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**STATEMENT OF TREVOR RIGGEN  
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**BEFORE THE COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE  
Subcommittee on Economic Development, Public Buildings and Emergency Management**

**U.S. HOUSE OF REPRESENTATIVES**

Chairwoman Norton, Ranking Member Diaz-Balart and distinguished Members of the Subcommittee, I am pleased to offer testimony today regarding providing services after a disaster to those individuals most vulnerable in our nation.

My name is Trevor Rikken, and I lead domestic service delivery for the American Red Cross Disaster Services. The issue we are discussing today, "Looking Out for the Very Young, the Elderly and Others with Special Needs: Lessons from Katrina and Other Major Disasters," is of utmost importance to the Red Cross and to the country. Today I will focus my testimony on the lessons we have learned, the changes we have put into practice, and future plans for better serving these vulnerable populations in disasters of all sizes.

For more than 125 years, the American Red Cross has provided relief to victims of disaster and helped people prevent, prepare for, and respond to emergencies. Each day we meet our mission in communities across the nation through a chapter network, responding to more than 70,000 disasters annually. From single family house fires to large scale national disasters like hurricanes, wildfires, and tornadoes, the Red Cross provides essential life saving and sustaining services. In addition, the Red Cross collects and distributes nearly half of the nation's blood supply. To provide these services, we rely heavily on the generous contributions of the public – including donations of time, money and blood.

**Meeting the Needs of the Most Vulnerable**

When disaster strikes, the American Red Cross provides shelter, food, critical resources, and physical and emotional care. Our first priority during any disaster is to ensure that those affected have a safe place to stay, food and basic necessities. How our organization - and the sector as a whole - meets

these challenges can go a long way toward ensuring a more effective and inclusive relief effort to benefit those in need.

Despite the many positive changes since Hurricane Katrina, a very specific challenge remains for both responders and planners: how to prepare for the likely post-disaster needs of those who are most vulnerable, and how to provide the best environment for physical and emotional care after a disaster. Over time, the term “special needs” has become a catch-all for any person who may need additional services beyond the “average” survivor. As a result, disaster plans have become a lengthy list of appendices in an attempt to capture the multitude of possibilities and needs created by disasters. However, in most cases we have not fixed the problem, but have only succeeded in further isolating those in need. Our communities – small and large, urban and rural – are comprised of a wide diversity of age, color, culture, and needs. The assumption that the majority of persons fit in the “average” or “one size fits all” category has proven to be false, and plans to meet the needs of the entire community in times of disaster must change accordingly.

Therefore, to best meet a community’s needs, the American Red Cross is proposing that we become more attuned to the complex issues that surface in a disaster environment. The ability of a disaster survivor to prepare for, respond to, and recover from a disaster depends on a variety of factors that often are beyond the individual’s immediate control. The demands are quite different from those that influence a person’s day-to-day abilities to function in a non-disaster environment. The severity of the event, the timeliness of the warning, the person’s health status, and his or her access to economic and other resources are some of the factors that significantly influence response and recovery capacity. Survivors who are home or community-bound, socially isolated, or have unique physical and mental health needs further aggravated by the disaster, may be compromised in their ability to prepare, react and recover from disasters.

Children also have unique and specific needs following a disaster. When pulled from their homes, placed in an unfamiliar environment, and frightened by an unknown future, a child’s recovery requires a different kind of care and comfort.

Everyone, including those most vulnerable, must share in the responsibility to prepare for and respond to disasters (if they are able). However, others in the community also have a responsibility to ensure that services to those in need are provided in a manner and scale that enables them to respond to and recover from a disaster. Emergency managers, health-care providers, emergency responders, local public and private agencies, and the American Red Cross must be dedicated to the health and well-being of our entire community.

### **Current Efforts: Serving the Entire Community**

The Red Cross remains committed to ensuring that disaster-caused needs of all individuals are met before, during and after disasters. The needs of those most commonly overlooked in disaster planning - people with disabilities, children, and the frail elderly - are of particular concern. Several initiatives are under way in each area of service delivery to meet these needs, and we are working closely with partners to initiate new efforts, as well.

### **Access to Services**

A common misunderstanding in today’s emergency management community is that many elderly or people with disabilities would not “qualify” to stay in or be served by a traditional Red Cross shelter

due to reliance on assistive devices, and/or on support personnel. In turn, many state and local governments have struggled to develop “special needs” shelters around vague and varying definitions. Experience has shown that there is no “one size fits all” approach. Needs are often defined by the environment and the availability of family members, friends or health care personnel to provide assistance or special care for tasks that the individual cannot perform alone. Disabilities may manifest as physical, sensory, cognitive, behavioral, mental health and/or chronic conditions. In many cases, the disaster environment itself can aggravate mental and physical health conditions that are not present day to day. Clearly, the term “special needs” is not specific enough, nor is it even consistently defined. In short, different disabilities create different needs.

While the Red Cross is diligent in working to ensure that all shelter facilities comply with Americans with Disabilities Act accessibility standards, these facilities are typically public buildings that are not under our control until after a disaster strikes. We inspect shelters before a disaster strikes, and have a comprehensive inventory, but we typically cannot make modifications to the facility until immediately after we gain access. In order to ensure that the greatest number of people possible can be accommodated in the shelter, one of our initial tasks is to make all reasonable modifications to ensure access (e.g. installing temporary ramps, acquiring accessible toilets and showers, etc.). The Red Cross has also procured and stockpiled additional supplies to meet the most critical of sheltering needs. This includes items such as wheelchair transferable cots (taller and stronger) and commode chairs. We have also added additional training and awareness courses to assist sheltering volunteers in their efforts to ensure that our shelters are resourced and managed appropriately.

The Red Cross is also working closely with FEMA and other disaster partners in the support of a newly developed Functional Needs Support program. This program, modeled on the Functional Assessment Service Team (FAST) concept developed in California, would provide immediate access to a caregiver workforce to supplement shelter staff as additional needs are presented. The concept of functional needs support has also taken root in Louisiana. There, a coalition of state government and non government entities, including Red Cross and elderly and disability groups, have developed a plan for recruiting, training, deploying and managing volunteer personal care assistants who will be assigned to individuals in general population shelters who need assistance with activities of daily living. These activities include eating, dressing, transferring from chair to cot or toilet and other basic activities. It is anticipated that the Louisiana plan will be ready for implementation for the next hurricane season.

### **Focus on Children**

Emergency shelters place children and their families in an environment that may be quite different from their home environment. These facilities as they exist day to day may lack learning materials, toys, safe places to play and activities for children. When selecting shelter facilities and when laying out space within these facilities, the Red Cross carefully considers children’s needs and looks to quickly supply these resources accordingly. The Red Cross strives to provide:

- designated space for family interaction in shelters that are free from outside media
- space for temporary child care that can be controlled and that is close to restrooms, drinking water, and hand washing
- distinct areas for families in dormitory/sleeping areas

We also work closely with valued partners like Church of the Brethren: Children's Disaster Services, Southern Baptist Disaster Relief, and Save the Children to provide a safe environment, high quality assistance to children and to provide temporary childcare in our shelters.

In 2007, the American Red Cross, Save the Children, and Church of the Brethren: Children's Disaster Services established a tri-lateral agreement to assist children in shelters. Under this agreement, the Red Cross sets up and staffs the shelter, but involves both of these partners immediately. Save the Children provides *Child Friendly Space* kits, which contain materials that can be used to establish a safe space for children within a shelter. These pre-packaged kits contain equipment to mark off a special area for children, activity supplies (such as art materials, books, games and toys), and other materials to assist children and families in a shelter environment. Church of the Brethren: Children's Disaster Services provide the personnel to run structured, supervised activities which are designed to strengthen children's resilience and help them begin to work through their emotions following a disaster.

This past year, Congress formed a Federal commission charged with improving resources for children in disasters. One specific area targeted by this group is sheltering and the care of children. The Red Cross, in partnership with various organizations and federal agencies, has worked with this commission to evaluate lessons learned from previous disasters and has developed a set of shelter indicators and standards focused on children for both preparedness and response. Additionally, the Red Cross and the Commission have jointly developed an approved shelter supply list that will assist planners and operators as they seek to have the optimum balance of cached resources and ready access during an event. These supplies include such critical items as cribs, blankets, diapers, and baby formula.

The Mass Care Committee of National Voluntary Organizations Active in Disaster (NVOAD), in conjunction with the National Commission on Children and Disasters, has adopted these new tools. It has recently revised the Mass Care Standards and Indicators to include these newly developed standards in support of children in the emergency shelter environment. These standards, developed in coordination with mass care practitioners from a wide range of organizations, are meant to encourage consistent practices among the voluntary agencies.

The initial results from these tools have been encouraging. Recent disaster relief efforts in Georgia have seen both a heightened awareness and more appropriate resourcing of needed supplies and expertise. And, while these programs are obviously targeted at the well-being of children, they are also especially helpful for the parents. With knowledge that their children are safe and cared for, parents can focus on their needs and their family's recovery. They have more of an opportunity to talk to Red Cross caseworkers, to gather important information to help them cope, and to address any individual needs with the knowledge that their children are safe.

### **Better Casework to Meet a Range of Needs**

Over the past decade, response to major disasters has changed dramatically. FEMA and other Federal agencies have made substantial changes as a result of the Post- Katrina Emergency Management Reform Act; changes to the Stafford Act; the progression from the Federal Response Plan (FRP) to the National Response Plan (NRP); and to the National Response Framework (NRF). Similarly, the Red Cross is continually working to improve our processes and to identify ways to enhance service in a cost-effective manner.

One of the ways in which we address the needs of children, the elderly, and those with special needs is our Welfare Information program. Loved ones seeking individuals who are frail/elderly and/or who have significant health/mental health issues can turn to the Red Cross for assistance in locating the sought individual. This also allows us to make an assessment for Health or Mental Health needs, so that those services can be provided. Our Safe And Well website provides another avenue for direct family communication. While many clients access it directly, we also provide support to help those individuals that may have difficulty in using the website due to special needs such as the frail/elderly, the visually impaired, hearing impaired (addressed through use of TTY), and those with limited English proficiency.

Welfare Information coordinates with agencies such as the National Center for Missing and Exploited Children to reunite children who have been separated from family during disaster; it is one of our priorities.

Furthermore, in late 2008, we made key changes to our service delivery program. FEMA's provision of "Other Means Assistance," which includes emergency financial assistance, allowed the Red Cross to commit more resources to our core mission – sheltering, feeding and distributing emergency bulk items and supplies. After a thorough review of the current disaster environment, the Red Cross is now providing an increased focus on one-on-one casework, performing more detailed client needs assessments, and placing a greater emphasis on distributing supplies to meet emergency needs.

The emphasis on casework is designed to engage individuals and families in the tactical steps for early recovery. This includes access to resources, information about Federal and local assistance, and the immediate provision of food and shelter if needed. Overall, this has maximized collaboration with partners, reduced costs, and created a better volunteer and client experience. Additionally, these services provide access to client information early in the disaster. Through Red Cross casework and the Coordinated Assistance Network, our partners are able to access information about critical needs, cases flagged for additional assistance and comprehensive resource directories. For many, especially those unable to travel to or navigate the complex recovery system, this allows for immediate identification of the need for assistance for all participating agencies.

Two of the challenges in providing effective casework are access and identifying those in need. Often it is difficult for survivors to come to central locations—especially the vulnerable populations that are the subject of this hearing—and many times survivors are simply unaware of the types of assistance available. To address this, the Red Cross is increasing its use of outreach as one of the primary service delivery methods. Through outreach, Red Cross workers are able to meet with clients in their neighborhoods or homes. This offers an opportunity to assess damage to homes, share critical information with families and communities, and provide services on site. Through this process, caseworkers can also evaluate client physical and mental health needs. From this assessment, we will replace damaged or lost medically necessary equipment or medications, provide referrals for additional care, and highlight critical trends for our partners' service delivery. Caseworkers will also ensure access to on-site care and/or treatment with referrals to disaster health and mental health services for both physical and mental health needs.

### **Enhanced Services to Meet Critical Health and Mental Health Needs**

When disaster strikes, the day-to-day balance of both physical and mental health can quickly become disrupted, especially in our vulnerable populations. Red Cross is committed to quickly determine the nature of those health needs and respond in-kind with care, resources, and referrals to enable clients

within our shelters to maintain their health and their dignity. To evaluate the accommodations that a person may need at a disaster shelter, all Red Cross shelter staff now use the *American Red Cross – Department of Health and Human Services Initial Intake and Assessment Tool*. The questions presented in this tool help the shelter worker determine if any member of the family is in need of additional support, supplies, or information to ensure that they can safely survive in a disaster shelter environment. This tool is also in use by our Federal government partners at the Department of Health and Human Services (HHS) who are deployed during an Incident of National Significance. To expand our capacity to meet client needs within our shelters and meet the challenges associated with providing for continuity of care, we recently signed a formal intent to better bridge partnering relationships with the Medical Reserve Corps.

The Red Cross currently has 5,000 independently licensed mental health professionals who volunteer as part of the largest and most highly credentialed disaster mental health response force in the country. Many of our disaster mental health workers have specialized training and experience working with children, the elderly and vulnerable populations. Our disaster mental health workers train all of our disaster workers in psychological first aid so that they can identify stress symptoms in children and adults, provide immediate emotional support to those in distress, and utilize evidenced-based triage tools to identify children and adults who are at greatest risk of developing clinical depression and post traumatic stress disorder.

Additionally, we are in the process of developing a new training course for all community members entitled *Coping in Today's World: Psychological First Aid and Resilience for Families, Friends and Neighbors*. In addition to learning how to provide psychological first aid, this course will teach community members how to increase their own resilience and the resilience of their children. We envision a day when community members across the country will go to Red Cross chapters to learn psychological first aid skills just as frequently as they learn CPR and physical first aid skills. We expect this course to strengthen the resilience and emotional support skills of individuals, families and children as they prepare, respond, and recover from disasters.

Finally, I must note that H1N1 has reminded us that even in a Pandemic, there are sectors of our communities that are hit harder than others are. Again, we see children, chronically ill adults, pregnant women, and older adults at the highest risk of complications. In the 1918 Pandemic, over 15,000 Red Cross nurses responded during the national response effort. Our Health Service workers are continuing to meet the needs of the nation, working beside our public health partners to assure that our most vulnerable are protected.

## **Recommendations**

As we continue to respond to disasters, all members of the response community are gaining a deeper understanding of the effects and limitations of both catastrophic and more limited disaster events. Moving forward, a number of practical steps can and should be taken to increase readiness and improve our capabilities for serving the needs of the very young, the elderly and others with additional needs after a disaster. These recommendations can be summarized as follows:

- In all aspects of planning and response, children, the frail-elderly, and people with disabilities must be considered as a distinct population and not as part of a larger “special needs” category. Although disaster plans should be comprehensive in their strategy to meet the needs of all

segments of the community, it is essential that we do not group those with the most need into a single broad category.

- Government planning for housing recovery needs to be in place and ready to be executed immediately, even as the initial response to a disaster is under way. It is critical that we prioritize families with children for disaster housing assistance and expedited transition into permanent housing – especially families with children and individuals who have disabilities or special health, mental health or educational needs.
- Children are best served if the regular routine of their day-to-day life can be restored as quickly as possible. In many communities, the local schools, faith centers, and community sites serve as the critical shelter sites for those displaced by the disaster. These social hubs provide an essential layer of stability and normalcy that can be extremely helpful in recovery for children, the frail elderly and other vulnerable groups. The faster that sheltering operations can transition from these locations to more permanent solutions, allowing the building to be opened for intended purposes, the sooner children can return to normal daily activities and families can begin to recover.
- We need to accelerate the development of a National Recovery Framework with an explicit emphasis on addressing the immediate and long-term physical and mental health, educational, housing and human services recovery needs of the entire community (“wrap around services”). Much focus has been given to the immediate response and to the life sustaining efforts of both government and voluntary agencies. The same focus needs to be applied to the development of a separate federal plan that will provide the much-needed focus to recovery.

## **Conclusion**

Madam Chairwoman and distinguished Members of the Subcommittee, thank you for providing me with the opportunity to testify before you today. Our nation continues to make improvements in our ability to respond to and recover from disasters, and we are learning the lessons from our past disasters as we strengthen our capabilities.

As a nation, we are better prepared for disasters than at any time in our history, but we have more work to do. With your support and that of the United States Congress, we can and must reach that goal. I thank you for your work in this important area, and look forward to our continued work together on these critical issues.

I am pleased to take any questions you may have.