP45	VM6.No.E120-121.LG61
ValmplIPP46	VM6.No.E119-120.LG60
ValmplIPP47	VM6.No.E118.LG59

ValmplPP48	VD7.So.E76-78.Ph60
ValmplPP49	VM4.Ea.E84-85.LG57
ValmplPP50	VM3.Ea.E68-69.Reg55
ValmplPP51	VM3.Ea.E67-68.Reg54
ValmplPP52	VM1.Ea.E118-119.Reg93
ValmplPP53	VM7.So.E70-72.LG51
ValmplPP54	VM8.No.E138-140.LG83
[71] Katrina	
ValmplPP55	VD9.No.E129.De50
ValmplPP56	VD9.No.E128.De49
ValmplPP57	VD9.No.E84-85.De30
ValmplPP58	VD9.No.E82-84.De29
ValmplPP59	VM8.No.E60-62.LG44
ValmplPP60	VM8.No.E58-59.LG43
ValmplPP61	VM8.No.E57-58.LG42
ValmplPP62	VM5.No.E7-8.LG6
ValmplPP63	VD13.So.E46-50.BI32
ValmplPP64	VM3.Ea.E78-80.Reg58
ValmplPP65	VM3.Ea.E80-81.Reg59
ValmplPP66	VD5.Ea.E43.Ph35
ValmplPP67	VM2.Ea.E71-72.Reg53
ValmplPP68	VM2.Ea.E66-67.Reg49
ValmplPP69	VM2.Ea.E8.Reg6
ValmplPP70	VM2.Ea.E9.Reg7
ValmplPP71	VD2.Ea.E36.Ph35
ValmplPP72	VD2.Ea.E36-38.Ph36
ValmplPP73	VD2.Ea.E38-39.Ph37
ValmplPP74	VD2.Ea.E40.Ph38
ValmplPP75	VD1.Ea.E100.MPhCo66
ValmplPP76	VD1.Ea.E100-101.MPhCo67
ValmplPP77	VD1.Ea.E101.MPhCo68
ValmplPP78	VD1.Ea.E101-102.MPhCo69
ValmplPP79	VD1.Ea.E102-104.MPhCo70
ValmplPP80	VD1.Ea.E104-105.MPhCo71
ValmplPP81	VD1.Ea.E105-107.MPhCo72
ValmplPP82	VD1.Ea.E99-100.MPhCo65
PWD Have a Plan	
[72]	
ValmplPP84	VD7.So.E10.Ph12
ValmplPP83	VD1.Ea.E10.MPhCo4
ValmplPP117	VD10.So.E3-4.BI4
ValmplPP118	VD8.No.E4-6.Ph8
ValmplPP119	VD6.So.E4.Ph5
ValmplPP120	VD2.Ea.E5-6.Ph5
ValmplPP90	VD1.Ea.E10.MPhCo5
ValmplPP121	VD1.Ea.E45-47.MPhCo31
ValmplPP122	VD1.Ea.E44-45.MPhCo30
ValmplPP123	VD2.Ea.E32-33.Ph33

ValmplPP124	VD2.Ea.E34-35.Ph34
ValmplPP125	VD2.Ea.E32.Ph32
[73]	
ValntRef107	VD5.Ea.E74-76.Ph56
ValntRef108	VD5.Ea.E77-78.Ph58
ValntRef109	VD5.Ea.E78-81.Ph59
ValntRef110	VD5.Ea.E95-97.Ph69
ValmplPP85	VD8.No.E4.Ph7
ValmplPP86	VD7.So.E40.Ph34
ValmplPP87	VD2.Ea.E6-7.Ph6
ValmplPP88	VD9.No.E9-13.De7
ValmplPP89	VD9.No.E13-15.De8
ValmplPP99	VD5.Ea.E116-117.Ph80
VaExpOK5	VD7.So.E47-48.Ph38
VaExpOK6	VD7.So.E46.Ph37
ValmplPP100	VD5.Ea.E115.Ph79
[74]	
ValmplPP91	VD1.Ea.E11.MPhCo6
ValmplPP92	VD8.No.E6-7.Ph9
ValmplLL20	VD13.So.E39.BI28
ValmplPP93	VD7.So.E73.Ph57
ValmplPP94	VD6.So.E73.Ph57
ValmplPP95	VD6.So.E74.Ph58
ValmplPP96	VD1.Ea.E34-35.MPhCo23
ValmplPP97	VD1.Ea.E17-19.MPhCo11
ValmplLL19	VD13.So.E41-42.BI29
ValmplPP98	VD5.Ea.E118-119.Ph81
ValmplPP101	VD4.No.E25-26.Psy23
ValmplPP102	VD4.No.E11-12.Psy12
ValmplPP103	VD1.Ea.E67-68.MPhCo43
ValmplPP104	VD3.No.E6-7.Psy6
ValmplPP105	VD1.Ea.E14-15.MPhCo9
ValmplPP106	VD1.Ea.E15-17.MPhCo10
ValmplPP107	VD1.Ea.E40-41.MPhCo27
ValmplPP108	VD1.Ea.E41-42.MPhCo28
ValmplPP109	VD1.Ea.E42-43.MPhCo29
ValmplPP110	VD5.Ea.E13-15.Ph17
ValmplPP111	VD5.Ea.E15-17.Ph18
ValmplPP112	VD6.So.E63-64.Ph50
ValmplPP113	VD6.So.E63.Ph49
ValmplPP114	VD2.Ea.E24-26.Ph26
ValmplPP115	VD7.So.E109-110.Ph79
ValmplPP116	VD7.So.E27-29.Ph25
[75]	
ValmplPP126	VD2.Ea.E31-32.Ph31
ValmplLL29	VD12.So.E24.Co27
ValmplPP127	VD12.So.E24.Co28
ValmplPP128	VD9.No.E81-82.De28

3. First Responders

Theme Codes	Interview Codes
ValmplRes1	VM6.No.E100.LG49
[76] No Interactions	
ValmplRes2	VD2.Ea.E30.Ph30
ValmplRes3	VD1.Ea.E74.MPhCo49
ValmplRes4	VD8.No.E33.Ph26
ValmplRes5	VD13.So.E33-34.BI25
ValmplRes6	VD12.So.E21.Co25
ValmplRes7	VD11.So.E13.CoPh18
ValmplRes8	VD10.So.E12.BI12
ValmplRes9	VD7.So.E61.Ph49
ValmplRes10	VD5.Ea.E72.Ph54
ValmplRes11	VD4.No.E21.Psy20
[77] Limited Numbers	
ValmplRes12	VM6.No.E114-116.LG57
ValmplPP29	VM8.No.E23-24.LG21
ValmplPP41	VM7.So.E60-62.LG46
ValmplPP42	VM7.So.E60.LG45
ValmplRes13	VM6.No.E116-118.LG58
ValmplRes14	VM8.No.E46-50.LG37
ValmplRes15	VM2.Ea.E55-56.Reg39
ValmplRes16	VM2.Ea.E56-59.Reg40
[78] Decision Making	
ValmplRes17	VM8.No.E121-123.LG75
ValmplRes18	VM8.No.E119.LG73
ValmplRes19	VM7.So.E43-44.LG32
ValmplRes20	VM8.No.E119-121.LG74
ValmplRes21	VM7.So.E45-46.LG34
ValmplRes22	VM8.No.E118-119.LG72
ValmplRes23	VM6.No.E73-74.LG43
ValmplRes24	VM6.No.E69-70.LG41
ValmplRes25	VM7.So.E43.LG31
ValmplRes26	VM7.So.E44-45.LG33
ValmplRes27	VM2.Ea.E53.Reg36
ValmplRes28	VM2.Ea.E53-54.Reg37
ValmplRes29	VM6.No.E63.LG36
ValmplRes30	VM4.Ea.E53-54.LG38
ValmplRes31	VM4.Ea.E25-27.LG21
ValmplRes32	VM2.Ea.E24-26.Reg17
[79] Effective Communication	
ValmplRes33	VM6.No.E100-103.LG50
ValmplRes34	VD9.No.E47-49.De17
ValmplRes35	VM5.No.E26.LG19
ValmplRes36	VM5.No.E25.LG18
ValmplRes37	VM5.No.E26-27.LG20

ValmplRes38	VM6.No.E70-73.LG42
ValmplRes39	VM6.No.E103-104.LG51
ValmplRes40	VD6.So.E65-66.Ph51
ValmplRes41	VD6.So.E21-22.Ph22
ValmplRes42	VD5.Ea.E72-73.Ph55

4. Feedback

Theme Codes	Interview Codes
[80]	
ValmplFee1	VD13.So.E56.BI37
ValmplFee2	VD12.So.E25.Co29
ValmplFee3	VD10.So.E18.BI16
ValmplFee4	VD11.So.E18-19.CoPh24
ValmplFee5	VD6.So.E77.Ph60
ValmplFee6	VD4.No.E27-28.Psy24
ValmplFee7	VD3.No.E29.Psy21
[81]	
ValmplFee8	VM1.Ea.E131.Reg101
ValmplFee9	VM1.Ea.E131-132.Reg102
ValmplFee10	VM1.Ea.E131-133.Reg103
[82]	
ValmplFee11	VD1.Ea.E90.MPhCo58
ValmplFee12	VD1.Ea.E90-91.MPhCo59
ValmplFee13	VD5.Ea.E105-107.Ph74
ValmplFee14	VD5.Ea.E102-103.Ph72
ValmplFee15	VD5.Ea.E104-105.Ph73
ValmplFee16	VD5.Ea.E107-110.Ph75
ValmplFee16b	VD5.Ea.E119-120.Ph82
ValmplFee17	VD6.So.E77-78.Ph61
ValmplFee18	VD7.So.E89.Ph67
ValmplFee19	VD7.So.E103.Ph75
ValmplFee20	VD9.No.E65-67.De23
ValmplFee21	VD9.No.E63-65.De22
ValmplFee22	VD9.No.E59-63.De21
ValmplFee23	VD9.No.E107-108.De39
ValmplFee24	VD9.No.E108-112.De40

5. Lessons Learned

Theme Codes	Interview Codes
[83]	
ValmplLL1	VM8.No.E136-138.LG82
ValmplLL2	VM8.No.E135-136.LG81
ValmplLL3	VM8.No.E133-135.LG80
ValmplLL4	VD9.No.E107.De38
ValmplLL5	VD9.No.E97-104.De36
ValmplLL6	VD9.No.E94-97.De35
ValmplLL7	VM8.No.E129-133.LG79

ValmpILL8	VM8.No.E128-129.LG78
ValmpILL9	VD9.No.E91-94.De34
ValmpILL10	VD9.No.E90-91.De33
ValmpILL11	VD9.No.E88-89.De32
ValmpILL12	VD9.No.E78-80.De27
ValmpILL13	VD9.No.E74-78.De26
ValmpILL14	VD9.No.E57-58.De20
ValmpILL15	VD9.No.E67-71.De24
ValmpILL16	VD9.No.E71-74.De25
[84]	
ValmpILL21	VD8.No.E48.Ph36
ValmpILL34	VD11.So.E14.CoPh19
ValmpILL45	VD6.So.E67.Ph52
ValmpILL41	VD6.So.E86.Ph70
ValmpILL22	VD8.No.E39-40.Ph30
ValmpILL24	VD8.No.E23-25.Ph21
ValmpILL25	VD13.So.E29.BI27
ValmpILL27	VD8.No.E10-11.Ph13
ValmpILL28	VD13.So.E15.BI13
[85]	
ValmpILL38	VD7.So.E93-95.Ph70
ValmpILL39	VD7.So.E75-76.Ph59
ValmpILL40	VD7.So.E70-71.Ph55
ValmpILL52	VD5.Ea.E85-86.Ph62
ValmpILL23	VD8.No.E38-39.Ph29
ValmpILL17	VD13.So.E43-45.BI31
ValmpILL43	VD6.So.E71-72.Ph56
ValmpILL44	VD6.So.E69-71.Ph55
ValmpILL46	VD6.So.E37-39.Ph32
ValmpILL47	VD6.So.E36-37.Ph31
[86]	
ValmpILL18	VD13.So.E42.BI30
ValmpILL30	VD11.So.E16-17.CoPh23
ValmpILL31	VD11.So.E14-15.CoPh20
ValmpILL32	VD11.So.E15.CoPh21
ValmpILL33	VD11.So.E15-16.CoPh22
ValmpILL35	VD10.So.E15-16.BI15
ValmpILL36	VD10.So.E15-16.BI14
ValmpILL26	VD8.No.E20-22.Ph19
ValmpILL37	VD7.So.E96-99.Ph72
ValmpILL42	VD6.So.E74-76.Ph59
ValmpILL48	VD5.Ea.E93-94.Ph67
ValmpILL49	VD5.Ea.E87-90.Ph63
ValmpILL50	VD5.Ea.E91.Ph64
ValmpILL51	VD5.Ea.E91-92.Ph65
ValmpILL53	VD3.No.E25-26.Psy19
ValmpILL54	VD3.No.E25-28.Psy20
ValmpILL55	VD1.Ea.E85-87.MPhCo56

ValmpILL56	VD1.Ea.E83-85.MPhCo55
ValmpILL57	VD1.Ea.E82-83.MPhCo54
ValmpILL58	VD1.Ea.E81-82.MPhCo53
ValmpILL59	VD1.Ea.E75-76.MPhCo50

Experience

1. Disaster

Theme Codes	Interview Codes
[87] Isabel	
VaExpDis1	VD2.Ea.E5.Ph4
VaExpDis2	VD5.Ea.E4.Ph3
VaExpDis3	VD12.So.E3.Co4
VaExpDis4	VD13.So.E2-3.BI4
VaExpDis5	VD12.So.E3-4.Co5
[88] Gaston	
VaExpDis6	VD7.So.E4.Ph5
VaExpDis7	VD6.So.E5.Ph6
VaExpDis8	VD13.So.E3.BI5
VaExpDis9	VD11.So.E3.CoPh4
[89] Snow	
VaExpDis10	VD1.Ea.E22-23.MPhCo13
VaExpDis11	VD4.No.E5.Psy5
VaExpDis12	VD4.No.E3.Psy3
VaExpDis13	VD3.No.E3-4.Psy3
VaExpDis14	VM2.Ea.E74.Reg55
VaExpDis15	VD10.So.E3.BI3
VaExpDis16	VD8.No.E3.Ph5
[90] Fire	
VaExpDis17	VD9.No.E3-4.De4
Disaster Context	
[91]	
VaExpDis18	VD13.So.E26-27.BI18
VaExpDis19	VD13.So.E12-15.BI12
VaExpDis20	VD13.So.E11-12.BI11
VaExpDis21	VD13.So.E32-33.BI24
[92]	
VaExpDis22	VD5.Ea.E12-13.Ph16
VaExpDis29	VD5.Ea.E18-21.Ph20
VaExpDis30	VD5.Ea.E21-22.Ph21
VaExpDis31	VD5.Ea.E23-24.Ph22
VaExpDis32	VD5.Ea.E25.Ph23
VaExpDis33	VD5.Ea.E25-26.Ph24
VaExpDis34	VD5.Ea.E26-27.Ph25
VaExpDis23	VD5.Ea.E28-29.Ph26
VaExpDis24	VD5.Ea.E29-30.Ph27
VaExpDis35	VD5.Ea.E9-10.Ph14
VaExpDis36	VD5.Ea.E37-39.Ph32
VaExpDis37	VD5.Ea.E39-41.Ph33
VaExpDis38	VD5.Ea.E81-82.Ph60
VaExpDis39	VD5.Ea.E82-84.Ph61
VaExpDis25	VD5.Ea.E30-32.Ph28
VaExpDis26	VD5.Ea.E33.Ph29
VaExpDis27	VD5.Ea.E33.Ph30

VaExpDis28	VD5.Ea.E34-36.Ph31
VaExpDis40	VD5.Ea.E46-47.Ph37
[93]	
VaExpDis41	VD6.So.E6.Ph7
VaExpDis42	VD6.So.E22-24.Ph23
VaExpDis43	VD6.So.E24-25.Ph24
VaExpDis44	VD6.So.E87.Ph71
VaExpDis45	VD6.So.E88-89.Ph73
VaExpDis46	VD6.So.E89.Ph74
VaExpDis47	VD6.So.E42.Ph35
[94]	
VaExpDis48	VD9.No.E8-9.De6
VaExpDis49	VD9.No.E52-56.De19
VaExpDis50	VD9.No.E16-21.De9
VaExpDis51	VD9.No.E4-7.De5
VaExpDis52	VD9.No.E37-47.De16

2. Evacuation

Theme Codes	Interview Codes
[95]	
VaExpBB63	VD13.So.E30-31.BI22
VaExpBB64	VD13.So.E4.BI6
[96]	
ValntEvac11	VD7.So.E51-52.Ph42
ValntEvac12	VD7.So.E52-53.Ph43
[97]	
ValntEvac16	VD6.So.E57-59.Ph46
ValntEvac27	VD6.So.E7-8.Ph8
ValntEvac17	VD6.So.E41.Ph34
ValntEvac18	VD6.So.E34-35.Ph30
ValntEvac19	VD6.So.E26-27.Ph25
ValntEvac20	VD6.So.E28-30.Ph26
ValntEvac21	VD6.So.E30-31.Ph27
ValntEvac22	VD6.So.E31-33.Ph28
ValntEvac23	VD6.So.E18-19.Ph19
ValntEvac24	VD6.So.E16-17.Ph16
ValntEvac25	VD6.So.E10-12.Ph12
ValntEvac26	VD6.So.E11-13.Ph13

3. Shelter

Theme Codes	Interview Codes
[98] Shelter in Place at Home	
VaExpShel1	VD7.So.E112-113.Ph81

VaExpShel2	VM2.Ea.E14-16.Reg12
VaExpShel3	VM8.No.E41-42.LG33
VaExpShel4	VD8.No.E7-8.Ph10
VaExpShel5	VD13.So.E59-60.BI39
VaExpShel6	VD13.So.E31-32.BI23
VaExpShel7	VD8.No.E4.Ph6
VaExpShel8	VD12.So.E12.Co17
VaExpShel9	VD11.So.E23.CoPh28
VaExpShel10	VD11.So.E9.CoPh13
VaExpShel11	VD11.So.E5.CoPh8
VaExpShel12	VD13.So.E16.BI14
VaExpShel13	VD10.So.E4-5.BI5
VaExpShel14	VD7.So.E50.Ph40
VaExpShel15	VD6.So.E19-20.Ph20
VaExpShel16	VD1.Ea.E25.MPhCo15
[99] With a Friend	
VaExpShel17	VD2.Ea.E22-23.Ph24
VaExpShel18	VD2.Ea.E19-20.Ph20
VaExpShel19	VD2.Ea.E20-21.Ph21
VaExpShel20	VD2.Ea.E18-19.Ph19
VaExpShel21	VD2.Ea.E19.Ph18
[100] Hotel	
VaExpShel22	VD2.Ea.E8.Ph8
VaExpShel23	VD2.Ea.E10.Ph11
VaExpShel24	VD12.So.E12.Co16
[101] Hospital	
VaExpShel25	VD5.Ea.E41-42.Ph34
VaExpShel26	VD5.Ea.E18.Ph19
VaExpShel27	VD5.Ea.E10-12.Ph15
VaExpShel28	VD5.Ea.E8-9.Ph13

4. Emotions

Theme Codes	Interview Codes
[102]	
VaExpFear1	VD13.So.E53-54.BI35
VaExpFear2	VD12.So.E9-10.Co14
VaExpFear3	VD12.So.E6.Co9
VaExpFear4	VD7.So.E53-54.Ph44
VaExpFear5	VD11-So.E10-11.CoPh17
VaExpFear6	VD11.So.E10.CoPh16
VaExpFear7	VD11.So.E10.CoPh15
VaExpFear8	VD11.So.E8.CoPh12
VaExpFear9	VD11.So.E8.CoPh11
VaExpFear10	VD13.So.E17-23.BI16
VaExpFear11	VD7.So.E8-9. Ph10
VaExpFear12	VD7.So.E8-9.Ph11
VaExpFear13	VD7.So.E7-8.Ph9

VaExpFear14	VD7.So.E4-5.Ph6
VaExpFear15	VD6.So.E67.Ph53
VaExpFear16	VD6.So.E68-69.Ph54
VaExpFear17	VD6.So.E55-57.Ph45
VaExpFear18	VD6.So.E55.Ph44
VaExpFear19	VD6.So.E15-16.Ph15
[103] Isolation	
VaExpFear20	VD3.No.E17-18.Psy14
VaExpFear21	VD3.No.E15.Psy12
VaExpFear22	VD3.No.E16-17.Psy13
VaExpFear23	VD3.No.E12.Psy10
VaExpFear24	VD3.No.E8-9.Psy7
VaExpFear25	VD3.No.E9-10.Psy8

5. Basic Needs

Theme Codes	Interview Codes
[104] Safety	
VaExpBas1	VM8.No.E10.LG10
VaExpBas2	VM6.No.E64-67.LG38
VaExpBas3	VM6.No.E64.LG37
VaExpBas4	VM6.No.E4-5.LG4
VaExpBas5	VD13.So.E54-55.BI36
VaExpBas6	VD13.So.E52.53.BI34
VaExpBas8	VD11.So.E4-5.CoPh7
VaExpBas9	VD1.Ea.E39.MPhCo26
VaExpBas10	VD1.Ea.E27-28.MPhCo25
VaExpBas11	VD3.No.E20-21.Psy16
VaExpBas12	VD3.No.E19-20.Psy15
VaExpBas13	VD3.No.E11.Psy9
VaExpBas7	VD8.No.E31-32.Ph25
VaExpBB42	VD4.No.E19-20.Psy19
VaExpBas14	VD4.No.E30-31.Psy27
[105] Flooding	
VaExpBas15	VD7.So.E54-55.Ph45
VaExpBas25	VD6.So.E13-15.Ph14
VaExpBas28	VD6.So.E9.Ph10
VaExpBas24	VD6.So.E20.Ph21
VaExpBas17	VD6.So.E53-54.Ph43
VaExpBas18	VD6.So.E51-52.Ph41
VaExpBas19	VD6.So.E49-50.Ph40
VaExpBas20	VD6.So.E48-49.Ph39
VaExpBas26	VD6.So.E9-10.Ph11
VaExpBas27	VD6.So.E8.Ph9
VaExpBas16	VD6.So.E52-53.Ph42
VaExpBas21	VD6.So.E44-45.Ph37
VaExpBas22	VD6.So.E45-47.Ph38
VaExpBas23	VD6.So.E42-43.Ph36

VaExpBas29	VD5.Ea.E71.Ph52
[106] Food	
VaExpBas32	VD12.So.E19.Co23
VaExpBas37	VD3.No.E12-14.Psy11
VaExpBas38	VD1.Ea.E63-64.MPhCo40
VaExpBas33	VD12.So.E9.Co13
VaExpBas30	VD13.So.E28-29.BI21
VaExpBas31	VD13.So.E9-10.BI10
VaExpBas35	VD12.So.E7-8.Co11
VaExpBas34	VD12.So.E8.Co12
VaExpBas36	VD11.So.E6-7.CoPh10
VaExpBas39	VD13.So.E28.BI20

6. Beyond the Basics

Theme Codes	Interview Codes
[107] Electricity	
VaExpBB1	VD5.Ea.E8.Ph12
VaExpBB2	VD2.Ea.E11-12.Ph14
VaExpBB3	VD2.Ea.E12-13.Ph15
VaExpBB4	VD5.Ea.E76-77.Ph57
[108] No Electricity	
VaExpBB9	VD13.So.E7-8.BI8
VaExpBB16	VD2.Ea.E11.Ph13
VaExpBB17	VD1.Ea.E26.MPhCo16
VaExpBB14	VD7.So.E6.Ph7
VaExpBB15	VD2.Ea.E21-22.Ph23
VaExpBB6	VD12.So.E6.Co8
VaExpBB10	VD11.So.E9.CoPh14
VaExpBB11	VD11.So.E4.CoPh6
VaExpBB12	VD11.So.E4.CoPh5
VaExpBB5	VD13.So.E27-28.BI19
VaExpBB7	VD1.Ea.E26-29.MPhCo17
VaExpBB8	VD12.So.E19-20.Co24
VaExpBB13	VD7.So.E6-7.Ph8
[109] Electricity stayed on	
VaExpBB18	VD5.Ea.E47-48.Ph38
VaExpBB19	VD6.So.E34.Ph29
VaExpBB20	VD10.So.E7.BI8
VaExpBB21	VD8.No.E9.Ph11
VaExpBB22	VD2.Ea.E10-11.Ph12
[110] Generator	
VaExpBB23	VD5.Ea.E50-51.Ph40
VaExpBB24	VD5.Ea.E51-54.Ph41
[111] Emotional/Behavioral Supports (no 25)	
VaExpBB26	VD1.Ea.E32-34.MPhCo22
VaExpBB27	VD1.Ea.E31-32.MPhCo21
VaExpBB28	VD1.Ea.E78-80.MPhCo52

VaExpBB29	VD1.Ea.E76-78.MPhCo51
VaExpBB30	VD1.Ea.E71-72.MPhCo47
VaExpBB31	VD1.Ea.E69-71.MPhCo45
VaExpBB32	VD1.Ea.E69.MPhCo44
VaExpBB33	VD5.Ea.E48-50.Ph39
[112] Access (no34)	
VaExpBB67	VD10.So.E10-11.BI11
VaExpBB36	VD2.Ea.E24.Ph25
VaExpBB70	VD10.So.E6.BI7
VaExpBB71	VD10.So.E5.BI6
VaExpBB35	VD11.So.E6.CoPh9
VaExpBB37	VD1.Ea.E23-24.MPhCo.14
VaExpBB38	VD4.No.E6-7.Psy7
VaExpBB60	VD8.No.E14-15.Ph15
VaExpBB40	VD4.No.E17-18.Psy17
VaExpBB68	VD10.So.E9-10.BI10
VaExpBB58	VD8.No.E26-27.Ph22
VaExpBB44	VD4.No.E14.Psy14
VaExpBB45	VD4.No.E13-14.Psy13
VaExpBB39	VD4.No.E15-17.Psy16
VaExpBB41	VD4.No.E18-19.Psy18
VaExpBB57	VD8.No.E29-31.Ph24
VaExpBB43	VD4.No.E15.Psy15
VaExpBB46	VD10.So.E20-21.BI18
VaExpBB66	VD10.So.E22-23.BI19
VaExpBB47	VD3.No.E29-31.Psy22
VaExpBB48	VD4.No.E28-30.Psy26
VaExpBB56	VD8.No.E27-29.Ph23
VaExpBB50	VM8.No.E37-38.LG30
VaExpBB51	VM8.No.E34-36.LG28
VaExpBB52	VM8.No.E29-30.LG25
VaExpBB53	VD8.No.E44.Ph33
VaExpBB54	VD8.No.E45-46.Ph34
VaExpBB55	VD8.No.E42-43.Ph32
VaExpBB65	VD12.So.E13-14.Co19
[113]	
VaExpBB59	VD8.No.E15-17.Ph16
VaExpBB61	VD8.No.E12-13.Ph14
VaExpBB72	VM2.Ea.E75-76.Reg56
VaExpBB73	VD7.So.E80-82.Ph62
VaExpBB49	VD7.So.E79-80.Ph61
VaExpBB69	VD10.So.E7-8.BI9
VaExpBB62	VD8.No.E9-10.Ph12
[114] Missing Work	
VaExpBB74	VD4.No.E11.Psy11
VaExpBB75	VD4.No.E8-9.Psy9
VaExpBB76	VD4.No.E7-8.Psy8
VaExpBB77	VD4.No.E5-6.Psy6

VaImplChal42	VD3.No.E5-6.Psy5
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7. Making Do

Theme Codes	Interview Codes
[115]	
VaExpOK1	VD1.Ea.E66-67.MPhCo42
VaExpOK3	VD7.So.E50-51.Ph41
VaExpOK8	VD2.Ea.E27.Ph27
VaExpOK18	VD1.Ea.E49-51.MPhCo32
VaExpOK2	VD8.No.E22-23.Ph20
VaExpOK7	VD1.Ea.E71-72.MPhCo46
VaExpOK15	VD2.Ea.E27.Ph28
VaExpOK14	VD4.No.E10.Psy10
VaExpOK16	VD2.Ea.E21.Ph22
VaExpOK17	VD1.Ea.E52-53.MPhCo33
VaExpOK19	VD1.Ea.E87-88.MPhCo57
[116]	
VaExpOK9	VD1.Ea.E65-66.MPhCo41
VaExpOK10	VD1.Ea.E59-61.MPhCo38
VaExpOK12	VD1.Ea.E56.MPhCo36
VaExpOK13	VD1.Ea.E61.MPhCo39
VaExpOK11	VD1.Ea.E56-59.MPhCo37
VaExpOK21	VD1.Ea.E55-56.MPhCo35
VaExpOK22	VD1.Ea.E36.MPhCo24
VaExpOK23	VD1.Ea.E11-12.MPhCo7
VaExpOK20	VD1.Ea.E71-73.MPhCo48

8. Family & Neighbors

Theme Codes	Interview Codes
[117]	
VaExpFam1	VD12.So.E7.Co10
VaExpFam5	VD12.So.E4-5.Co7
VaExpFam6	VD12.So.E4.Co6
VaExpFam7	VD12.So.E10-11.Co15
VaExpFam8	VD12.So.E14-15.Co20
[118]	
VaExpFam2	VD7.So.E74.Ph58
VaExpFam3	VD7.So.E62.Ph50
VaExpFam4	VD7.So.E62-63.Ph51
VaExpFam12	VD13.So.E36-37.BI26
VaExpFam9	VD13.So.E8.BI9
VaExpFam10	VD13.So.E56-58.BI38
[119]	
VaExpFam13	VD13.So.E60-62.BI40
VaExpFam11	VD13.So.E63-64.BI42
VaExpFam14	VM7.So.E79-81.LG56

VaExpFam15	VD7.So.E62.Ph52
VaExpFam16	VD10.So.E12-13.BI13
VaExpFam17	VD8.No.E18-19.Ph18
VaExpFam18	VD8.No.E46-47.Ph35
VaExpFam19	VD13.So.E62.BI41
[120] Check in	
VaExpFam20	VD4.No.E22-23.Psy21
VaExpFam21	VD2.Ea.E16-17.Ph17
VaExpFam22	VD2.Ea.E14-15.Ph16

9. Staff

Theme Codes	Interview Codes
[121] Agencies	
VaExpFam24	VD7.So.E31-32.Ph28
VaExpFam25	VD7.So.E32-33.Ph29
VaExpFam26	VD7.So.E33-34.Ph30
VaExpFam27	VD7.So.E36-37.Ph31
VaExpFam29	VD7.So.E38-39.Ph33
VaExpFam30	VD7.So.E30-31.Ph27
[122] Personal staff	
VaExpFam28	VD7.So.E37.Ph32
VaExpFam23	VD13.So.E4-6.BI7
VaExpFam31	VD5.Ea.E71.Ph53
VaExpFam32	VD5.Ea.E65.Ph48
VaExpFam33	VD5.Ea.E66-69.Ph49
VaExpFam34	VD5.Ea.E68-69.Ph50
[123] Personal staff worked	
VaExpFam35	VD2.Ea.E9-10.Ph10
VaExpFam36	VD2.Ea.E9.Ph9
VaExpFam37	VD1.Ea.E53-54.MPhCo34
VaExpFam38	VD1.Ea.E29-30.MPhCo18
VaExpFam41	VD1.Ea.E12-14.MPhCo8
VaExpFam39	VD1.Ea.E30.MPhCo19
VaExpFam40	VD1.Ea.E30.MPhCo20

Appendix H

Excerpts from the National Disaster Action Plan (Jamaica)

3.0 NDE STANDING COMMITTEES

The Standing Committees of the National Disaster Executive are:

- The Health Committee
- The Emergency Operations, Transport and Communications Committee
- The Public Information and Education Committee
- The Administration & Finance Committee.
- The Welfare and Shelter/Relief Clearance Committee.
- The Damage Assessment, Recovery & Rehabilitation Committee.

3.1 General Responsibilities

These committees have been involved in the preparation of relevant segments of this plan and in time of disaster are to attend the Office of Disaster Preparedness so as to be where possible, or be available to provide specialist advice as required.

Each Region is responsible to produce and continually revise its own Parish Disaster Plan. This task, falls to the Parish Disaster Planning Group.

c. WELFARE AND SHELTER/RELIEF CLEARANCE COMMITTEE

Composition:

- Ministry of Labour, Social Security and Sport (Chairman)
- Principal Community Development Officer-Ministry of Local Govt. and Works
- Min. of Agriculture and Mining
- Red Cross
- Salvation Army -Relief Distributor
- Church Disaster Committee
- Food for the Poor
- Ministry of Health
- Ministry of Housing and Environment
- Customs Department
- Association of Development Agencies
- Police/Immigration Department
- General Secretaries of Major Political Parties
- Ministry of Education , Youth and Culture
- Private Sector Organization of Jamaica
- CVSS/United Way
- Ministry of Foreign Affairs and Foreign Trade

- Ministry of Local Government and Works
- Service Clubs
- Parish Disaster Coordinators
- Jamaica Defence Force
- Office of Disaster Preparedness
- CERC
- Jamaica Commodity Trading Company
- Representatives of Shipping Companies

General Responsibilities :

PRE-DISASTER

- Develop plans and training programmes for effective post-disaster, relief distribution needs, in conjunction with the Red Cross and Parish Committees
- Develop a distribution system which will expand the existing capacity on an emergency basis
- Assist in preparing, participating in and assessing joint annual exercises with all response services of the NEO, and submit after action reports to the ODPEM.
- Identify and prioritize resources for responding to natural and mancaused disasters, e.g. hurricane and environmental pollution

(i) Relief and Clearance Subcommittee

Responsibilities:

PRE-DISASTER

- Clearly define what constitutes relief items
- Establish guidelines on procedures for clearing relief items
- Maintain liaison with overseas missions, donor agencies, private voluntary organizations etc.
- Formulate up-to date need list for circulation to overseas missions, donor agencies, private voluntary organizations etc.
- Facilitate speedy action for purchasing of relief items locally
- Establish guidelines and expenditure limits for purchase of relief supplies locally
- Assist in preparing, participating in and assessing joint annual exercises with all response services of the NEO, and submit after action reports to the ODPEM.

(ii) Welfare and Shelter Subcommittee

Responsibilities :

PRE-DISASTER

- Review and update the National emergency Welfare and Shelter/Relief Clearance Plan as necessary
- Develop a national policy on emergency shelter
- Ensure adequate sanitary facilities are available in all buildings chosen as shelters
- Ensure physical integrity of all buildings chosen as shelters
- Maintain current listing of needed and available resources, human and material
- Oversee and ensure coordination of all organizations, public and private involved in post-disaster shelter and welfare
- Ensure training of adequate numbers of shelter managers
- Ensure that adequate numbers of shelter managers are available for manning shelters after any disaster
- Assist in preparing, participating in and assessing joint annual exercises with all

response services of the NEO, and submit after action reports to the ODPEM.

4.14 MINISTRY OF LABOUR, SOCIAL SECURITY AND SPORTS

Primary responsibilities:

- Emergency shelter/mass care relief
- Rehabilitation

Secondary responsibility:

- Tracking and clearance of incoming relief

Support responsibility:

- Damage assessment/Data gathering

4.16 PARISH COUNCILS

Primary responsibility:

- Building inspection (demolition/declaration)

Secondary responsibilities:

- Response, readiness and plan implementation
- Emergency shelter/Mass care relief
- Logistic administrative support
- Public cleansing/disposal of dead animals
- Damage assessment/ Data gathering
- Rehabilitation
- Distributon of potable water

Support responsibilities:

- Transportation
- Communications
- Public information/education
- Public service announcements
- Fire management
- Evacuation
- Search and rescue
- Heavy rescue
- Tracking and clearance of incoming relief
- Coordination of volunteers

PRE-DISASTER

· Ensure construction standards are appropriate to the level of risk from various hazards and review current methods of enforcing these standards in the Public and Private sectors.

· Ensure that Public buildings are constructed and maintained to adequate standards of safety.

· Preposition heavy equipment in secure locations to reduce time that key routes are closed or partially closed after a disaster.

· Develop a deployment plan and training programme to cope with transportation, road clearance and logistic requirements at national and Parish levels, to include but not be limited to:

à A resource list of all transport services and heavy equipment available for use in a disaster throughout the Country

- à Relief drivers to assist in road clearance.
- à The release of vehicles, equipment and marine craft to be used as emergency ambulances, or for other purposes, from any Govt. dept. or private agency or company during a disaster
- à The clearing of main roads and for the movement of emergency personnel and relief supplies as soon as possible after a disaster
- à Identification of solid waste disposal and land fill sites
- à Other
 - Assist in preparing, participating in and assessing joint annual exercises with all response services of the NEO, and submit after action reports to the ODPEM.
 - Develop, test and upgrade departmental disaster plans
 - Inspect and repair Govt. buildings to ensure adequacy to withstand natural disasters
 - Complete repairs for selected Govt. buildings by 15 May each year and report to the ODPEM
 - Maintain drainage systems and other infrastructure designed to reduce the effects of disasters
 - Be responsible for the inspection, maintenance, and retrofitting of the Country's emergency shelters.
 - Provide expertise in engineering construction and property management to the ODPEM
 - Conduct inventory of equipment and supplies held by private contractors and builders

ALERT

- Preposition heavy equipment in strategic locations to reduce time that key routes are closed or partially closed after a disaster.
- Secure government buildings and homes of key response personnel as directed by the ODPEM

RESPONSE

- Assist in rescue operations
- Coordinate engineering and construction resources for emergency operations.
- Secure temporary accommodation for Government operations.
- Assess damage to all public facilities, roads, related drainage, and protective works.
- Restore key roads, bridges, etc. by carrying out short term repairs, debris clearance, diversions, demolitions, etc.
- Provide expertise in engineering construction and property management during recovery from a disaster.
- Ensure that recommendations for hazard mitigation in the reconstruction of public facilities are implemented.
- Provide transport and logistic services at national and Parish levels as required by the NEOC to include:
 - à Distribution of relief and rehabilitation supplies from the docks and airport to storage areas, food kitchens and shelters.
 - à Delivery of fuel from bulk storage to service points
 - à Transportation of relief workers
 - à Transportation of the dead
 - à Other
 - Clear roads and dispose of debris as directed by the NEOC

- Engage all Engineers, Architects, Foremen or any other capable persons in the department, in a Country-wide survey of damage to public and private structures drainage, and roads, forms and report to the NEOC
- Provide engineering and construction resources for emergency operations
- Secure temporary accommodation for Govt. operations as required
- Coordinate collection and deployment of all Govt. vehicles for use in emergency operations through the NEOC
- Obtain private vehicles for use in emergency operations by request or requisition
- Allocate transport resources as directed by the NEOC, for disaster relief activities on a priority basis
- Restore key roads, bridges etc., by carrying out short term repairs, debris clearance, refuse disposal, diversions, demolitions etc. in association with the NEOC
- Assist in rescue operations in association with the NEOC and Fire Brigade.
- Assist the Parish Disaster Committees with the establishment and maintenance of shelters

4.17 TOWN PLANNING DEPARTMENT

Support responsibilities:

- Response, readiness and plan implementation
- Building inspection (declaration/demolition)
- Damage assessment/Data gathering

PRE-DISASTER

- Enforce land use and physical planning legislation designed to reduce the use of such lands to acceptable levels.
- Ensure that national and Parish plans take adequate account of disaster risk and vulnerability
- Monitor the level of investment in high level risk areas of the Island, and enforce land use and physical planning legislation designed to reduce the use of such lands to acceptable levels.
- Ensure that National, Parish and local development plans take adequate account of disaster risk and vulnerability.
- Identify vulnerable locations and prepare re-settlement plans

4.29 REGIONAL DISASTER PLANNING GROUP

Composition:

For the purpose of carrying out all necessary counter-disaster functions within a Region, a Regional Disaster Planning Group shall be established.

Membership of these groups consist of:

1. The Regional Disaster Coordinator, who is the Chairman of the Group.
2. A senior Police Officer within the Region
3. A senior Fire Brigade Officer within the Region
4. A Senior Medical Officer of Health within the Region
5. A senior officer of the Ministry of Local Government and Works within the Region
6. A senior officer or the Ministry of Labour Social Security and Sports Region
7. A senior officer of the Jamaica Information Service
8. The Parish Disaster Coordinators within the Region
9. Such other persons as the Regional Coordinator, in consultation with the Director General, may from time to time appoint as members of the Group, for such periods as is

thought fit.

General Responsibilities:

The functions of the Regional Disaster Planning Group are:

- To prepare counter-disaster plans for the Region and to review them from time to time and to submit plans and reviewed plans to the ODPEM.
- To prepare and maintain up to date standing orders for counter-disaster purposes within the Region.
- To carry out such other functions as may be allocated from time to time by the Director.

4.30 PARISH DISASTER COMMITTEE

Composition:

1. The Custos - Honorary Chairman
2. The Mayor - Chairman
3. Secretary/Manager - Parish Council
4. The Parish Disaster Coordinator
5. The Parish Councilors
6. The Senior Police Officer
7. The Senior Fire Brigade Officer
8. The Senior Medical Officer at the Hospital
9. The Medical Officer of Health
10. The Senior Poor Relief Officer/Inspector of Poor
11. The Superintendent - Public Works Department
12. The Parish Managers for Public Utilities (JPS, NWC, TOJ, etc.)
13. The Parish Managers of Central Government entities
14. Representatives of Service Clubs and Voluntary Organizations
15. Representatives of the Chamber of Commerce and Private Sector
16. Representatives of HAM/CB Clubs
17. Representative of JIS
18. Parish Manager - Ministry of Labour, Social Security and Sports

Primary responsibilities:

- Response, readiness and plan implementation (Parish level)
- Logistic Administrative support (Parish level)
- Coordination of volunteers (Parish level)
- Damage assessment/Data gathering (Parish level)

Secondary responsibilities:

- Public information/education
- Public service announcements
- Tracking and clearance of incoming relief

Support responsibilities:

- Communication
- Hazmat/Oil spill (land)
- Fire management
- Building inspection (demolition/declaration)
- Evacuation
- Emergency shelter/Mass care relief

· Rehabilitation

PRE-DISASTER

- Meet at quarterly intervals or as considered necessary by the Chairman.
- Communicate all plans, or revisions thereof to the ODPEM by the Parish Secretary.
- Establish and test plans for welfare relief
- Develop programmes for the rehabilitation of disaster victims
- Ensure plans exist for taking care of special groups (handicapped, aged, etc.) and institutionalized population in an emergency.
- Formulate a system for the equitable distribution of critical food items arriving into the Island after a disaster and a policy for pricing these goods.
- Assist in preparing, participating in and assessing joint annual exercises with all response services of the NEO, and submit after action reports to the ODPEM.

4.31 PARISH DISASTER EXECUTIVE

Composition:

1. The Mayor - Chairman
2. Chairman - The Parish Disaster Committee
3. The Deputy Mayor
4. The Secretary/Manager - Parish Council
5. The Parish Manager - Ministry of Labour Social Security and Sports
6. The Parish Disaster Coordinator
7. The Senior Police Officer
8. The Senior Fire Brigade Officer
9. The Senior Medical Officer of the Parish Hospital
10. The Medical Officer of Health
11. The Superintendent of Roads and Works - Parish Council
12. Superintendent of the Public Works Department
13. A Representative of the HAM/CB Clubs
14. A Representative of JIS

General Responsibilities:

- To expedite the implementation of all measures considered necessary or desirable by the PDC to counter the effects of disaster within the Parish.
- The PDE will ensure that the PEOC carries out the following functions:

PRE-DISASTER

- Meet at quarterly intervals or as considered necessary by the Chairman.
- All plans, or revisions thereof are to be communicated to the ODPEM by the Parish Secretary.
- Liaise with the ODPEM
- Establish operational plans for the procurement and deployment of resources (manpower, material and equipment) in the Parish during disasters
- Select and train persons for field operations via the ODPEM
- Participate in the overall planning of disaster preparedness in the Parish.
- Coordinate the development of Parish plans for:
 - à Emergency communications
 - à Evacuation
 - à Shelter management
 - à Welfare and rehabilitation of victims

- à Transportation and road clearance
- à Health and search and rescue services
- à Emergency relief
- à Damage assessment
- à Youth affairs and volunteer deployment
- à Training and public awareness programmes
- à Evaluation
- à Public information
- Liaise with hotels in the Parish
- Designate Casualty Collection Points (CCPs) for the Parish at Clinics and Health Centres to include a helicopter landing zone.
- Advise the ODPEM by 31 March each year, of suitable buildings for use as emergency shelters, and make the necessary arrangements for their staffing and supply.
- Prepare lists of alternate shelters for use in the event that those designated are destroyed or otherwise rendered unsuitable
- Arrange for the training of shelter management personnel through the facilities of the ODPEM
- Assist the ODPEM in conducting shelter management training for the Parish.
- Advise Parish personnel on the locations of emergency shelters
- Designate a Chief Shelter Warden for the Parish.
- Assist in preparing, participating in and assessing joint annual exercises with all response services of the NEO, and submit after action reports to the ODPEM.
- Select strategic storage areas for emergency supplies in the Parish.
- Provide quarterly reports to the Director General- ODPEM on disaster plans and activities, and state of preparedness
- Ensure that local emergency services are adequately prepared for emergency operations (e.g. fire service)
- Ensure that building codes adequately account for disaster risks and that such codes are enforced
- Develop a communications deployment plan for implementation in a disaster, in collaboration with the ODPEM, to include messenger and runner services to inaccessible areas
- Prepare a list of all Parish communications facilities which can be used in a disaster to include but not limited to:
 - à Police
 - à Fire
 - à Ministry of Health
 - à HAMs
 - à CBers
 - à Other
- Select potential radio operators
- Participate in simulation exercises conducted by the ODPEM, to evaluate the effectiveness of the Parish's emergency communications system.
- Organize and monitor on-going awareness and educational programmes on all types of disasters as well as preventive measures in collaboration with the

ODPEM, schools and other educational institutions

- Participate in the implementation of Parish Public Information plans and policies
- Develop a resource list of all transport, chain saws, heavy equipment, both Govt. and privately owned, that would be available to the Parish for use in a disaster
- Develop a vehicle deployment plan to cope with all transportation requirements in the event of a disaster at Parish level
- Compile and update a list of qualified relief drivers, heavy equipment operators that may be required for use in a disaster situation
- Develop a road clearance plan for implementation after a disaster
- Identify suitable buildings to be designated as emergency shelters for inspection by the ODPEM and a representative from PWD
- Recommend suitable buildings to the Parish shelter warden, listing their capacity and facilities available
- Maintain a list of all approved emergency shelters to include:
 - à Location
 - à Ownership
 - à Capacity
 - à Facilities
 - à Contact persons
 - à Addresses
 - à Telephone numbers
- Assist the Parish shelter warden in selecting personnel to manage and administer the shelter
- Determine a probable number of persons to be fed and accommodated in each village at institutions such as:
 - à Churches
 - à Schools
 - à Designated shelters
- Arrange for structurally sound and suitably secured buildings for storage and emergency food and other supplies in the Parish
- Maintain a database of special provisions (e.g. medication) to be made for persons in the Parish, in the event that they have to be moved to shelters.
- Arrange for the staffing of welfare centres
- Assist in damage assessment after a disaster and pass information to the NEOC
- Select and train key disaster preparedness personnel such as:
 - à Shelter wardens and aids
 - à Emergency relief personnel
 - à Messengers
 - à Rescue workers
 - à Support staff
 - à Record keeping
 - à Typing
 - à Other
- Define clear job descriptions for members of the Parish EOC
- Develop operational plans for the Parish

ALERT

- Alert the Parish of impending disasters and precautionary measures to be taken
- Coordinate Parish communications resources to provide communications with the NEOC, Towns, Villages, shelters and other institutions
- Implement evacuation and shelter plans
- Coordinate the allocation, supervision and management of emergency shelters before the disaster, through the NEOC
- Establish and Report to the Parish EOC
- Establish communications with the NEOC by any means
- Register persons occupying emergency shelters
- Advise and encourage the public to take precautionary measures as recommended by the NEOC
- Call in private and public transport and equipment and other resources that may be needed to combat the disaster, according to mutual aid agreements.
- Identify, warn and pre-position personnel to provide administrative support for disaster operations
- Assess disaster risk and ensure that mitigation strategies are implemented.

RESPONSE

- Assist in the registration of persons affected by the disaster and assist in emergency relief programmes, such as feeding and shelter management.
- Provide for activation and assignment of personnel to named shelters.
- Assist in the provision of emergency clothing, feeding, lodging.
- Assist with debris clearance and refuse disposal where possible.
- Assist with the repair and operation of public facilities, including water plants, sewerage plants, power plants and communication system where possible.
- Participate in the provision of welfare services and counseling of disaster victims.
- Assess the social effects of disasters and emergencies and establish rehabilitation programmes sensitive to social needs of the victims.
- Provide and coordinate welfare and distribution of relief supplies to all as needed
- Take initial rescue and relief measures
- Provide periodic reports to the NEOC by any means available
- Initiate arrangements for the care of injured and homeless
- Assist damage assessment teams with available and accurate data
- Receive and transmit reports on persons who have suffered loss or damage to the NEOC
- Implement welfare and rehabilitation programmes
- Maintain communications between agencies as required
- Coordinate the allocation, assignment of personnel, supervision, and management of emergency shelters during and after the disaster, through the NEOC.
- Ensure provisions for food, clothing, supplies, storage and distribution to Parish after a disaster
- Ensure the availability of first aid and medical supplies and service
- Provide information to the NEOC for requesting assistance
- Assist in the collation of damage assessments for the Parish
- Provide the NEOC with regular reports of response efforts
- Keep the Parish informed of the situation
- Arrange for the use of additional vehicles to augment any existing service that may

exist in the Parish

- Request medical supplies, equipment and other emergency services as may be considered necessary
- Ensure that field personnel are aware of all Parish casualty stations so that they could inform the public of the location and availability of this service
- Ensure that adequate trained first aid persons are available at emergency shelters and other first aid centres and stations
- Act in accordance with the NEOC
- Maintain a register of persons occupying emergency shelters
- Determine the quantity and type of assistance required
- Request relief supplies from the NEOC
- Assist with the distribution of relief supplies to villages and institutions in the Parish
- Arrange for staff to assist with packaging and distribution of relief supplies to villages and institutions in the Parish
- Arrange for the transportation of relief supplies from warehouses to villages and institutions
- Maintain records of relief supplies received and distributed in Parishes and send reports to the NEOC
- Work in close association with voluntary agencies such as the Red Cross, Lions clubs, etc.
- Coordinate the provision of welfare assistance to the aged and disabled and others in need
- Coordinate a preliminary survey in each Parish within 48 hours of the disaster in order to determine needs:
 - à Number of persons homeless
 - à Number injured, missing, dead
 - à Number of buildings destroyed
 - Totally
 - Seriously
 - Slightly
 - à Number of persons requiring food, shelter and medical treatment
- Conduct a survey of roads, bridges etc. indicating location and extent of damage
- Coordinate a survey of food crops and food stocks
- Coordinate a survey of the extent of damage to telephone and electricity, lines, water supply and drainage facilities
- Report findings to the NEOC within 48 hours of the disaster
- Provide administrative support for disaster operations
- Coordinate youth activities in a recovery programme as soon as possible after a disaster
- Ensure the general welfare of young people is administered in a period where families are separated and dislocated

5.0 INDIVIDUAL RESPONSIBILITIES

5.10 PARISH DISASTER COORDINATOR

PRE-DISASTER

- Prepare a Parish Disaster Plan.
- Ensure that Parish plans are published as separate documents and are available from

the Parish concerned. Copies of these plans are to be held at Parish and National Headquarters and at appropriate Police Stations and the headquarters of other emergency, essential, or voluntary organizations in the Parish.

- Provide support and leadership for Parish Disaster Committee
- Develop job functions for officials of the Parish Disaster Committee
- Ensure that the Parish has adequate response plans in place
- Be aware of preparatory arrangements being made in the Parish
- Assesses potential requirements for assistance
- Represents the Parish at national meetings
- Keeps the DIRECTOR ODPEM advised of the situation and conditions in the Parish
- Assist in preparing, participating in and assessing joint annual exercises with all response services of the NEO, and submit after action reports to the ODPEM.
- Complete Parish Return Form annually and deliver to the DIRECTOR ODPEM by mid May each year.

à Be responsible to the Director of the ODPEM for the care and maintenance of such equipment as is made available to the Parish by the ODPEM.

à Advise and assist all officers of the Parish or with respect to counter-disaster functions.

à Act as executive officer to the Parish with respect to the production of the local counter-disaster plan.

à Act as officer-in-charge of such local emergency service as may be raised by the parish.

· In his or her capacity as officer-in-charge of a local emergency service, the Local Coordinator may:

à Nominate suitable persons to be registered volunteer members of the ODPEM.

à Nominate suitable persons for attendance at counter-disaster training courses.

à Utilize the resources of the local emergency service in support of police or statutory services for emergency purposes within the Parish.

à Advise officers of the Parish in respect of such facilities as may be required for effective operation of the local emergency service.

à Exercise such other powers and perform such other functions and duties as are prescribed or, so far as not prescribed, as the Director determines.

ALERT

· Ensure that the PEOC is activated and set up

· Ensure that communications between NEOC, PEOC, and response agencies are established

RESPONSE

· Act as liaison between the Parish and the NEOC

· Assist the Parish in its attempts to return to normalcy

· Coordinate relief services and material to the Parish

13.0 WELFARE BENEFITS

13.1 REGISTRATION

Victims will register claims at pre-designated points. Registration points will be manned by officers from the Ministry of Local Government.

Registration will take place during normal working hours, unless the magnitude of the event warrants working overtime.

At registration, they will receive a card on which all benefits received will be recorded. All registration MUST take place within ten (1-10) working days of the event. Victims will not be registered after this deadline unless extraordinary circumstances have prevented them from doing so.

The locations of registration centres, and the hours of registration will be disseminated through the media and will be posted at post offices, community centres and other appropriate public places before hand.

At registration, some valid national identification document must be presented. This document will be used to track victims, and must be presented every time any transaction or query is made by or on behalf of a victim. Acceptable forms of identification are:

- Passport
- Drivers License
- NIS Card
- Other

Victims will be registered by families in the name of the head of the household, and their names passed to the District Chairmen.

13.2 VERIFICATION OF CLAIMS

Physical checks of the premises of registered victims will be coordinated by the Ministry of Local Government, through the Parish Disaster Committees, in order to avoid duplications and omissions. Verification will begin on the second day, and will continue for six weeks, or until all claims are verified. Every effort should be made to distribute benefits within six (6) weeks of registration.

13.3 PROCESSING OF CLAIMS

This procedure has the advantage of producing one list of victims from any given district. The PDC will make appropriate administrative arrangements. Payment records of each victim and all benefits received should be kept in a database to enable identification of victims who receive multiple or recurring benefits.

13.4 BENEFITS

In order to avoid the logistic problems associated with distribution of large amounts of items, benefits will preferably be in the form of vouchers or cheques. Supplies may then be purchased from local hardware suppliers in accordance with arrangements made by the Ministry of Finance through the PDC.

13.5 DISTRIBUTION

When cheques or vouchers are ready, call letters will be issued to beneficiaries by representatives of the Ministry of Local Government and Parish Disaster Committees. These officers will deliver call letters to beneficiaries.

Beneficiaries will collect cheques or vouchers at designated registration points.

Cheques or vouchers will be delivered only on presentation of the same identification which was presented at registration, or of a letter of permission from the beneficiary.

13.6 TRACKING

A common database listing all victims who have received benefits, will be kept at the Ministry of Finance with a copy list at the ODP. This should include benefits received from NGO's.

Benefits received will also be recorder on the victim's registration card, which will be kept as a backup to the computerized database.

13.7 VICTIMS OCCUPYING GOVERNMENT HOUSES

Victims occupying government-owned houses or houses insured under government schemes, will not qualify for housing grants, but may qualify for other assistance.

13.8 LOSS OF TOOLS AND EQUIPMENT

In cases where victims have lost their means of economic support, they will qualify for assistance if they are not receiving assistance from elsewhere.

13.9 CASES OF RECURRING IMPACT

Persons living in locations which are subject to repeated events will be required to relocate to safer locations. No beneficiary should receive more than two (2) sets of benefits for the same hazard, unless he/she has made an effort to relocate.

13.10 COORDINATION AMONG RELIEF AGENCIES

To ensure that victims do not receive benefits from several agencies, all organizations involved in relief distribution should be coordinated through the Relief Committee.

13.11 DETERMINATION OF LEVELS OF BENEFIT

Levels of compensation for a particular degree of damage will be decided for each event and based on available resources. Maximum benefits could be categorized as follows:

- Total damage
- Major damage
- Minor damage
- Furniture loss
- Loss of equipment
- Loss of crops etc.

All lists from registration centres will be sent to the ODP for verification.

Appendix I

Excerpt from the Comprehensive Preparedness Guide 101 (United States)

Incorporating Children

Preparedness

- Does the planning group include individuals with expertise in pediatric issues, as well as relevant advocacy groups, service providers, and subject matter experts?
- Does the plan include demographic data and information on the number of children and where they tend to be (e.g., schools, daycare facilities)?
- Does the plan identify the agency with the lead role for coordinating planning efforts and ensuring that children are incorporated into all plans?
- Does the plan identify support agencies to assist the lead agency in coordinating planning efforts and ensuring that children are incorporated into all plans?
- Does the plan identify a child coordinator to provide expertise for the emergency planning process and to support the Incident Commander, the Planning Section, and/or the Operations Section during an emergency?
- Does the plan include mechanisms or processes to effectively identify children and families who will need additional assistance with their specific health-related needs in advance of, during, and following an emergency?
- Does the plan include mechanisms or processes to secure medical records to enable children with disabilities and/or other special health care needs to receive health care and sustained rehabilitation in advance of, during, and following an emergency?
- Does the plan identify which position/agency is authorized to direct supporting departments and agencies to furnish materials and commodities for children with disabilities and/or other special health care needs?
- Does the plan identify critical human services and ways to reestablish these services following a disaster for children and their families?
- Does the plan identify roles and responsibilities for supporting children?
- Does the plan prioritize governmental, nongovernmental, and private sector resources to meet critical needs such as accessible housing, rental assistance, debris removal, and emergency repairs for families of children with special health care needs?
- Does the plan describe vetting, training, and use of spontaneous volunteers who may offer their services to families with children?
- Does the plan include mechanisms or processes for provision of emergency childcare services?

- Does the plan include mechanisms or processes for the reunification of children with families?
- Do exercises include children and child congregate care settings such as school, childcare, child welfare, and juvenile justice facilities?

Evacuation Support

- Does the plan identify which official has the authority to order an evacuation?
- Does the plan identify the roles and responsibilities for advanced/early evacuation, which is often necessary to accommodate children with mobility issues?
- Does the plan identify the agency that has the lead role in coordinating an evacuation and ensuring children are incorporated into all evacuation considerations and planning?
- Does the plan include mechanisms or processes for providing safe evacuation/transportation assistance to unaccompanied minors?
- Does the plan include mechanisms or processes for tracking children, especially unaccompanied minors, during an evacuation?
- Does the plan include affirmative recognition of the need to keep children with disabilities with their caregivers, mobility devices, other durable medical equipment, and/or service animals during an evacuation?
- Does the plan include mechanisms or processes to ensure the availability of sufficient and timely accessible transportation to evacuate children with disabilities whose families do not have their own transportation resources?
- Does the plan identify means and methods by which evacuation transportation requests from schools, specifically schools with children who have disabilities, are collected and consolidated?
- Does the plan identify means by which incoming transportation requests will be tracked, recorded, and monitored as they are fulfilled?
- Does the plan identify accessible transportation resources (including paratransit service vehicles, school buses, municipal surface transit vehicles, drivers, and/or trained attendants) that can provide needed services during an evacuation?
- Does the plan address re-entry?

Shelter Operations

- Does the plan include mechanisms or processes for ensuring there will be adequate accessible shelters that fully address the requirements of children, including those with medical needs?
- Does the plan address adequate shelter space allocation for families who have children with special needs (i.e., disabilities and chronic medical needs) who may need additional space for assistive devices (e.g., wheelchairs, walkers)?
- Does the plan address necessary developmentally appropriate supplies (e.g., diapers, formula, age appropriate foods), staff, medicines, durable medical equipment, and supplies that would be needed during an emergency for children with disabilities and other special health care needs?
- Does the plan include mechanisms or processes for handling of and providing for unaccompanied minors in shelters?

Public Information and Outreach

- Does the plan identify ways to promote personal preparedness among children, as well as their families and caregivers (including school and daycare personnel)?
- Does the plan identify mechanisms for disseminating timely and accessible emergency public information using multiple methods (e.g., television, radio, Internet, sirens) to reach families of children with sensory and cognitive disabilities, as well as families with limited English proficiency?

Incorporating Individuals with Access and Functional Needs

Preparedness

- Does the planning group include individuals with disabilities and others with access and functional needs, as well as relevant advocacy groups, service providers, and subject matter experts?
- Does the plan include a definition for “individuals with disabilities and others with access and functional needs,” consistent with all applicable laws?
- Does the plan include demographic data and information on the number of individuals in the community with disabilities and others with access and functional needs (using assessment and current registry data, if available)?
- Does the plan identify the agency with the lead role for coordinating planning efforts and ensuring that individuals with access and functional needs are incorporated into all plans?
- Does the plan identify support agencies to assist the lead agency in coordinating planning efforts and ensuring individuals with access and functional needs are incorporated into all plans?
- Does the plan identify a disability advisor to provide expertise for the emergency planning process and to support the Incident Commander, the Planning Section, and/or the Operations Section during an emergency?
- Does the plan include mechanisms or processes to effectively identify people who will need additional assistance and their specific health-related needs in advance of, during, and following an emergency?
- Does the plan include mechanisms or processes to secure medical records to enable persons with disabilities or access and functional needs and acute health care needs to receive health care and sustained rehabilitation in advance of, during, and following an emergency?
- Does the plan identify which position/agency is authorized to direct supporting departments and agencies to furnish materials and commodities for individuals with disabilities and others with access and functional needs?
- Does the plan identify critical human services and ways to reestablish these services following a disaster for individuals with disabilities and others with access and functional needs to enable individuals to regain and maintain their previous level of independence and functioning?
- Does the plan identify roles and responsibilities for supporting individuals with disabilities and others with access and functional needs during both the short- and long-term recovery process?
- Does the plan prioritize governmental, nongovernmental, and private sector resources to meet critical needs such as accessible housing, rental assistance, debris removal, and emergency repairs for individuals with disabilities and others with access and functional needs?
- Does the plan include mechanisms or processes for the training and use of spontaneous volunteers who may offer their services to individuals with disabilities and others with access and functional needs to assist with physical, programmatic, and communications access and other functional needs?

Evacuation Support

- Does the plan identify which official has the authority to order an evacuation?

- Does the plan identify the roles and responsibilities for advanced/early evacuation, which is often necessary to accommodate persons with mobility issues?
- Does the plan identify the agency that has the lead role in coordinating an evacuation and ensuring those individuals with disabilities and others with access and functional needs are incorporated into all evacuation considerations and planning?
- Does the plan include affirmative recognition of the need to keep people with disabilities with their support systems, mobility devices, other durable medical equipment, and/or service animals during an evacuation?
- Does the plan include mechanisms or processes to ensure the availability of sufficient and timely accessible transportation to evacuate individuals with disabilities and others with access and functional needs who do not have their own transportation resources?
- Does the plan identify means and methods by which evacuation transportation requests from individuals with disabilities and others with access and functional needs are collected and consolidated?
- Does the plan identify means by which incoming transportation requests will be tracked, recorded, and monitored as they are fulfilled?
- Does the plan identify accessible transportation resources (including paratransit service vehicles, school buses, municipal surface transit vehicles, drivers, and/or trained attendants) that can provide needed services during an evacuation?
- Does the plan address re-entry?

Shelter Operations

- Does the plan include mechanisms or processes for ensuring that general population shelters are accessible and have planned to fully address the physical, programmatic, and communications accessibility requirements of individuals with disabilities and others with access and functional needs?
- Does the plan address the need for adequate shelter space allocation for individuals with disabilities and others with access and functional needs who may need additional space for assistive devices (e.g., wheelchairs, walkers)?
- Does the plan include mechanisms or processes for ensuring Americans with Disabilities Act Accessibility Guidelines govern the shelter site selection and operation?
- Does the plan address necessary staff, medicines, durable medical equipment, and supplies that would be needed during an emergency for individuals with disabilities and others with access and functional needs?

Public Information and Outreach

- Does the plan identify ways to promote personal preparedness among individuals with disabilities and others with access and functional needs, as well as their families and service providers?
- Does the plan identify mechanisms for disseminating timely and accessible emergency public information using multiple methods (e.g., television, radio, Internet, sirens) to reach individuals with sensory, intellectual, and cognitive disabilities, as well as individuals with limited English proficiency?

Incorporating Household Pets and Service Animals

Preparedness

- Does the plan describe the partnership between the jurisdiction's emergency management agency, the animal control authority, the mass care provider(s), and the owner of each proposed congregate household pet sheltering facility?
- Does the plan have or refer to an MOA/MOU or MAA that defines the roles and responsibilities of each organization involved in household pet and service animal response?
- Do organizations with agreed upon responsibilities in the plan have operating procedures that govern their mobilization and actions?
- Does the plan recommend just-in-time training for spontaneous volunteers and out-of-state responders?
- Does the plan encourage household pet owners and service animal owners to make arrangements for private accommodations for themselves and their household pets and service animals prior to a disaster or emergency situation?

Evacuation Support

- Does the plan address the evacuation and transportation of household pets from their homes or by their owners or those household pets rescued by responders to congregate household pet shelters?
- Does the plan address how owners will be informed where congregate household pet shelters are located and which shelter to use? Does the plan provide for the conveyance of household pets or service animals whose owners are dependent on public transportation?
- Does the plan address how household pets that are provided with evacuation assistance are registered, documented, tracked, and reunited with their owners if they are separated during assisted evacuations?
- Does the plan address the responsibility of transportation providers to transport service animals with their owners?

Shelter Operations

- Does the plan identify the agency responsible for coordinating shelter operations?
- Does the plan provide guidance to human shelter operators on the admission and treatment of service animals?
- Does the plan identify an agency in the jurisdiction that regulates nonemergency, licensed animal facilities (e.g., animal control shelters, nonprofit household pet rescue shelters, private breeding facilities, kennels)?
- Does the plan establish criteria that can be used to expeditiously identify congregate household pet shelters and alternate facilities?
- Does the plan provide guidance about utility provisions, such as running water, adequate lighting, proper ventilation, electricity, and backup power, at congregate household pet shelters?
- Does the plan include mechanisms or processes to reduce/eliminate the risk of injury by an aggressive or frightened animal, the possibility of disease transmission, and other health risks for responders and volunteers staffing the congregate household pet shelter?

- Does the plan recommend a pre-disaster inspection and development of agreements for each congregate household pet facility?
- Does the plan provide for the care and maintenance of each facility while in use as a shelter?
- Does the plan identify equipment and supplies that may be needed to operate each congregate household pet shelter, as well as supplies that household pet owners may bring with them to the congregate shelter?
- Does the plan provide for the physical security of each congregate household pet facility, including perimeter controls and security personnel?
- Does the plan provide for acceptance of donated resources (e.g., food, bedding, containers)?
- Does the plan provide for the acquisition, storage, and security of food and water supplies? Does the plan provide for the diverse dietary needs of household pets?

Registration and Animal Intake

- Does the plan establish provisions for the sheltering of unclaimed animals that cannot be immediately transferred to an animal control shelter?
- Does the plan provide for segregation or seizure of household pets showing signs of abuse?
- Does the plan provide for household pet registration? Does the plan provide for installation and reading of microchip technology for rapid and accurate identification of household pets?
- Does the plan provide for technical consultation/supervision by a veterinarian or veterinary technician as official responders?
- Does the plan identify the need for all animals to have a current rabies vaccination?
- Does the plan provide for the case when non-eligible animals are brought to the shelter?

Animal Care

- Does the plan provide for the housing of a variety of household pet species (e.g., size of crate/cage, temperature control, appropriate lighting)?
- Does the plan provide for separation of household pets based on appropriate criteria and requirements?
- Does the plan provide for the consultation of a veterinarian or animal care expert with household pet sheltering experience regarding facility setup and maintenance?
- Does the plan provide for the setup and maintenance of household pet confinement areas (e.g., crates, cages, pens) for safety, cleanliness, and control of noise level?
- Does the plan recommend the setup of a household pet first aid area inside each shelter?
- Does the plan provide for the control of fleas, ticks, and other pests at each congregate household pet shelter?
- Does the plan provide criteria for designating and safely segregating aggressive animals?
- Does the plan provide for the segregation or quarantine of household pets to prevent the transmission of disease?

- Does the plan recommend the relocation of a household pet to an alternate facility (e.g., veterinary clinic, animal control shelter) due to illness, injury, or aggression?
- Does the plan recommend providing controlled areas (indoor or outdoor) for exercising dogs?
- Does the plan provide for household pet waste and dead animal disposal?
- Does the plan provide for the reunion of rescued animals with their owners?
- Does the plan include mechanisms or processes to address the long-term care, permanent relocation, or disposal of unclaimed household pets?

Public Information and Outreach

- Does the plan provide mechanisms for continually updating public statements on shelter capacity and availability as people/animals are coming to shelters?
- Does the plan provide for a public education program?
- Does the plan provide for the coordination of household pet evacuation and sheltering information with the jurisdiction's public information officer or Joint Information Center?
- Does the plan provide for communication of public information regarding shelter-in-place accommodation of household pets, if available?

Record Keeping

- Does the plan define the methods of pre- and post-declaration funding for the jurisdiction's household pet and service animal preparedness and emergency response program?
- Does the plan describe how to capture eligible costs for reimbursement by the Public Assistance Program as defined in Disaster Assistance Policy (DAP) 9523.19, Eligible Costs Related to Pet Evacuations and Sheltering?
- Does the plan describe how to capture eligible donations for volunteer labor and resources as defined in DAP 9525.2, Donated Resources?
- Does the plan describe how to capture eligible donations for mutual aid resources as defined in DAP 9523.6, Mutual Aid Agreements for Public Assistance and Fire Management Assistance?

Similar checklists can be developed as appropriate by the jurisdiction to address other critical population sectors, including populations with diverse languages and culture, populations with economic challenges, populations that depend on public transportation, and nonresident visitors.

Appendix J

Auditor's Report

Disaster Management Policy and People with Disabilities in the United States and Jamaica: A Constructivist Inquiry

Audit Conducted by Patrick Shannon, Ph.D, MSW

Associate Professor

Department of Social Work, University of New Hampshire

April 10-14, 2011

Purpose of Audit

The purpose of this audit is to examine the integrity and quality of the methods of the inquiry and the case report (findings). Trustworthiness is the criteria being assessed in this constructivist dissertation, specifically, the dimensions of confirmability, credibility, and dependability will be assessed. This audit goes further in also reviewing the authenticity of the dissertation's interpretations in an attempt to assess fairness, ontological and educative authenticity. The guidelines for performing the audit were derived from Lincoln & Guba (1985), *Naturalistic Inquiry*, Schwandt & Halpern (1988) *Linking Auditing and Metaevaluation*, and from Rodwell (1996), *Social Work Constructivist Research*.

Preparing for the Audit

Jessica asked me to conduct the audit in the summer of 2010 as her data collection was beginning to wind down. I have conducted several constructivist inquiries and have had three previous inquiries audited, although, this is the first audit that I have completed for another researcher. However, I have the methodological expertise and experience to complete this audit. I have partial expertise in the content area, that is, I have worked with and conducted research with individuals with disabilities for nearly 25 years but not in the context of emergency preparedness.

I agreed to conduct the audit and we established a process for the audit including opportunities for me to read materials, which she would submit electronically in March 2011. Unfortunately, meeting face-to-face was not possible so everything was done electronically. In the weeks prior to conducting the audit, Jessica provided me with electronic copies of the case study report (and endnotes), expanded field notes, note cards (data units) in a Microsoft Word file, peer review, methodological, and reflexive journals.

I conducted an auditability assessment the week prior to conducting the audit to make sure I had everything I needed for a complete trustworthiness audit. The audit trail was assessed based on the documents themselves. The documents reflect her description and provide the audit trail necessary for a constructivist audit. I found the audit trail from the working hypotheses and foreshadowed questions to the final case study report, and including all data sources and journals, to be extremely thorough and complete.

The audit was completed in five days, from Sunday April, 10 to Thursday April 14, 2011. We agreed that the audit would include an assessment of the inquiry's trustworthiness, specifically the dimensions of confirmability, credibility, and dependability. Below are the findings of the audit.

Statement of Findings

Confirmability

The purpose of Confirmability is to assess whether the case study was grounded in the data and the assertions made were logical. The answer to this question is quite simply, Yes, the case study report is grounded in the data. Fifteen endnotes representing more than 100 data units were selected at random for this assessment.

I began with a series of selected endnotes from Appendix A which were then traced back first to the relevant section in the case report. See the paragraph below and the endnotes for examples.

For people with disabilities, there were a couple different ways in which they attempted to manage expectations. Some tried to be ready and be advocates for themselves [V42], recognizing “the ‘what if’ can happen, it will happen” (ValntCon36). Some let go of what they cannot control [V43]: “some things you can’t do anything about” (ValntCon40). One expectation or wish among a few participants was access to a generator, though most of them acknowledged the high cost and limited practicality of owning one [V43b].

Theme Codes Interview Codes

V42	ValntCom3	VD13.So.E79.BI50
	ValntCom3	VD12.So.E25.Co30
	ValntCom3	VD9.No.E50-51.De18
V43	ValntCom40	VD4.No.E24-25.Psy22
	ValntCom41	VD13.No.E65.BI43
	ValntCom42	VD13.No.E66.BI44

ValntCom43 VD13.No.E67.BI45

V43b ValntCom44 VD7.So.E71-72.Ph56

ValntCom45 VD7.So.E10-11.Ph13

ValntCom46 VM6.No.E85-92.L645

As the endnotes demonstrate, there are 10 data units to be confirmed in these sentences from the case report. I repeated this process in several sections. Specifically, I completed this process 3 times for each the Jamaica and Virginia sections of the report.

Based on the endnote codes, I was able to trace the endnote to the attributed participant quotes in the transcribed interviews by identifying the sorted index cards (Word File) labeled in accordance with the endnotes. Next, I was able to trace the cards to the expanded field notes. The index cards and expanded field notes included line numbers, making it easy to trace data to the words of the original source.

Because of the complexity of the topic and the thick description present in this case study report, there were very few exact participant quotes. However I can say that the intended meaning of the participants' statements were accurately captured in the narrative of the report. As appropriate for interpretive analysis and reporting, assertions within a character's quote in the case report reflect the meaning of participants' statements if not their exact wording. Furthermore, I can attest to the strength of the logical inferences of the narrative. The development of the context for the story, while complex, makes for a strong interpretive reporting of findings that is thick in its description and has the potential to strengthen understanding of emergency preparedness for other readers.

Credibility

While confirmability articulates how the data provided by the participants is included in the case report by demonstrating a link from the case report to the data collected during the inquiry, credibility assesses whether participants' perspectives were accurately captured in the case report. Is an insider's view (emic) represented in a way believable to participants? I can attest that the inquiry process and case report were rigorous in this regard and, in my assessment, accurately reflect participants' voices.

Looking for evidence of triangulation is one way to assess credibility. Triangulation allows for the cross-checking of perspectives in the hermeneutic process. In reviewing the data in the confirmability audit, I have been able to compare data from multiple sources and participants. This does not merely give a picture of accuracy of the insiders' perspectives, but also demonstrates the full complexity of the reality construction process as multiple perspectives are heard and included in the case report. Looking at alternative sources to confirm reported information can also be helpful. Below is an excerpt from Jessica's Self Reflexive Journal that I think demonstrates a rigorous search for information.

3/30/2010.....The other day, I found Jamaica Information Service on Facebook and became a fan. The things they publish range from new appointments within the government to updates from Parliament and more. Just after 8 pm tonight, this showed up: Some \$129.5 million has been allocated to the Climate Change Adaption and Disaster Risk Reduction project this fiscal year as the government seeks to reduce the risk associated with natural disasters in vulnerable areas.

Member checks allow for reactions that also test the accuracy of Jessica's interpretations. Below is an excerpt from her peer review journal which helps to demonstrate ongoing member checks:

5/20/2010.We also talked about the membercheck process that she is using. While she is memberchecking throughout the interview, she is also typing up her field notes prior to expanding them to share with the participants for memberchecking. While this seems like a bit much when she first talked about it, given that she is not going to do multiple interviews with anyone, I think it will be OK.

Because of geography, Jessica was not able to complete a face-to-face grand member check but was able to email copies to participants in both sites for review and conduct phone interviews. She developed a very thorough process for conducting the checks. Here is an excerpt from her journal about the Member check process:

25 March 2011

Today was member check day. I sent some more reminder emails, and even made some calls to Jamaica. It took me a while to get my patois ear working again, but by the end I was even talking differently again. It was really great to talk to the participants I was able to get on the phone, and their responses were very positive.

All of the participants who responded to Jessica's request to participate in the member check stated that she had captured their voice accurately. She asked specific questions about three areas of interest and participants responded that their voices were heard, that their meanings were expressed, and several commented on their own learning in the process. None of the participants who responded to stated that their perspective had been ignored or misrepresented in the case report.

Dependability

The purpose of Dependability is to assess whether the inquirer's decisions and methodological shifts were appropriate to constructivist methods. I can attest that the inquirer's decisions and methodological procedures appropriately reflect constructivist inquiry processes and are reflective of Jessica's decisions as recorded in her Methodological Journal. Such standard procedures as an emergent research design, purposive sampling, and inductive data analysis were used.

Methodological shifts throughout the inquiry process are clearly articulated, especially in relation to the working hypotheses and foreshadowed questions. Evidence for logical processes in decision-making appear in her peer review and reflexive journals. Beginning processes for identifying stakeholder groups and some of the process for choosing participants are referenced in many places throughout the journals. Every decision made related to purposive sampling was clearly stated and referenced in each of the journals. There was a considerable amount of reflection present about every methodological decision. It is evident that a lot of time and thought went into every aspect of this inquiry process.

In terms of ending the data collection process Jessica reported in her reflexive journal how difficult it was to decide when to stop interviewing. She turned to her peer reviewer for support:

3/9/11....We talked about my struggles with seeing saturation, which was easier this time, but still a bit of a challenge, and how not having done this type of research before meant I was due for some challenges, since I am discovering in crunch time that every time I think I am close to an end goal, I realize there is another big step or two before I can get there. But I did get the Jamaica case study off to Mary Katherine and Ellen today at 1 am!

She stated that she had reached saturation in the collected data. More evidence

of how she makes this decision is in her reflexive journal, where she also describes conversations with her chair.

Evidence of use of an inductive data analysis was very evident in the thorough description of details of sorting and categorizing the data units on index cards (Word Document). It is clearly evident that constant comparison was used to analyze the data by unitizing and categorizing the data. She made several drawings and figures in the sorting of themes which helped to add to the understanding of the complex phenomena.

Finally, the case report is perhaps the strongest evidence of her use of 'constructivist' practices. It is a thick description of the multiple meanings of individual experiences of emergency manage and response policy and how policyin intent is experienced by individuals in two very different cultures. The case report creatively captures the multiple perspectives of stakeholders and explores the findings themes as patterns of association rather than as patterns of causality, while remaining a research report.

Every aspect of this inquiry is logical, thoughtful, creative, and extensively documented. It is a wonderful example of how to establish a trustworthy case study.

Authenticity

Reporting the authenticity of Jessica's report is grounded in the case report, member checks, reflexive, and peer review journals. Authenticity is based on the respondents' perspectives of the process of the inquiry. Member checks with participants suggest fairness as each participant who responded to the case study report states that their perspective is included and their story is told. Participants state:

"Remembering all the questions, and doesn't seem like you missed anything. Recognize more that people think about us. Because you would not be doing

this research if you weren't thinking about us. Yeah, man, it's accurate."

"Yes, it's basically right. Can't remember anything different. Yes, learned a lot."

Member checks, and comments in the reflexive journal, point to a level of ontological authenticity. There is evidence of participant's not only hearing their story, but of their learning in the process. They report new understandings and insights. The inquirer reported an openness to this learning in her journal:

"Sounds alright. Yes, I learned people were appreciative of what we did to help. And that for some the process is still too long. [this participant also interpreted 2 interviews and was present for another, and he said he'd give me an A+ for accuracy, so it was representative of what he said and what he heard]"

"That's right. Learned to get more prepared from participating. Alright – accurate."

Ontological authenticity was confirmed in member check documents where participants answer affirmatively that they have learned from the process.

Further, educative authenticity is seen in the evidence of sensitivity to alternative views. I didn't find any comments that would directly indicate educative authenticity. Maybe a few comments that related to individuals learning more about the constraints that agencies face in responding to needs.

Conclusion

Based on a complete examination of the audit trail, I can attest to the—
confirmability, credibility, and dependability related to the trustworthiness of the case study in the dissertation, as well as the authenticity of the inquiry. I enjoyed reading the entire document and believe that this will be an important contribution to discussions about improving disaster response services to people with disabilities.

Patrick Shannon

Vita

Jessica Carol Jagger was born on November 3, 1979 in Summit, New Jersey and is a United States citizen. She graduated from Toms River High School East in Toms River, New Jersey in 1997. She received a Bachelor of Arts in French and a Bachelor of Science in Biology with a minor in Women's Studies from the University of Richmond, Richmond, Virginia in 2000 and subsequently worked in health care and child care settings for nearly three years. She received a Master of Social Work from the University of Connecticut, West Hartford, Connecticut in 2005. She then worked for two years in social work research and training.