

The Southeastern Regional Task Force Functional Needs
Subcommittee Presents:

***Emergency Communication: Are You Speaking the Right
Language?***

Tuesday, October 2nd, 2012

Crowne Plaza Hotel – Valley Forge

Captioned by Voiceprint, Inc.

Reporter: Jade Reese

ROBYN SLATER: Hello. How are you today? I'm doing well. If you have not yet helped yourself we do have bagels and fruit and coffee and tea. Restrooms are located down the hall to your left through the lobby and past the front desk on the right. We'll get started in about 5 to 10 minutes, so please make yourself comfortable. All right guys. Good morning. We are going to go ahead and get started.

First of all, welcome to the second annual symposium of Emergency Communication: Are You Speaking the Right Language? My name is Robyn. I am the regional vulnerable populations coordinator. I provide emergency preparedness community outreach to community based organizations. First of all, thank you so much for coming. I wanted to review logistics. The restrooms are down the hallway to the left and through the lobby. Unfortunately, those are the restrooms. It is a little bit of a hike.

The emergency exits -- there are exits to the right of the room out of these doors and then the way that you came in. So the symposium is sponsored by the Functional Needs Committee of the Southeastern Pennsylvania Regional Task Force. The Regional Task Force is 1 of 9 in the state established as a result of increased awareness of the threat of terrorism. However, the mission has evolved of the task force to repair for, coordinate the response from recovery of disasters of any kind in the Southeastern Pennsylvania region. It falls under the human services work group and the needs of the Functional Needs Committee is to raise awareness of preparedness issues effecting individuals with functional needs that might need additional assistance after a disaster.

It is to make recommendations of the task force and other associated agencies of creating an atmosphere of conclusion. It is to develop and promote trainings and other projects such as this one that focus on the injunction of the functional needs groups. Along with my colleague, Chad Thomas, we're the co-chair of the Functional Needs Subcommittee, but we rely heavily on our community partners that attend each meeting and provide their guidance on how we can best serve those with functional needs. You may notice that some have a green name tag that says ask me about FNS. They are part of our Functional Needs Subcommittee.

They are ready to share information about the committee and the next meeting, when it is. So if you have any questions at all, they're one of your best resources, and they are ready to talk to you, and Chad and I are happy to answer any questions. I'd like to briefly -- I'd like to introduce my co-chair, Chad Thomas, for the

Philadelphia Department of Public Health, my co-chair of the Subcommittee. We have worked together for a long time. Chad is going to go over a little bit more about this symposium and some of the other resources that we have here for you today.

CHAD THOMAS: Thank you, Robyn. Good morning everyone, welcome. I just wanted to point out a couple of things to add onto our Functional Needs Subcommittee. If you are on the Functional Needs Subcommittee, could you please stand? So these are the people that are part of the Functional Needs Subcommittee. Please ask them all about us, and they'll be happy to share with you. Another exciting thing about our Functional Needs Subcommittee is that we are able to accomplish things. One of them is the revision of our personal preparedness handbook that we have been using.

There is an acknowledgment page listing all of the people on the Functional Needs Subcommittee that are here today that helped us revise this. We just came out with this last spring with the revisions. I already used it in Philadelphia with 20 trainings with over 200 people trained in ready personal preparedness. Please, please, please help yourself to all of the materials today. Don't make us drag any of this home was. We have at least 150 of these handbooks as well as a lot of different hand sanitizers and other goodies and bags to put them up. So please load up before you go today.

So we're also very proud. This is the first symposium where we have a variety of assistive technology available today. The focus today is communication. We have a few different things put in place. As you can see, we have cart located to my left here which they're typing out the script as we go. We will also have a script

available of the entire conference available online probably a couple of weeks after the conference. At the bottom of your agenda in the packet, there is a website listed where we will have all of the power points used today as well as a transcript available as well.

You will also notice that I am wearing a pair of headphones. This is the first symposium where we have the hearing loop available. If you see the tape on the floor along the outsides of this room, it is what we call a hearing loop. It is based on the principal that if you have a loop of wire, it can start a magnetic field and an electric field is transmitted. So if you have a hearing aid today and you do is what is called the T-coil in your hearing aid, you can switch it to the T-coil today. If you are sitting within these taped areas, you will receive everything from the microphones with little or no feedback directly into your hearing aid.

If you do not have a hearing aid and would like to take advantage of using the hearing loop, we also have available at the front desk headphones you can use. You turn them on and pick up the signal from the microphones with very little feedback. If you use them, you'll hear a little bit of buzzing at the beginning. Feel free to turn up the volume. The buzzing will not increase. A couple of other things, after every one of our conferences, I write up an after action report.

I have someone evaluating this and it talks about the lessons learned, the challenges, and the successes. We actively use these action reports in scheduling and our further conferences. So we will have the after action report available online probably within a couple of weeks on the website that is listed on the agenda. The after action reports really serves as a road map in

conference development and emergency management planning. With that we will hand things back to Robyn, who will review the agenda and introduce our speaker.

ROBYN SLATER: So in your agenda you have one piece of paper. It is the agenda. We also have a note card in that first left hand pocket. The note card is how we will do the questions for the panelist. At 10:30 we have a panel discussion talking about social media, emergency discussions, and we wanted to get your questions beforehand. If you can take the time between now and our 10:15 break to write some of the questions you have, and we'll be collecting these note cards at the break. Of course as people begin talking in the panel, we do have other -- you can ask questions of the panel, but we thought this would be a great way to get the questions first.

On the right hand side of your packet are two pieces of paper. One is the evaluation. Like Chad said we want your feedback to go into the after action report. It really provides a road map about the steps we are going to take in the next year. So we'll be collecting this at the end of the day. Finally the sheet after that is just a blank sheet of paper for you to take any kind of notes or get any contact information. We really want you to network with your other colleagues today.

So thank you again for coming. If you have any questions Chad or myself will be here. Without further delay I would like to introduce Neil McDevitt. He is the former Functional Needs Cochair and Communication Specialist for FEMA's Office of Disability and Coordination. Neil has a great deal of expertise in this field. He is one of the few deaf firefighters serving at the Montgomery Township in Montgomery, Pennsylvania. I hope that

he will provide us with his twitter account as well because he is an avid twitter user. Please help me welcome Neil McDevitt.

[APPLAUSE.]

NEIL MCDEVITT: Good morning everyone. I'm one of those few people that do not feel comfortable with a jacket on, so I hope that you don't mind that I have taken my jacket off. I really want to thank the Southeastern Pennsylvania Regional Task Force for sponsoring this symposium. We had our first last year, and from all of the feedback that I have heard it was very successful. Today we are focusing on the topic that is very near and dear to my heart: communication.

Deaf, hard of hearing, those that have lost hearing and vision as well. I want to thank the two people that are crucial to make this symposium happen, Chad Thomas and Robyn Slater, who have led this Functional Needs Task Force. So thank you so much Robyn and Chad. I also want to thank two people at the Task Force, Ed Atkins, who is the chair of the Task Force Operations of Montgomery County -- no, sorry, Chester county. I also want to thank Sandy Hoffmann who is sitting far in the back. She is the one person who has done so much for us and is part of the Functional Needs Committee. So Sandy thank you for everything that you have done. She is sitting all the way in the back.

It took me a long time to figure out what I wanted to speak about today, and I did not really finish my talk until yesterday. So if the captions and the interpreter is not clear, it is my fault because I did not give them enough time to prepare for today's presentation. One thing that I want to do today is that I want to give you direct, clear examples of when collaboration works in emergency

management and with emergency responders and what happens when it does not work and the effects of not having a good collaboration, collaboratory relationship between emergency responders and the community.

Before I proceed I would like to get a sense of the audience and who is here today. I would just like you to raise your hands quickly when I ask. Everyone raise your hand. Whoever is Deaf, put your hand down. If you are an emergency responder, put your hand down. If you work in emergency planning, who is blind or has visual impairment, other types of disabilities. So I see 2 or 3 hands in the back. Are you in the right conference or should you be down hall?

I'm just kidding. Thank you all. Thank you all for coming today and participating. As you see, we have a varied group of people attending in the audience from various disabilities, emergency responders, and emergency managers. It is a great opportunity for us to work together with each other. You were listening to Robyn and Chad at the beginning talking about the Functional Needs Subcommittee. Perhaps many of you grew up with the term special needs or the disabled or disabled kids or people who are hearing impaired or deaf and dumb.

Those are older terms semantics used to describe disabilities. First of all, we changed the name again. Why is that? Is it just another label? Trying to find a politically correct label? Or something else? It is a crucial change in how we need to approach our society. For example, let me use the term special needs. We are essentially saying all those people with special needs are off to the side in a separate group, that they're a different part of our response activities and planning process.

Just technical issues. Can everybody hear me now? Okay. That's an inside joke. So when we're talking about special needs the implication is that it's a separate planning process. We don't include people with special needs in the planning process. We think well, we'll include them later, maybe when we have time, maybe when we have resources. The problem is we never have time. We never have those extra resources. So we need to change from the concept of special needs to functional needs.

That purpose is to reflect the need is always the same. I have a need for communication. Emergency responders in this group also have a need for communication. People with no disability have a need for communication. We all need communication and just get to that end result in a different way. The need for communication and planning for inclusive communication process, when we do that then we have arrived where we need to be. When we plan for communication for most people and then we decide to look at how some people receive information, we will never get there.

So it's very crucial to make that language change from special needs to functional needs. It is a language driven behavior. It drives the behavior that we do. When we use language that acknowledges what we need to be doing that will drive our behavior likewise. I want to start with two examples. Are there any police officers or law enforcement personnel in the room? 1, 2. We have several. I'm hoping that these first two examples using law enforcement officers, I'm using for your example just to take note of them.

The first example is when things do not go well. The second example is when things go appropriately. Unfortunately as many

of you know, progress often happens at the expense of something or someone. In this case we're doing the bad story first before the good example. Two years ago in August in 2010 beautiful, bright, sunny day in Seattle, Washington. There's a man named John Williams. He's a member of the First Nations Native American tribe in the northwest section of the country.

He was a homeless person. He made his living by carving totem poles to sell to tourist in the area. One day he decided to cross the street. He had his knife out carving on his wood, carving his totem pole while he was walking. Officer John Birk from the Seattle police department was on patrol, pulled up, saw Williams crossing the street with a knife in his hand while he was carving. Officer Birk approached him and made contact with John Williams.

Within 7 seconds John Williams was shot and dead with 7 gunshot wounds. The board found that the shooting was unjustified. Why we ask? Really it goes back to the ordinance. Officer Birk was not experienced in the area. He did not know the persons in that area. He was new in the field. He was 2 years on the job. So he was relatively inexperienced, and John Williams was deaf in one ear. Unfortunately, he was also bipolar and an alcoholic and was drunk at the time.

So his language was not intelligible at the time, and it was during a situation where one circumstance led to another circumstance unfortunately. Officer Birk lost his job. The city of Seattle had to settle for over 2 million dollars for the family of John Williams. After that situation, there were many complaints and protests and filing of complaints against the police department and their

process and trying to understand and appreciate how you approach people who are deaf and mentally ill.

Here is a second example. The first part of the story sounds very much like the first example which I just gave, but the second part of the story is the happy ending. In Illinois in 1996, there were two officers involved in a shooting. Two deaf members were killed. Eric Smith who was a former wrestler at Gallaudet University in Washington, D C. A few months earlier he had been beaten up by a police officer in a case of misidentity.

So he really did not trust police officers after that. He was having an argument with his mother in the car and something happened - - we really don't know the full story -- but when the police officers arrived, he grabbed one of the police officers and lifted him off the ground. The other officer shot and killed him. It was justified. The second story was a deaf man named Steven Helmig. Unfortunately he was breaking into a house and using a screwdriver to gain access.

The officer did not realize that he had a screwdriver in his hand. He thought it was something else in his hand. He also was shot and killed. So similar to the first example it was unjustified shooting. So the end result of that was the Illinois State Police realized we are not doing enough to reach out to the deaf and hard of hearing communities. So they created a communication issues committee, and they pulled in resources and different representatives from the community, officers, deaf and hard of hearing people. Some people that are none speaking English persons on the committee were all brought to the table.

They created two different deliverables. The first one -- you can see this on the power point -- is a group of pictures labeled public assist. Motorist assistance. The first picture is a tow truck. The second picture is a lost child. The third is an obstructed road way. The 4th is a flat tire; the 5th picture is a gas tank and oil bottle. The 6th is a car with fluid leaking out. This book has many different pages similar to this picture page, and it's in every Illinois state police car and also in many police cars all over the state of Illinois.

So when a police officer pulls over someone and they realize that they can't communicate or the communication is not going smoothly and they try to ask what do you need? Then they can pull out this book and point to different pictures and try to provide assistance. Even though this started and was intended for deaf and hard of hearing people in the community, a lot of the police reporters are documenting when they are using them, and it is used most often for none English speaking persons.

The second part of this committee focused on creating training for Illinois State Police cadets to be sure that they understood first how to recognize someone that is deaf and how to communicate with someone who is deaf or hard of hearing, how do you call for resources or back up help. Many police officers don't understand what is required for an interpreter or how to access an interpreter. In the back of this book is a list of many different agencies that can help the officers find those resources to assist the person.

So that was a good example and a good story how something good came out of a bad situation and moved the discussion forward. How am I doing for time? The next two examples are related to emergency management and perhaps many of you

wonder, what does emergency management mean? It's typically not emergency responders, not every day 9-1-1 call. It more focuses on disasters and planning for disasters when a disaster might strike. The first example that I would provide is for Los Angeles.

The city of Los Angeles is the second largest in the United States. I would say 20 percent of their population has some type of disability. Major disaster risk in the city of Los Angeles include earthquakes, fire, mud slides, tsunamis, civil unrest -- if you remember the Rodney king protest -- flooding, and we all know Nick Cage and his active wear. That's one of the biggest disasters of Los Angeles. So in 2010 Los Angeles started to look at their emergency preparedness, and they realized there was no plan. There was nothing on the table there for people with disabilities. Nothing.

And if you all know your laws, you have heard of the Americans for Disabilities Act that requires all government services be accessible to people with disabilities and that includes emergency preparedness, operations and response and so forth. In February of last year of 2011, the U.S. District Court found that Los Angeles had no plan. No plan to notify, no plan for evacuation, no plan for transportation to provide transportation in a disaster or sheltering for persons with disabilities, nothing.

So the city had to pay 2 million dollars. If any of you know how long that takes to write an emergency plan for a city that size you know it is a very lengthy process, and they are continuing in their process of writing their emergency plan. The crucial point here is that any plan is better than no plan at all. I know it can be very, very overwhelming in how to figure out an emergency plan to

cover as many bases as possible, but we need to incorporate people with disabilities in the planning process.

Here is a good story of emergency management. Faribault, Minnesota is a small city of 23,000. It is about an hour south of the Twin Cities. Their emergency management is one person. He was the fire chief of the city. He didn't have a lot of resources on hand. He had no money, no budget, no big green gee whiz, and nothing to incorporate into this planning. In his area, the area that he covered of Minnesota the State Academies for the Deaf and the State Academy for the Blind are located there and the state prison.

His first due area. In other words his direct responsibility covered those areas. It's a very diverse group to plan for. One day he was out in the community talking with someone, and they just happened to mention a tornado warning that no deaf persons heard that tornado siren because they used a siren. No one heard that warning. He realized wow. We have a big problem on our hands. So he sat with some deaf people, chat with them, tried to figure out what was a good solution to the problem.

Remember he has no money, no resources, no budget. So the solution that he came up with was very innovative. He used the fire department pagers. People were able to buy the pagers at cost from the distributor, and all the chief had to do was create a new code for the system. So when he sent an alert out it went out through the pagers quickly. The total cost to the city was 0. Nothing. It did not cost anything. It did not require a big bells and whistles system. It was very easy. A simple process. All they had to do when they pushed the siren, they also typed the alert, the message out.

As a side benefit that happened in 2003, by 2006/2007 everyone now has an iPhone, blackberry, whatever smart phone, some type of smart phone. So really people didn't want to buy an additional pager and the phone. So they created a mail list to do exactly the same thing. How many of you have gone into an old building with your smart phone and the second that you walk in the door your coverage depletes? Remember we're talking about fire department pagers. They actually work during emergencies.

So Minnesota State Academy for the Deaf and Blind bought pagers to use for on campus emergencies. So they had a backup system. So if they needed to call people to a window to get the signal or the message they could alert people to do so. More importantly the end result of that, they created a committee that meets quarterly. They call it The Special Needs Committee, but they gather to discuss how can we improve our process? What can we do better? What can we do to improve our system? Are there any key issues that the community has? What are the key issues that the fire department or the police department have?

That process was crucial because it allows them to listen to each other. When we don't have the resources, when we don't have the answers, we can collaborate with our community partners to either find resources or help each other arrive at a common understanding so that we can get there in the future. Just to wrap up my presentation and my comments here this morning, collaboration and most importantly integration is crucial. Without creating opportunities to interact with people who are deaf, hard of hearing, blind, or have any other type of disability outside emergencies -- let me back up here a second.

If we don't get the opportunity to interact with persons that have disabilities outside of emergencies, the emergency responders and the emergency planners will not be prepared to interact with them during an emergency. That is a lesson we have learned over and over again especially after Hurricane Katrina. So when our emergency managers and responders have the opportunity to interact with people with disabilities, then they can actually include their response activities when they need them.

Our schedules are busy. Our resources are very limited. We need to make the time. We need to make the effort to interact with each other. Without that we will not improve from where we were in the past and where we are currently. Thank you.

ROBYN SLATER: So we are going take a few questions. We have two roaming microphones in the room. If you have a question, put your hand up, and they will come around and get your question.

AUDIENCE: I'm wondering exactly what the pagers do to allow the challenged people to access the information? Was it a buzzer? A vibrator? Did it have the pixels that they put on their back so they could read the message? What was the technology?

NEIL MCDEVITT: Does anyone here have the old one way pagers? Okay. Let me borrow that for a second. It was a pager like this. These types of pagers, they vibrate, and people will sleep with them. It's not comfortable, but they will do that. It means you have to wear clothes so that you can attach the pager to it. So if you're sleeping naked, you probably need to wear a

pair of socks or something. It vibrates, and you can set it to vibrate and sound alarm so that people could also hear it as well.

But the message simply pops up, tornado warning for Faribault. Please take cover. Very simple warning, very simple message not elaborate at all. Does that answer your question?

AUDIENCE: Thank you.

AUDIENCE: I have a question about the pager. Does it require batteries? If it does, are they large or little?

NEIL MCDEVITT: Double A batteries, one double A battery. The pagers that I had in the past just required a double A battery that you just buy at the store. It lasts a month or two. They last pretty long. Any other questions?

AUDIENCE: Do you have any recommendations on avenues that emergency planners can use to make sure that they are connected with the Functional Needs Community as they are putting their plans together? What do you think would be the best way for them to reach out to the community and resources for them during the planning process?

NEIL MCDEVITT: Actually we have a very good resource right here in the room. I know from the registration list we have some people from government agencies. Sharon is from the Pennsylvania Office of Deaf and Hard of Hearing. Can you raise your hand Sharon? And others from the department of aging. Joann Roth, many times you network with your counties, your states, partners and ask who are some good or where are some good community resources or persons that we can contact?

Nonprofit organizations. For example, here in the room we have the Pennsylvania School for the Deaf representatives.

Royer Raves School for the Blind are here. So we have excellent resources here to connect to and network with. Schools that serve people with disabilities in your community are a good resource. Another good resource is the deaf and hard of hearing community or communication center from Swarthmore. That is a good resource to connect with and outreach network. Your community, your partners in government already have many resources. So it is good to gather those resources and start small. That is fine. The functioning needs subcommittee started with how many people Chad?

CHAD THOMAS: I think there were about 5. It started probably about 10 years ago, 5 people.

NEIL MCDEVITT: And now we have how many on the committee?

CHAD THOMAS: I believe there are about 30 on the list.

NEIL MCDEVITT: So within a few years our committee has grown. It's okay to start small and grow with word of mouth.

AUDIENCE: I'm just following up from what this gentleman said. I think it would be very advantageous for us to communicate with the hearing loss committee of Pennsylvania because our community that is hard of hearing, we do not sign. So, for example, the police emergency -- if a police had a resource list for interpreters, there are some that might need a cochlear implant. That would not be advantageous for me.

NEIL MCDEVITT: Actually I have something if you just give me a second to go along with your comment. I'm waiting for the slide to come up. This is a card that was created in Rochester, New York with collaboration of the police department and the deaf and hard of hearing community. They use this card with big blue letters, I am deaf or hard of hearing, and then there are different pictures. It is similar to the card that I explained earlier.

It has communication using American sign language, writing, lip reading, verbal communication. Then another comment on the card says how can a police officer make himself understood better? That is a good example, that card that is shown now. As you said it is not just one solution. It's not just an American Sign Language, or hard of hearing. It is all inclusive using many different ways to reach our solution. We can do a better job of training, and the community needs to do a better job interacting with your emergency responders to help them understand how to communicate with us and at the same time creating opportunities for interaction. Yes?

AUDIENCE: From a planning point of view, the Los Angeles number of functional needs potential clients of 20 percent we also saw, as I understand, in south Jersey during Irene that same kind of number with 20 percent. Is that a good planning number generally?

NEIL MCDEVITT: Yes and no. Yes, for a very high level of planning number, but when you get down to certain areas or specifics New Madrid, the seismic earthquake zone, some of the counties have over 30, 35 percent of disabilities. His expression was like no, really? That is a scary number I understand to think about, but really it represents why the community is so crucial in

your planning to involve the community in that process. 20 percent is a good baseline number, but you really have to see if your numbers are higher.

One other thing I want to stress as you mentioned that 20 percent, when you are doing your program planning and your program budgeting, how many times do you set up a program and then people ask for accommodations and your budget is wiped out? Most organizations do not consider the accommodations in their writing up of their program budgets. So in my former job at FEMA we tended to put 10 to 20 percent of the total budget for accessibility accommodations.

AUDIENCE: My name is Patricia Whistle. My question is regarding the beeper. Is it audible for those that are blind and hard of hearing? If they are blind, they can't see the message on the beeper. Those that are visually impaired or have some sight challenges, it would be hard to read if it is very, very small. So is this beeper available -- can it be used by blind as well?

NEIL MCDEVITT: To be honest, no. It was distributed to State Academy for the Blind intended for the RAs, the resident advisors, to use. Go ahead.

AUDIENCE: So then what would happen to that person that is blind and hard of hearing? How would the first responders respond to that?

NEIL MCDEVITT: Again, it's an important part of the interaction process to understand how to meet the needs. When I was working in a different program one thing they learned, and that was fascinating to me, was when you are approached by a deaf blind person, I know it can be very challenging to communicate

with them as a first responder. Normally we don't become this public because the audience here is emergency responders and trusts the community members, or there was a special process to let someone know.

Just drop what you are doing and follow me. Interpreter, would you mind showing you as an example? So it was making a big X on the back of the person and that was to let the deaf blind person know trust me, follow me. Then the responder would just lead that person to safety and lead them out of the room. Thank you, interpreter. Obviously there are concerns about using or spreading that information too far and wide because people might abuse someone, or they might not have good intentions, but you have to have that trust.

So that is part of the answer, but as technology improves -- and we are starting to see iPhones with the ability to speak and read what is on the screen or change it to voice activation -- the technology is improving. It is not perfect, but it is improving. Thank you.

AUDIENCE: I just wanted to make a comment about the gentleman over here that was asking about who to reach out to in your community about planning. Another group of people that we have in our audience is with the Lions Club. And reaching out to service organizations like the Lions can also provide those resources they are looking for.

AUDIENCE: Can you please repeat that louder?

AUDIENCE: I said another resource to reach out in the community is service organizations. Today we have some Lion members that are here today, a past district governor, the first

vice district governor as well. I represent the PDM lions, and we have a community in our organization, and we are reaching out to people like that.

NEIL MCDEVITT: There's also organizations, rotary and many different organizations in our communities who can help us make connections.

CHAD THOMAS: I actually have one little announcement and a couple of questions too. So along with our resources that we have on the tables today, we also have these help information cards. These are for people to fill out in advance of an emergency. They fold up nicely to go in your wallet or purse. This is so if you have communication problems, you can use these to help first responders or to give first responders important information. We do have those on the table outside as well. I have a question for you Neil.

We also have them in the handbook. There are two copies in the back page of the handbook. But the question I have for you Neil - I am trying to stay inside of the loop and out of people's way. The question I have is first responders realistically really need people to self-identify. They are not going to know that someone is deaf or not English speaking unless they indicate it to them. At the same time I know people that have special needs don't want to self-identify or don't feel that they need to because they don't want to be treated differently. In some cases they might feel that it will make them victimized. Do you have any suggestions or recommendations of ways to help bridge that gap?

NEIL MCDEVITT: Actually, you just gave yourself a good opportunity to advertise what we have talked about before. This

handbook, that everybody ready handbook, which Chad and his group have worked on, on the back page has an excellent resource for people to fill out. It says all about me. The first question is what is the best way to communicate with me? The second question is what must come with me? If you have a service animal or you have hearing aids or a walker, oxygen, some other important device that you might need, write that on the card.

Emergency contact information, allergies, medical conditions, medications that you take. So this type of thing all about me on the back page I think perhaps is a good way to communicate without having that awkwardness with a police officer or fire department member. This gives information. Also, many counties have the ability to put down the information in their dispatching systems like 9-1-1. In other words when you call 9-1-1 and say I have an emergency, I'm deaf or whatever I need an ambulance, the dispatcher who receives that information will send out the person is deaf or the person is on oxygen and so forth.

They can explain what your needs are to the responder before they even leave their station. All that information is confidential. It doesn't get sent out to people who are listening to their dispatch radios in their living rooms or listening to the scanner looking for next big fire, they don't hear that information. It just shows up on the computer screen of the responder.

CHAD THOMAS: We're having some reports that the microphone is muffled. So I am going to give you this roving microphone. We have a question in the back.

AUDIENCE: Hi. Chad, I know that you have worked closely with your work group on helping people with functional needs prepare for emergencies and I know that you talk a lot about Ready Notify Pennsylvania, which are alerts from the 5 counties. Just a raise of hands, can people show me if they have ever heard of Ready Notify PA? That is a good number. I am really glad to hear that. The rest of you that have never heard of it, I just want to give a plug unless you are going to cover this at some point in the program.

CHAD THOMAS: I'm going to plug our handbook again today. So over the break if everyone can grab a handbook, we can look at the things as we talk about them. There are a couple of great websites. One that I want to point out is the Philadelphia Office of Emergency Management. One of the pages on here has -- there are some great websites. Office of Emergency Management as well as the American Red Cross. They are on the top of the plan for emergencies page. You can see other emergency for things to put in a kit as well as the regular 5 PA.

Also as well on the third to last tab here in southeastern Pennsylvania, we have a large amount of best practices. We have ready notify PA as well as other resources including the Ice Dot program, Premise Alert, and Violet Dot. To follow up on what Neil said is what we tell people from emergency preparedness is the more places you can put your information the better. If you have a copy in the glove compartment, in the house, in the fridge. The more places you have the contact information and emergency medical information the better your chances are in the case of surviving a survival emergency. Something else you want to add Joan?

AUDIENCE: The people that have not heard about Ready Notify PA, there was interest in how do you get notified if there is an emergency? The 5 counties in southeastern Pennsylvania have a program to send you these alerts. They can be text alerts or e-mail. You can get alerts from your county, major emergencies things like major snowstorms and hurricanes, flooding, weather alerts, health alerts. Each county has their own alert system, be you can sign up for these alerts online at Ready Notify PA. It is all one word. ReadynotifyPA.org.

So if you are interested in getting alerts from your county, go online to Ready Notify PA, and you can choose your county and sign up for alerts. You can sign up for alerts for more than one county. You pick and choose the types of alerts that you want to get. I know that there was a question of how you stay informed when an emergency happens, our emergency managers have put this in place for you. Thank you.

NEIL MCDEVITT: This is also a quick plug for my former employers FEMA and the FCC are in the process of setting up a new emergency alert system called IPAWS. That will be a great improvement over the current system because of what we built into future phones. Some of the current phones now have the ability to receive it, but not all do. So if you are in the location of a cell tower that has the emergency warnings for that area, you would receive the alerts, the emergency alerts so that the much improved program over the former one that was just TV and radio. So the newer technology is expanding with greater use, and there are more options available. Chad is telling me I have 5 minutes left. Are there any other questions?

AUDIENCE: I'm Sheila. I have a question about special needs registry. How often does this information need to be updated? I was told that it is an annual update that is required. Could you please speak to that?

ROBYN SLATER: It is an annual update, yes.

AUDIENCE: Hi. Are there any websites or agencies that you can recommend for emergency planners to go for best practices for emergency planning and functional needs groups?

NEIL MCDEVITT: Actually, yes, again, another opportunity to plug my former employer. FEMA's office of disability integration and coordination in the past 2 years we had large conferences that have gathered best practices or promises. We don't call them best practices because often times they have their own limitations, but they're promise practices with disability integration and the website I know it recently changed, but I think it is www.fema.gov/about/odic.

I think from that page you can link to the getting real conferences, and there were two conferences, one in 2010 and one in 2011. They have all of the power point presentations, videos, transcripts available for you.

CHAD THOMAS: Fantastic job. Thank you very much, Neil. Janet from the Chester County Department of Emergency Services, and Tim Albertson of the Montgomery Emergency Agency are passing out handbooks that they were very much a part of creating. Those of you that do not have one will be getting one shortly.

ROBYN SLATER: All right. Our next speaker is Marsha Miceli. Marsha has a master's degree in school counseling from Gallaudet University. She is the current director of student life at the Pennsylvania School for the Deaf. Marsha has been involved in emergency preparedness planning at her School of the Deaf and serves as a part of the Functional Needs Committee. The Pennsylvania School for the Deaf hosted one of our committee meetings back in the summer. So please join me in welcoming Marsha Miceli.

MARSHA MICELI: Good morning. I couldn't hear your applause, but I could see your waving hands. That is how deaf people can see things with our hands. Thank you for having me here today. I'm here to talk about hearing loss and communication. You know, during the emergencies there is no time for chitchatting. You want to get to the point. You want to get the exact message across. At Pennsylvania School for the Deaf, I've been responsible for developing the emergency preparedness plan, and I've been working with the fire department to make sure that the Philadelphia residents that have deaf students who live in homes have a lighting system, have smoke detectors with a strobe light.

We receive funding ready to identify these people with pagers. They go directly to the police department to make sure that our students are all registered with the city so that if an emergency comes up people will know that there are deaf children living in those homes. Also going to senior citizen meetings in Elwyn where there is a very large deaf community so that they receive lighting devices and smoke detectors too in Philadelphia. But we

still have people outside of Philadelphia who are not qualified to get those flashing light smoke detectors.

So we still have a long way to go to get the word out and to get to other counties outside of Philadelphia so that they have the right to get that equipment as well. Neil said something that I wanted to comment on. No, you were fine. It's just that GMATA, great minds think alike. Most of the time people don't know that a person is deaf. Deafness is invisible. We can't see it. Is it an invisible disability, or handicap, whatever. Many times people do not know that I'm deaf until they approach me and start talking.

I point to my ear and say no. They say I'm sorry and then they leave right away. Many people are not comfortable with communicating with deaf people because they don't know or understand how or what kind of options they have. We have deaf people that cannot hear at all. We have people who are hard of hearing, and so they have some hearing loss and some hearing ability. Someone who is deafened later in life from an accident or just from old age so we have a whole array and spectrum of possibilities.

People with visual needs get glasses to fix their problem most of the time. They can see 20/20 with those glasses. With deaf people it is a little bit different because we haven't gotten full access to the language by the time of 3, which is the age that we acquire language, and if you haven't gotten that language because you're deaf, you will fall behind. You will be delayed if they do not get that language at an early age. 10 percent of deaf people are from deaf families. 90 percent are not.

Many times those families don't know that their own children are deaf until much later. So that also is going to be a delay in their language. For me, my parents were both deaf. My aunts and uncles, grandparents, cousins, second cousins all death. So I was completely exposed to language from day one, sign language. I love my language, which is American Sign Language, which helped me develop my English skills as a second language. For many of our students and the general speaking population in the country, 90 percent are already delayed in families that don't recognize the deafness early on.

Many people with hearing loss can communicate in a variety of ways. Some can speak well. Some can hear a little bit. Some can read well. Some cannot read well at all. So what do you do when you meet a deaf person? You have all of these options and a repertoire of possibilities to figure out how to communicate in the best way with that individual who is deaf. Speech and language. Speech naturally can be developed if the person has some hearing loss.

A totally deaf person may also be able to speak, but maybe not as clear or perhaps their family can understand them better than a stranger on the street. So again a variety. The deaf person will have lip reading already set up in place if a person was deaf later in life. When I say that people I'm deaf -- when I tell people I'm deaf, they don't believe me. I have to actually pull my hair back and show them my hearing aid and then they're like oh. So like I said it is very invisible. We have a variety of possible listening devices.

Some use hearing aids. Some use a cochlear implant. Some use a loop, again all different kinds. We each have different

communication needs and the pager is the perfect way to communicate. We also need to be more cognizant of interpreting services that are here and available all over. We have many choices. We have interpreter agencies. We have individuals who freelance. We have many ways to access or secure interpreters to help facilitate communication.

The important thing is to find out first if there is a deaf person who has that need of an interpreter or not. Sometimes it's not. Sometimes they don't want an interpreter. So you have to check with that deaf individual first. Do they need an interpreter? Do they need an ASL interpreter? What kind of interpreter does that person need? Some may require only oral interpretation so they depend on lip reading. I'm happy to see you.

Communication. Hearing people often feel uncomfortable using their hands, using their facial expressions, using their body to communicate. I encourage you to learn gestures. Now, I know that if I try to teach you some signs today you're probably not going to remember them. It's not like riding a bike, which you often never forget. When you teach a language if you don't use it, it will fall by the wayside. So I'm here to help you see how communication as much as possible with that deaf person is essential.

When we talk about the younger deaf people, often times they lack a global awareness or knowledge. For example, when 9/11 occurred in the past, and it was on the news and on TV and they kept on showing that plane hitting that tower, that building, the World Trade Center. The news kept repeating it so many times that my students got scared. They thought it happened 100 different times. I was like no. The Philadelphia School District

closed that day, but we stayed open to keep the students with us at school.

We had a TV in every classroom set up so that the staff could interpret and explain to the students what was going on. The two buildings were hit already that it wasn't more than that one time. We had to expand on that and really explain that, explain the story before they went home at 3. So we can't assume that all deaf people have the skills to read and fully understand things. It is important to find out where that deaf person is at like linguistically speaking.

What do you think is important to do when you are communicating with a deaf person? Somebody throw ideas out. I'm curious. Give me some examples.

AUDIENCE: Eye contact.

AUDIENCE: Facial expression.

MARSHA MICELI: Third?

AUDIENCE: Well-lit rooms.

MARSHA MICELI: She just through her gum out.

AUDIENCE: To actually talk.

MARSHA MICELI: Okay.

AUDIENCE: Touch.

MARSHA MICELI: Tap. Tap on the shoulder. Sometimes when I meet a hearing person and I inform them of my deafness, what do they do? They tend to scream at me. It's embarrassing.

Screaming will just raise your voice. It will not help the person understand you any better. So do you have an example?

AUDIENCE: Writing.

MARSHA MICELI: Writing, perfect. Assuming the person can read. Okay. Thank you. Sometimes when you call out to a person, the person doesn't respond. Either they are deaf or they're ignoring you. So one thing to point out is to approach the person and tap them on the shoulder. Not on their ribs or their head or their leg. Just lightly on their shoulder. Sometimes people are not comfortable touching an individual. So they might wave to get their attention. Not right in front of their face waving largely, but a distance away and just waving.

Eye contact. Again, important. You have to make sure that the person you are communicating with understands. Sometimes it doesn't help if you know some signs, but not a whole lot of signs that deaf person may assume that you sign and will just take off in a lengthy conversation. So set up the fact that you understand or you don't understand, use gestures to get your point across. Sometimes finger spelling can be learned.

There are so many videos on the internet that show finger spelling and different signs, the alphabet, the numbers. They even do have some sign language that you can observe. Are you okay? You need help? That kind of thing. My other degree in college was drama. So as you see drama does help me. It does help with expression like when you ask a question your brows go up. This way they know that you are ready to interact with that person or if you have a pen and paper or a pager, you can type out what

you are saying, the person can read and then you can say understand or sign understand. Do you understand?

Make sure that the person is in front of you so that you are face to face so that they can see you clearly. You have to take into consideration the lighting. If I stand here it is darker. If I stand over here the lighting is better. You can see me better. Make sure you shave those mustaches and beards. Really. It is helpful to see the mouth and sometimes the hairs on the mustache and facial hair impedes with being able to read lips. Not everyone is skilled at lip reading by the way. So do not assume that they can read lips.

You have to ask. The answer might be no. What do you do if they say no? Often times we expect people to ask us that question. Can you read lips? I shake my head no. So I know that I will have to write on paper and pencil or gesture or use signs. Sometimes people don't understand what you say or text the first time. You have to find a different way. You may have to repeat that message and then always use understand after you sign something or communicate something that is a light bulb going off. Understand?

Now, in your interaction if you are failing, there's always paper and pencil. You can draw a picture. What Neil showed on his power point is an example of communication. Those icons are pictures on the card. That is good. You should have one in your vehicle. We have to remember that patience is a language that we all understand. We have what we call a box that we communicate with people who have learned finger spelling. They have to hold their hand within this box. No way outside to the right or the left because it helps people to lip read as you sign.

So try to keep your signs within that box, that invisible box in front of you. Don't jump around when you finger spell. Keep your wrist firm when you sign below or finger spell hello. As I mentioned, there is a whole repertoire and resources on YouTube, of people signing the Miranda warning and rights, your rights. You could see which would be the best video that you have or maybe show it on your iPad and show them that to explain their rights if a deaf person is arrested.

There are ways to communicate. Also there are many books in the library. They also have videos. You can put it in and watch and become more comfortable with the signs themselves and the expressions. Schools, Pennsylvania School for the Deaf could help you in any way we can. We have an outreach director here from PSE who can help you, perhaps more training, more information. What you should do is contact the school. Colleges, universities also provide interpreter training programs.

If you are really interested and you become fascinated in learning the language and you want to become an interpreter, there are places in your area. That would be very nice to have a person right there ready on staff. Often times we have to wait for the interpreter to come. That person is sitting there waiting and waiting until the interpreter arrives and finally communication can be facilitated. Again, the interpreter agencies, they have a lot of support services as well and advocates.

If you have concerns you can call them. In the state of Pennsylvania, the Deaf and Hard of Hearing Communication Center and the State HOH Office has services that can provide resources to you. Now in California they have a basic medical sign language brochure that all of their police, staff members, and

EMT have with them, and there's many different kinds of brochures according to the State that they're from for first responders so that they can communicate better with the deaf and hard of hearing people.

I put the website address there. You should already have a copy of that in my power point. If you go into that link you can find different signs for medical situations and different medical words that are simple and basic. It is a good way to start with learning the language of deaf people. All right. Any questions?

AUDIENCE: Hi. Marsha, I want to thank you for a very nice presentation, but I also want to point out that most of what you were discussing related to culturally deaf people -- and I think it is really very important for emergency personnel to know that the majority of people with hearing loss who call themselves hard of hearing do not know sign language. They are not going to be able to communicate in sign language. They will communicate verbally, and I think in an emergency situation the other thing that you have to keep in mind is that somebody who can normally communicate relatively well is not going to be able to do that if he loses his hearing aide or his cochlear implant in the course of an emergency or if he's in a shelter and runs out of batteries.

He is not going to be able to communicate regularly. So paper and pencil will always help, but please don't expect everyone who has a hearing loss to be able to understand sign language because it just is not the case.

MARSHA MICELI: Right. Yes, I agree. That is why I'm encouraging you and other people to try and show your mouth, map out the words you communicate with, and use expressions

or gestures if needed. Speech reading is fine. Some people take the speech reading classes to learn how to communicate with those individuals that communicate that way. That is a good option. So thank you. Any other questions?

AUDIENCE: We're trying to speak to someone who reads lips. Is it better to use a simplified version of the language or to speak naturally as you would with someone who can hear? Sometimes I don't know if it confuses them if you try to be very careful about how you say things.

MARSHA MICELI: It is the same principal with a deaf person. They might increase their voice and speak louder. Try to try your best not to over enunciate or exaggerate your words. Take it slow. Can you read lips? Do you understand me? Like I just did. Can you read lips? Try and communicate. You have to develop that relationship or report. I know in an emergency situation time is crucial. So you need to help set up what that person needs from you. There was a comment that sometimes people lip read out their voices and that might help a person because they don't need to hear you. They don't know sign language as well so for your benefit she's suggesting that you could move your lips without using your voice. That's another recommendation.

AUDIENCE: I'm Ross from Germantown Deaf Ministries. Okay. I'll speak louder. Okay. I'm Ross from Germantown Deaf Ministries. We meet deaf persons that are not English speaking. I have some friends that are Chinese and lip read Mandarin, others that speak Spanish. What is the best for people -- the best way to communicate when you find out that they have a hearing loss or special need and they don't speak English? I know the old TTY machines or computers when you type into them someone

else might be able to understand what they are saying or change the language. What is your suggestion in an emergency when you meet someone that has a disability and they're not English speaking?

MARSHA MICELI: Draw. Draw a picture. Many signs on the road are iconic for pictures as well. So if the language doesn't fit, if you can't apply the ASL to the English or you can't make them understand, draw a picture.

AUDIENCE: Hi. Yes, can you give us any guidance on when we do press conferences about attending to emergencies? We invite sign language interpreters to interpret when the mayor is giving instructions to the public. But we find that the camera people from the local TV stations will not include the interpreter in the coverage when they're filming. Do you have any suggestions on how we can work better with the stations or just how we can make sure that the interpreter, the American Sign Language interpreter is being covered?

MARSHA MICELI: I think that is supposed to come from the interpreter agency or the interpreter. When an interpreter is hired for the news media or TV they should be included in the screen so that what goes on the news of people who can't hear at all who would require an interpreter so it is important to communicate with the higher ups. When you film please make sure that the interpreter is there so that deaf people can see this message.

NEIL MCDEVITT: By the way, actually that is a very good question. In New Orleans after Katrina one of the key things they learned -- there was no interpreter by the way at Katrina. There was no camera on them. So after that happened, they did a

much better job at capturing the interpreter because the major's office demanded it. After that people started to listen and deaf people too because they were listening and paying attention more because they knew the interpreter would show up. They knew when they saw the interpreter that they had to pay attention. So that was the key in after Katrina how we improved. Again, FEMA -- yes, I'm plugging my old agency.

But FEMA also has video tapes after the Minot disaster last year in 2011. There was flooding from a river there. So they had video and story about how the interpreter and the mayor's office worked together to make sure that the interpreter was visible on screen.

AUDIENCE: I would just like to make an observation and find out how many first responders know Sign Language? Anybody have any thoughts about that? I think that is a major issue so that generally speaking you have to wait for an interpreter. So I think that we need to work on first responders signing. The other observation I have is that when you talk about press conferences you always have interpreters but there are never any accessible things available for people that are hard of hearing. I think I would like you to think about that. Thank you.

AUDIENCE: I just have a general question about the population. Any types of services or supports that would be helpful for improving the communication ability for hearing adults that have developed a hearing disability later in life and have no formal sign training?

MARSHA MICELI: There are different agencies that you can contact to find out. Again, it depends on what the person wants.

Sometimes people don't want to learn Sign Language. That is their call. They might prefer to communicate with writing, but we have many resources out there. You can contact interpreter referral agencies, and they can refer you to where Sign Language classes are. At Pennsylvania School for the Deaf, we also provide Sign Language classes so people are welcome to learn that way. I want to end with a story.

My family has a home in Brigantine on the island as I said before my whole family is deaf. My grandmother and my uncle were in the house when the island was told to evacuate because of a hurricane. My uncle and grandmother were the only two left on the island after everyone evacuated because the news wasn't captioned. So it's kind of the same principal with printing cards with pictures with having the interpreter in the screen. Now we need to emphasize that even more so.

Now, also helicopters. There were helicopters that came to my uncle's house to alert them that the hurricane was impending so thank God everything worked out okay. Thank you. I will be here all day. If you have any other questions just grab an interpreter to talk with me. Thank you for your attention.

CHAD THOMAS: Okay. So we are going to take a break for just a minute. What I would like everyone to do, everyone should have a note card where you can write down any questions you have. We are going to take a 15 minute break. If you could leave those on your chair, and we are going to come around quickly and collect them from you. I want to make one more announcement for anyone that came later. Today we do have a hearing loop available in the room. If you have a hearing aide that is equipped

with a T-coil you can switch it on and as long as you are sitting within the taped areas you can receive the signal.

We also have a handful of headphones that can also receive a signal on the hearing loop. So if you have a hearing aide that does not have a T-coil or if you would just like to hear what is on the microphone on the headset you are welcome to those also. We ask that you sign them out so that we can keep track of them. Please write down any questions you have on your card. We'll collect them in the next couple of minutes. At this point I am going to ask all of the panelists to come down front which is Bette Homer, Amy Goldman, Samuel Hawk, Sharon Behun, and Tim Maguire. If you can meet down here at the front table we'll be starting again in 15 minutes. So we'll come around and collect those from the table.

[A 15 minute break was taken.]

CHAD THOMAS: Hello everyone. We are going to get started in another few minutes. Okay. We are going to get started. It is my pleasure to introduce Tim Albertson. He is the community outreach coordinator for the Montgomery County Department of Public Safety. They have different titles. I'd also like to point out that in your handbook on the second to last page where it says know your resources, we have contact information for the emergency management agencies as well as the health departments in Chester, Bucks, Montgomery, and Philadelphia counties as well as the Office of Community Health which is in Delaware county.

Please check those out when you get a chance. So it is my pleasure to introduce Tim Albertson, our moderator.

TIM ALBERTSON: Thanks, Chad. Good morning everyone. King of Prussia is located in Montgomery County. We are very pleased to host you all today, and this very important conversation. My friends would like to remind you that there is a big mall across the street, and you are welcome to stop there on your way home. I'm sure they wouldn't mind. The topic that we are talking about today is recommendations for emergency communication. I think as we have already noticed in the 2 hours that we have been here this morning there is not a one size fits all approach to getting the word out and also hearing what our residents, our mayors, our family members need in order to communicate emergency information.

So over here to my left which is the room's right we have a panel of fine individuals, and we can have them stand up and tell us what they do, why they are here today, and what they do for a living. Let's start on the end. Bette is here from the Associative Services of the Blind.

BETTE HOMER: Good morning. Is that working? I want to make sure that I am facing in the right direction so that people who need to see me can see me. Am I okay? Okay. Good. Don't wave your hands at me because I am functionally blind. I have been legally blind for 65 years. I have plenty of experience from partial sight all the way down to now just pretty much hand motion.

So I have lived it. I have been living with visually impaired people since I was 42. I trained in my 20s, but I raised my family and then had to go to work to help pay the bills. So I've been in the field since 1982. I worked in associative services for the blind and visually impaired. I work for the Center of Independent Living

where there were two of those centers in Philadelphia. I then was on the faculty and in the vision center at the Eye Institute at the William's Vision Rehabilitation Center. I left that job because I was losing so much vision I felt that I wasn't as effective.

I went to Associated Services for the Blind and the Socially Impaired where being visually impaired became an asset and not a liability. So I am a troublemaker. Tim noticed that already. I am an older adult who has experienced some hearing loss. So I did appreciate the loop whatever that was. I used it. I don't use hearing aids because my hearing loss is pretty minimal, but significant for me because I count on it. So I hope today that I can answer your questions and give you some information that will be useful. Thank you for having me.

TIM ALBERTSON: Thank you, Bette. Next up is Amy Goldman. She is here from Temple University Institute on Disabilities.

AMY GOLDMAN: Good morning everyone. I am co-executive director on the Institute of Disabilities and my portfolio primarily consists of things related to assistive technology for people with disabilities. We are a cross age, cross disabilities, cross the Commonwealth of Pennsylvania resource for people with all disabilities including sensory physical and intellectual disabilities as well.

So we became involved with emergency response actually with Katrina, where we held several equipment drives to respond to the needs for durable medical equipment from our colleagues that we work closely with in Louisiana. We became hooked on the importance of assistive technology as part of the emergency planning and response system. Last fall we did work closely with

FEMA on responding to the needs of people who lost or had significant damage to their durable medical equipment and other assistive technology with Tropical storms Irene and Lee.

One of the things that we discovered was the long list of people saying that as a result of the emergency, they needed new hearing aids. Come to find out they never had them to begin with and needed them. So we know that there are people who need assistive technologies who don't have assistive technologies for emergencies, disasters, and to replace equipment lost in those. So one of the things that we did bring and it is available electronically and in alternate formats and languages on request is a brochure with pointers for emergency preparedness for people that use assistive technology.

So some of the hints that we have learned from people that use assistive technology about the special things that those folks need to keep in mind when doing individual planning. There was some conversation this morning, earlier this morning about pictorial communications and if you don't already know about it, on our website we have a pictorial communication board and the pictures of the vocabulary that is represented was selected by people who don't speak and then the vocabulary was verified by first responders as being important vocabulary.

Those are free downloadable picture communication boards. So out on the resource table I have placed these bookmarks that have the link to the website for the downloadable communication boards which are in English, Spanish, and Creole as well. As I mentioned we did a lot of work in the recovery from Irene and Lee, and where did we get equipment from? We have a program called the Reused and Exchange Equipment Partnership.

So please take a postcard there to learn more about that program. Sorry for all the commercials, but they're important resources. We also run the Telecommunication Device Distribution Program for people who have problems using conventional telephones because of their disability and who are low income. We try to encourage people -- yes it's great if you have a cell phone, but for emergency purposes you might also want to have a land line that will operate when the cell towers are taxed and busy, and you can't get through.

So there's that program and our newest program has to do with telecommunications equipment for people that are deaf/blind. So great resources. I think you will agree. That is the end of my commercial.

TIM ALBERTSON: I'd like to introduce you to this young lady. If you were here earlier this morning then you heard her saying that I think our voice needs to be at this table. Here she is. Marsha. She is from the Pennsylvania Hearing Loss Association of Pennsylvania.

MARSHA: Okay. My name is Marsha. I can't believe I'm sitting next to Amy Goldman because I have spent the majority of my life trying to drive her crazy. Sometimes I was successful. Often I was not. I'm representing the Hearing Loss Association of America. We're people that don't use Sign Language. I wanted to share with you over the time I have this morning a little bit about how you need to communicate with us and equipment that would be very helpful. Thank you for having me.

TIM ALBERTSON: Now, she is passing the microphone to Sharon Behun. She is from the Pennsylvania Office for the Deaf and Hard of Hearing.

SHARON BEHUN: Good morning. I'm Sharon with the Office for the Deaf and Hard of Hearing. I also have one of our staff, Denise Brown. She is our representative that works in our Allentown office and basically services Eastern Pennsylvania, which is 22 to 24 counties. So if you have any questions Denise is your main point of contact. The Office for the Deaf and Hard of Hearing is located within the Department of Labor and Industry.

We were established and have four primary functions. We provide advocacy. We advocate on behalf of people that are deaf or hard of hearing. We advocate for system change. We have worked with FEMA, PEMA, a lot of state agencies. We work with streamline processes and make sure that their products are accessible to people that are deaf and hard of hearing. We have lots of information. If you have any questions, you just give us a call. I know that someone in the back asked about an older individual who doesn't want to use sign, call us. We can get you that information.

If you just don't know where to turn, call us. We'll be able to help you and point you in the right direction. We also do referrals. We're not a direct service provider. Sometimes people call us and say I'm deaf, and I need accessible housing, or I'm hard of hearing, I need accessible housing. We don't provide housing. We will refer you to housing options, and then follow up and work with you to make sure that housing is accessible to you. What I mean by accessible? I mean that when someone knocks on the side door a light will flash inside the house. Or that you have a

fire alarm that flashes so that you can see it so that you can be safe and independent in your own house.

Also there is a lot of Pennsylvania for the Interpreter and State Legislation act. It requires interpreters to be registered with our office. We have a one stop shop if you have any questions on hearing loss you call us first, and we will work through the process with you. Thank you.

TIM ALBERTSON: Next up. Brian Maguire is here. He is from the Haverford township medical department.

BRIAN MAGUIRE: Thank you for having me. I'm here to represent the first responder community. My large interest lies with mass notification systems. I want to incorporate them, and I'd like to see that Montgomery County as well as Philadelphia County is already starting to do this. I'd like to get social media into emergency management. So we are looking at ways to address the functional needs of this community here into the social media and the mass notification systems. I'd love to hear anything you guys have to say, any suggestions, anything we can do better to serve you. Thank you.

TIM ALBERTSON: Next up we have Mr. Samuel Hawk from the Pennsylvania Department of Society. He is here from the Pennsylvania Society for the Advancement of the Deaf.

SAMUEL HAWK: Hi, everyone. I am the intern to the executive director that was set up in 1880 for Pennsylvania Society of Deaf that assists deaf and deaf citizens, deaf blind citizens in the state of PA, and I'm joining several other people on the panel today for this discussion. Thank you.

BETTE HOMER: Thank you all for being here this morning. This really is about your questions and your comments. Chad, Robyn, hi. There is Chad. Chad, do you have the questions that folks submitted?

CHAD THOMAS: Yeah. A handful that I can actually answer were housekeeping stuff. Some of the basic questions were will power points be available following the presentation? If everybody has their folder, there is a link somewhere on here. Is Robyn in the room?

ROBYN SLATER: That's last year's agenda.

CHAD THOMAS: Well, that's not going to help me. Here we go. At the bottom of the agenda, there is a link that we will post after at the end of the week. We will also have a transcription, the things that have been typed that we will put up. That will take a couple of weeks. I will follow up with Neil to get information on how to get the public assistance cards that he demonstrated.

I will also be talking to the presenters and talking to them about where do people go to learn ASL. There were a lot of questions about how do I learn ASL? Where can I get more learning? We'll post those resources online. Then someone asked how does our organization become a link or collaborate to become a subcommittee? What subcommittee can people join?

AUDIENCE: Functional needs.

CHAD THOMAS: Anybody that has this green sticker, we can tell you about the subcommittee. We collaborate with representatives like Tim. So if you want to be involved in emergency planning in helping with functional needs groups and individuals with hearing

and other challenges join the subcommittee. We will post that on the link as well. Someone else asked how can I get information or share information about contact stuff for the participants today?

Following today I'll send an e-mail to all of the attendees asking if they would like to share their contact information. They can send that to me in an e-mail. I'll post all of that to the link as well. So if you would like to send your information or get other peoples we will have it available on the link.

Attendees will also be e-mailed an invitation to be on the Pennsylvania Health List. We use this to post upcoming conferences, anything involving public health or emergency preparedness. So you will get an invite to sign up. The rest of the questions I can hand off to Tim.

TIM ALBERTSON: While he is doing that, let me give you a background about myself. I have been here for about a year. Prior to that I spent the last 15 or so years working in television. I wanted to go back to a couple of comments that were made earlier this morning about closed captioning. The FCC mandates that broadcast stations close caption. That is the law. I believe it is law. That is what the bosses told us at our TV station. The news is easily captioned because it is scripted. You have the news caster and the reporter, and they type it all out. If you have ever seen the movie anchorman with a question mark at the end he reads it like this.

That is how it works. Things like the weather that are ad-libbed don't have closed captioning because that is not scripted. Things like a press conference are not scripted. There is nothing written out that goes into that space on the computer. This community

needs to push for that. Advocate for them. They are mandated to do that. They have to serve this community. If they don't, they can get a fine from the FCC. So reach out to make sure that they caption, even if they put something on YouTube they have to put it in print.

That is FCC. Also, there was a comment Joan brought it up about how the television camera zooms on the person that is doing the talking and not the signing. People, photographers for television stations that is how they frame their shots. That is what it is called. If we have a conversation with station management I'm sure they would be receptive to that. So we need to have those conversations with that community. Joan is raising her hand.

AUDIENCE: Actually, what I would propose if you are doing something like this again to invite the news directors to send someone. Not necessarily to cover for the news, but to enter into a discussion with this work group. I don't know how soon they'll be doing that. In the meantime, I think we can just reach out to the news directors. If I have the support of the other four counties and the emergency managers I would be willing to work with you. I'm going to volunteer Tim.

TIM ALBERTSON: She just signed me up. That is why I am here. I wanted to bring that experience. That is how that industry works. I think that we can have those conversations easily. Neil has a question. He's going to correct me that is fantastic.

NEIL MCDEVITT: I just want to give a slight correction. Here in the Philadelphia area we have one of the top 15 percent markets in the United States. All of the new stations have live captioning.

So here that is here in the Philadelphia region. When you go outside of the Philadelphia area then Tim is correct about scripted news cast. The other thing about the FCC ruling, they do not mandate captioning. They mandate all emergency information is presented in an oral auditory format that also must be presented in a visual format.

So if its scrolling, rolling at the bottom of the screen or a map or something that has to be shown in a visual format, but most stations use captioning for that.

TIM ALBERTSON: Thank you.

AUDIENCE: The weather is captioned, closed captioned. Yes, my television gets it.

TIM ALBERTSON: Good. That is the live captioning system that Neil talks about. Live captioning costs a lot of money. So thank you for clarifying that. I love it. That is why we are all in the room to talk about it. I worked in small markets so I wasn't privileged to work here in Philadelphia. The first question here is the national council of Maryland co-authored a curriculum for providing the initial care and support called mental health first aid for individuals experiencing a crisis, the resources for crisis intervention for vision or hearing impaired individuals. Are there resources for crisis intervention for vision or hearing impaired individuals?

SHARON BEHUN: In Pennsylvania we have a limited resources of mental health providers who are qualified to work with people who are deaf and hard of hearing. Dealing with crisis situations, I am not -- maybe Denise can correct me -- I am not familiar with names qualified to provide emergency services. We have been working with OHMSAS to increase the pull of providers in

Pennsylvania. There are providers out there that have some background that can provide services, but for people who are deaf that use sign languages, they would like to go to a counselor or therapist or provider that can sign. So you are getting the information in the same language.

You can actually carry on the conversation. In Pennsylvania we probably have maybe 5 providers that can provide that across the state. Most of them are in the Philadelphia area. Those that have the knowledge and understanding of hearing loss and people that are hard of hearing and have the coping mechanisms, I would say that there are a few out there. Again, there is not a large pool of people in Pennsylvania. That is something that we have talked about with Office of Mental Health and Substance Abuse Services to try to get that initiative rolling again to see what we can do to try to have those services. I don't know if anyone would like to add something.

BRIAN MAGUIRE: Something I forgot to mention earlier I am a master student at Philadelphia University in disaster medicine and management. One of the largest focuses for us as emergency managers is crisis intervention during, prior to, and after a disaster. Not to make a comparison too much, but we find that when we come across people with language barriers, we are going to get an interpreter. We are going to find someone so that we can communicate with the person who we can't communicate with on our own.

I understand that some people now feel uncomfortable speaking to people about a mental health issue that is going on before, during, or after an event, but I believe that an interpreter is our

best option at that point to make sure that the communication is there so that the treatment is effective.

BETTE HOMER: The friends hospital in Philadelphia has been addressing issues of people with sensory impairments and other conditions that might require special attention. They recently opened a crisis, emergency crisis for mental health service so that if you want to contact them if they don't know about you, they've been working with us at the associative services for the blind to try to identify special needs for visually impaired and blind individuals in psychiatric crisis. So you can get ahold of them.

MARSHA: One of the greatest challenges I think that people who are hard of hearing have is that they deny that they have a hearing loss. Their behaviors are very much like alcoholic behaviors. I don't drink at all.

AUDIENCE: Use the microphone please.

MARSHA: I think that that is a major issue. One of the other major issues is I think when people, aging people, they don't understand that they don't have the equipment they need to hear a smoke detector. Smoke detectors, the NSC has changed how smoke detectors that are much lower pitched that is easier to hear. However people do not understand when they take their hearing aids off that they are not going hear the smoke detector. I wait daily for someone to burn in a fire because they didn't understand what they could use. Sorry.

TIM ALBERTSON: Thank you for that. Next question. I support someone who is hard of hearing and whose speech is difficult to understand. He is comfortable being at home alone during the day. Do you have any suggestions for how to help plan in case

there is an emergency since responders might not be able to understand him?

BRIAN MAGUIRE: I guess this one falls under me. A lot of what happens when we come into a house especially during a medical or fire emergency is we're going to come up to the patient. If he does have a functional need, I recommend you having a list of medications that he may take, listed allergies to medications he may take, and a medical history.

A lot of times we need to know this type of thing to effectively treat the patient. If you have all of this written down, it is right there for us, and that eliminates any barrier that we may have communicating with the patient. In addition to this is not a bad idea for everyone to know. I know that there are a lot of people out there that are on 15, 16 medications that you don't remember the names of. That list as well as allergies help us treat you better.

BETTE HOMER: People who have speech disabilities, there are several resources. First of all, I hope that they are aware of what is called the Speech to Speech Relay where a person who is hard to understand on the phone can talk through a relay operator, a communication assistant so that the message is clearly reverballed to the person on the other end. There are simple devices that can be used to record an emergency out-going message. So if someone wanted to call 9-1-1 and say what their emergency was they could be prerecord it and the individual could be taught just to hit the button.

There are some phones getting more complex and more pricey, but we have those kinds of features built into the telephones, into

the specialized equipment. As I said that free downloadable communication board has a section on it where people could write that information that you just described in terms of their medical conditions and things like that.

SHARON BEHUN: Our clients or the population that we work with also is not readily identifiable unless someone is carrying a white cane. You can't really identify them as someone with a vision problem. So we encourage our clients, consumers in emergency situations to be sure that they tell first responders that they have trouble with their vision and that they'll need some help. Try to be specific about the type of help that they need. With a hearing impaired or deaf person, it's suggested to tap someone on the shoulder to get their attention. With someone that is vision impaired that is not the recommended way to go.

It is better to make verbal contact. Be sure that you identify who you are. We have been working with everyone that we have contact with to create these lists of medications and allergies to be kept in their wallets with their health insurance card and ID. We encourage them to have all of that together. As far as assistive devices, most of our population is over 60. That is 75 percent. About 90 percent do have some functional vision and the assistive devices are not provided to them to meet their needs.

In many cases the equipment is very expensive. I was trying to think of one more universal technology that almost everybody has and that is the cell phone and the land line. So I had 20 people sitting in a room yesterday all visually impaired all had phones, cell phones. 3 of them could read text messages. So it's going to have to be text messages or for some people. Social media may

work for others, but most people are using a phone that they cannot see the display. So in Philadelphia I know that there is the computer assisted dispatch connected with 9-1-1.

People can voluntarily sign up so they can get messages. We have been encouraging people to contact emergency preparedness and to put their names on lists so that they can be notified in some form that they are aware of. The other major thing is radio and television. I am very glad to hear that emergency messages will not only be running along the bottom of the screen in print, but they will be audible.

MARSHA: I'd like to mention that there are 37 million people in America with a hearing loss and probably only about 20 percent of them wear hearing aids. So one of the things that I think would be very beneficial for first responders is a simple gadget called a pocket talker. It basically comes with a set of headphones and a jack for a microphone. You give the person the headphones and you talk to them through the microphone. It is very inexpensive. It is probably not more than 50 dollars. It used to be 29, but I think it went up since then.

Every first responder should have it. Every case manager in the aging network should certainly carry a pocket talker when they go to visit a patient. So it is one good thing for people that are hard of hearing, and you can easily determine if we are faking because that is what most of us do. We are wonderful fakes. We pretend we are hearing things, but all you need to do is ask people a question, ask them to repeat what you said, and you'll figure it out. I know this line I have here in my forehead is because I've tried so hard to hear people over the years. So those are just

some suggestions. I'm sorry. I don't talk on this microphone right. Anybody else?

TIM ALBERTSON: Samuel wanted to add something.

SAMUEL HAWK: Let's go back to the beginning question. Hard of hearing people, they're hard to understand, what do you do? Let me tell you a true story. A mother and daughter went to the playground. About 30 minutes later a police man showed up over there and tried to talk to the mom. Did you see a drunk person around here because other people had called and said that there was a drunk mother on the playground with her daughter.

So what happened? Another parent thought her voice was strange, so she assumed that mom was drunk. So she made an assumption based on her disability. So when you approach someone that is a little strange, maybe be open and say you have a unique voice, or accent, where are you from? Don't be embarrassed. Even if they speak a little bit differently. Typically a disabled or hard of hearing person will explain yes, I am hard of hearing. After that they will try to articulate better.

TIM ALBERTSON: Going back to the comment that Bette made earlier about people not identifying. I didn't know my neighbor was a cowboys fan until I had a conversation with him. Next question. A nonprofit I work with was able to get an interpreter student provide free service for them as the student had to practice to graduate. Is this a standard practice that can be used as a resource?

SHARON BEHUN: I would highly recommend that if a student who is still studying to become an interpreter that has not yet become credentialed -- that means that they do not have a

national credit to be working by themselves. If they are a student, if they are working with an accredited interpretation program, they are with a mentor. They are with someone that has a national certification. Someone that is registered within Pennsylvania that works with them and can monitor their skills. I'm not saying that they should not work, but they need to be monitored.

There is also a liability issue involved with that too. If there is miscommunication going on the person that is deaf can come back and sue the agency or that interpreter. In Pennsylvania we also have a law, it is called the Sign Language Interpreter and Transliterator State Legislation Act. It says that interpreters must be state registered or provisionally registered. There are certain circumstances where an interpreter that is not registered can work.

One is if they need hours, but they must be accompanied by a state registered interpreter. They cannot work in legal environments because they need to be registered by the AOPC which is the administrative office of Pennsylvania courts. If an interpreter however is volunteering is not being paid for their services they can work. Or if a person that is deaf like Denise says I want Joe to interpret for my doctor's appointment, but they are not registered, it is permitted. There are some exceptions built into the law especially when you are dealing with jargon, very specific language.

If the interpreter does not have that background and is still learning the mental process to learn how to take something in English and process that mentally and convert that information into American Sign Language they might not yet have the skill to do that. It takes a seasoned interpreter to do that. Even if they

graduate from an interpreter program, they have up to 5 years to be nationally certified. They can't graduate from a four year program and tomorrow take the test and be certified. They need that experience underneath their belt. That is why I recommend that an interpreter -- I can speak to this because I am also a certified interpreter.

So been there done that. So an interpreter that is still new may not realize what they don't know yet depending on where they are in their education process. I would highly recommend not to use someone unless they are being mentored and being companied by a state registered interpreter. If the organization that posed that question has any questions feel free to call our office because we do administer the law in Pennsylvania, and we can give you more information.

SAMUEL HAWK: Okay. I'd like to add to that comment. Sign language interpreters are very different from foreign language interpreters. Most foreign language interpreters grew up in that environment and are bilingual. Then it is decided I know both languages by practice and become an interpreter. An interpreter of the deaf and hard of hearing tends to learn the language later in life. They have to study ASL and then later they decide to become an interpreter. Those are 2 different things. The language association is very different from those two groups from foreign language and ASL students.

TIM ALBERTSON: Any comments? Wonderful. Next question. Are police and fire personnel trained on functional needs during the certification process? Should it be mandatory for first responders to take an educational course on individuals with functional needs?

SHARON BEHUN: I cannot speak to first responders, but I know in the past dealing with Pennsylvania state police and talking with their academy I know that they do have a course related to sensitivity training and disabilities as far as I know it is a very -- it is a super sufficient course, but they don't have the time to understand the array of disabilities. I know that there is something there, but I don't know the extent to it. I know that the disabilities community is something that has advocated for the sensitize state police, first responders. Denise worked with the police organization several years ago to develop a handbook that they can carry with them to give them a guide or what to do if they did approach a person with a disability.

It was broken into different disabilities and that was how many years ago Denise? About 10? At least 10 years ago. It is a time that manuals really need to be updated. I know that there are some resources out there, but as far as I know it is not mandatory that they have a certain level, but there is a course that is available.

BRIAN MAGUIRE: To answer that question specifically yes and no. Yes, there are courses available for us. We do take our initial classes. There is a different level and a different array of classes that we take depending on the certification level and the field that we are working in. I can only speak to fire and EMS not to police. I did not receive any training to address the functional needs of the community. However, every 2 years or every 3 years depending on your certification level, you have to take continuing education classes. These are all elective classes.

These are optional classes. You are required to have so many, but you have a choice. I know that there are several classes that

do address functional needs. I would strongly recommend that we incorporate the functional needs classes into the course curriculum. The curriculum is difficult as it is and it is time consuming, but I think that we need to learn how to address the needs of our entire community and not just specific people.

BETTE HOMER: I was just going to add that the Pennsylvania Developmental Disabilities Counsel has over the years supported training programs for first responders in the area of disability. There are hopefully more and more opportunities that police and other first responders can take advantage of. As you mentioned it tends to be continuing ED issues right now rather than integrated into the initial curriculum.

MARSHA: I also think that people at least people who are hard of hearing have a responsibility to perhaps go to their local fire department and make sure that the fire department knows that they don't hear. I think we don't use those people as effectively as we could to make sure that people that they know who in their community has a hearing loss and is not hearing.

TIM ALBERTSON: Samuel wanted to add on.

SAMUEL HAWK: Yes. With training, training is nice. You know, people going to become aware is good, but they tend to forget afterwards. They tend to forget. So for that reason I want to encourage you for the first responders team to be included with a disability, with the running of a disability plan to make sure that all people involved in those first responder situations have that knowledge and that if they need further support they can be identified as well.

BRIAN MAGUIRE: That is certainly very important. To go back to what we were saying about notifying your EMS and fire departments. This can all be done in Montgomery specifically and Delaware County. This was mentioned early, but I want to stress upon it. There is information that the County puts out in the mail, I know it comes out yearly or every 6 months, and you have the opportunity to write any medical needs on there, any functional needs.

So we know that if you have a seizure disorder it is on there. It is in the CAD system, computer aided dispatch. So when your address comes up to be dispatched to your home, it will tell us over the notes. It won't say anything over the radio if you are concerned about your information being broadcasted to people listening to scanners all day. Don't worry. It comes up on the computer, and we are able to know if you have medical needs or a functional disability. There are services available to you.

TIM ALBERTSON: Brian is talking about the special needs registry in case no one is aware. We mentioned it earlier this morning.

AUDIENCE: Promise alert is individual. That is statewide.

TIM ALBERTSON: Yeah. These resources are in the book, the flip chart book that we all got this morning as well.

BETTE HOMER: I know in Philadelphia county if you sign up with the CAD system when you call 9-1-1 from your landline, the dispatcher will see immediately whatever you have indicated your special needs are. For anybody who is interested in getting some information, our agency has a small handout that I didn't bring with me, but you can certainly get it from us on the website and

guide technique. We recommend that it doesn't require hours of study. If you just look at it, the person has to hold your arm and walk half a step behind you.

Give them a little information about what is happening and where you are going and that will help. We also have tried to emphasize with all of our consumers that it's your responsibility to let a first responder know what you need. So I know that is a different issue for people who have communication issues due to hearing loss, but in the visual impairment world we consider that the simplest way to get the information across with a smaller group even though the aging population continues to have more people with vision problems, but they don't want to let people know that they are visually impaired.

If someone misunderstands what is going on they don't think we are drunk. They think we are crazy or mentally challenged. That is why it is our job to let other people know what we are and what we need. Feel free to call us. I won't be able to go back to work if I don't tell you what my agency does. We are the only private social service program serving adults people over 18 with vision loss in Philadelphia county. So we have a website ASP.org. Also our phone number I don't know if it is on the list with all of the other information. But its (215)627-0600. Now I can go back to work.

MARSHA: I would like to share a personal fear of mine. That is related to my cochlear implants. If I am in an accident and I'm knocked out and I'm rushed to a hospital and they decide I need an MRI that is the end of my cochlear implants. So I have a bracelet that I seldom wear, I also drive too fast, but I think it is something that those people with cochlear implants if you are

picking someone up with a cochlear implant that is not conscious, make sure that you are aware of that. With the cochlear implant you cannot have an MRI. Some of them you can but not all of them.

TIM ALBERTSON: Anybody else? So as you can see there is old school and new school ways of getting things out. That kind of leads to the next question we have. Are there any apps that you would recommend using to communicate?

BETTE HOMER: I have a whole hour and a half presentation on emergency preparedness apps. There are free ones that worth 0. There are free ones that are worth hundreds of dollars, and there are ones that are worth hundreds of dollars that you don't want to bother filling up your memory with. So apps range from a manual on what to do when you get your snakebite. The ones that I love are what to do when your car is hanging off the cliff. You are in and out, going to grab your iPad, and look at that.

But stuff around the individual preparedness. There are apps that will talk you step by step through CPR, Heimlich, stuff like that. There are apps that are ICE, basically in case of emergency, so that you can enter your information and have it handy on your phone or on your iPad. Then there are apps that are highly interactive and Louisiana not surprisingly has an app that can give you real-time information about shelters that are opening, roads that are closing, all that kind of information in real-time if that is what you mean by communication.

TIM ALBERTSON: I believe that is what the question was.

SAMUEL HAWK: There are also communication apps for an individual with a disability to express themselves. So you may

find that a person that doesn't speak or doesn't speak clearly has access to an app like that that they are using. A first responder you might have an app that provides text instead of writing. They could type or have their message spoken. There are ones that have frequently needed words and messages preprogrammed so the individual is not typing letter by letter.

So the apps world has opened up a whole host of avenues for use in emergency response and preparedness. However, in terms of emergency response you can't expect someone that has never before used an iPad to know how to use the apps in an emergency or crisis situation. I'll talk a little bit later about this as social networking. Bette, you have something to add.

BETTE HOMER: As far as individuals with vision impairment I told you that many of them don't have the latest most up-to-date cell phones, but there are apps for the iPhone and androids and smart phones where you can take a picture with a phone and you can send the picture to an emergency responder if you are lost or in need of help. So that is one app. All of the iPhones have voice over and the iPad that is built in. As far as an android phone goes, only about 7 percent of those phones are owned by individuals with vision impairment.

So just somehow to communicate with them so that most people can hear or get a text message on the smart phones that would work. But none of that is going to work on assurance wireless or SafeLink which are phones with individuals that have low income. So those are the apps that I am aware of. Also on websites if you want to be user friendly bear in mind that individuals who are computer literate, a lot of older visually impaired people are not,

but young people are more likely to be need in of websites that are accessible that they can use screen reading software.

SPEAKER 2: Samuel wanted to add something.

SAMUEL HAWK: As far as apps go, we went to the consumer center, and they had one person who wanted to communicate with me. That person used his android and used Google speech recognition and when he spoke and I got it, I could read it and I could respond yes or no. I encourage you people who use Google on your iPad or iPhone that you can do the same thing. You can speak and, you know, make sentences and you can show that to the hard of hearing person. If you do that just make sure that the sentences are all yes or no responses as well.

SHARON BEHUN: I guess this is related to when we talked about a lot of the technology that people can use that are blind or hard of hearing, but also there is a service out there called Video Remote Interpreting that you can download an app to an android to an iPad, tablet whatever it is and your agency can have a contract with the service. So, for example, if a responder showed up in someone's home they find out that this person is deaf and using sign language if you have a contract with this company and internet service. That is the key.

You can pull up an interpreter on your iPad. The interpreter can communicate in an emergency situation. You can have communication until you get the interpreter there on site at the hospital. I know that we work with FEMA last year when they were here, and they were doing some exploration with that. They used it on their iPad. FEMA is looking to set up a contract. So

when their employees are working at the disaster recovery centers they would go to people's homes for assessment.

In a pinch if they went to person's house and they didn't realize that they were deaf, they could use the interpreter. I know that sometimes it is better to have an interpreter in person rather than on an iPad, but as we can get to that later about the pros and cons, but that is available out there and it can be used in a pinch.

MARSHA: I would just like to make a comment about all of this. I'm getting more and more like my mother with every passing day. The thought of all of this technology scares the living daylights out of me. My kids got me an iPad for Christmas because they thought it would be the most wonderful thing in my life. Well, I'm on page 3 of the book of directions. So I think we have to remember particularly aging people and all of this technology. Thank you.

TIM ALBERTSON: Here is the next question. Is there a system of identifying the home or apartment of a person who is disabled? It used to be one like a window sticker like the yellow dot program for the car.

BRIAN MAGUIRE: I guess I can touch back to what I said earlier about letting your county know. To my knowledge, I don't know of any types of stickers. I remember the tot stickers that were on the windows to let them know that there was a child in there.

SHARON BEHUN: Pets.

BRIAN MAGUIRE: Exactly. I think that the biggest thing is just to have some type of way to communicate with us that you have a need and that we are more than willing to cater to that.

SHARON BEHUN: Just to follow up on that I think that we talked about the form in identifying yourself and the county and the dispatcher office has that information is probably your best bet. I can say from a person with disabilities perspective if they have a label on the door they are opening themselves to be a victim.

They can be taken advantage of. Years ago they talked about having some people in the deaf community having some type of identification on your license plate that you are deaf or you had a hearing loss, but then again you are opening yourself up. You are identifying but leaving yourself to be a victim because people will take advantage of that unfortunately.

TIM ALBERTSON: Here is another question. What accomplishments have you or your agency had with emergency preparedness? For example hurricane Irene, tropical storm Irene, or any other natural disasters in our area?

SHARON BEHUN: Well, the office the deaf and hard of hearing have had the opportunity to work closely with FEMA when they were in the state. I was at a summit last year in October, and I was able to meet Leslie Anne Gazelle who is our disability integration specialist. I know that Neil has had the privilege of working with her. She was the disability integration specialist in Washington State. That was -- I can't remember -- region 10 that relocated to our region which is region 3.

Luckily she was the right person that had a very open mind. I happened to run into her at the summit. When PEMA held press conferences with the flood, it was not accessible to people that were hard of hearing. People that were deaf and hard of hearing were stranded. They were on Facebook, e-mailing to their

friends, what do we do? In northeastern Pennsylvania there were people that luckily got out of their house. There were people that their house was flooded, but we had no way of getting ahold of them. We finally got a hold of the family and said go to a disaster recovery center.

So until last year we never saw what Pennsylvania does have or doesn't have to help people with hearing loss. I met Leslie Ann at the summit along with Amy. I started working with her. We worked with her to get the disaster recovery centers accessible. She had video remote interpreting. She downloaded video relay to their computers. So if a person that is deaf such as Sam went to the disaster recovery center and he needed to apply for a loan. He could go to the computer make his phone call himself, be independent. An interpreter pops up on his screen and interprets that phone call.

They had captioned phone calls available for people that are hard of hearing and do not sign, they can be independent and make their own phone calls, and they had captioned phone calls where they could read what that person said live. It is a couple of seconds delay but it is there. They had equipment for people that are blind. So a person with a hard of hearing or deaf, any disability could go in and the disaster recovery center was design for whole community.

It was designed to meet everybody's needs. We worked closely with them. What FEMA started to hear was that people weren't getting the word out. We were running into families in the Harrisburg area that had mold in their house, and they had no idea that they had to clean their basement and get everything out. They did not know because there was no education. The

message wasn't getting to them. So FEMA decided to work with a person that is a certified deaf interpreter, and they made videos to try to get the message out to people in American Sign Language, and it was also captioned.

So people could get the information in any way that they needed in their own language to understand how to take care of themselves. How to apply for FEMA services. That was some of the work that we did with FEMA. We have continued to try to collaborate with FEMA. We have provided trainings with their regional conferences that they had. We presented at all 3 regions to try to get the word out that ODHHS is available. We are your network and go to agency to provide that assistance to make sure that your county is accessible and is meeting the needs of your residents.

BETTE HOMER: As far as I mentioned before, again, we participated with FEMA in helping people in the recovery phases obtain replacement medical equipment either for the long term or short term until their insurance company or whatever would replace the durable medical equipment that they lost. So we can only do that if we have a supply of gently used DME. So think about when you do your fall cleaning, think about getting rid of great grandma's walker by donating it to one of our reuse programs.

We did find that again there was a tremendous need. The other thing is that the shelters need to have this equipment to accommodate people who have functional needs. So we hope to continually improve the accessibility of shelters so that people with functional needs don't have to go to a medical needs shelter which is far in access of the kinds of combinations that they need.

MARSHA: I'd like to offer a suggestion for people who have hearing aids or cochlear implants. I understand that there are stocks of medication that are part of the whole emergency preparedness. I would like to see a car box size of boxes in one of these places with hearing aid batteries and with batteries for cochlear implants. This all came about after Katrina because the hearing loss association with America was sending thousands of batteries for people.

It is the worst thing especially for people with cochlear implants because you become totally deaf if your battery is dead. So what we need is a charger and two different sets of batteries to get people through it.

BRIAN MAGUIRE: I think you're 100 percent correct. As providers, as emergency managers we don't know what we don't know. So coming to us with that information -- obviously we're not going to say no. We are going to find a way to make it happen so that things that we need to do and your needs are met so that we can work together as a team to make sure that everybody's goals are met.

TIM ALBERTSON: We have about 10 minutes left. Joan has a comment in the back.

AUDIENCE: I think it is really important for all of us as individuals to understand that in terms of mass evacuations -- and we're opening up numerous shelters -- that each of us as an individual has to take personal responsibility for our ourselves and being prepared. So you should have what we call a go bag, or an evacuation kit that you already have put together prior to an

emergency. You should always have this. You should be able to just grab this kit and run with it if you have to evacuate.

Hopefully during most times of emergencies that are weather related we kind of know if a blizzard is coming or if we're anticipating flooding. If you know that you live in low lying areas that flood and you may need to evacuate that you should already have this kit that has your charger, your extra batteries in it because it may not be readily -- those things may not be readily available when you get to the shelter or if you choose to stay with family and friends you may not have them at that household either.

So yes, we as emergency managers want to help you, but as individuals we have to take personal responsibility to make sure that we have the items that we need also. I want to stress that because that is really the key message that when you get to a shelter there may not be these things with batteries and hearing aids at a shelter. As emergency managers there is just a limited amount of supplies that we will have available. So please I encourage you to put your kids together and have these extra supplies in a bag that you can grab and go when you need to evacuate.

TIM ALBERTSON: Samuel.

SAMUEL HAWK: I also want to respond to that. I agree with that level of personal responsibility. I do believe that is important, but one of the large problems in the deaf and hard of hearing community -- well, deaf community is the lack of training. Two years ago at Gallaudet University which is the only university in the world for undergrad for deaf and hard of hearing people, the

cafeteria workers had to leave the cafeteria and one man on the bike fell over and his head hit the curve.

So the students leaving the cafeteria all crowded around him and saw what happened. The man was seriously hurt, what should we do? So a crowd gathered around. This was four buildings over from the police station. So they walked over four buildings, and they let them know to get an ambulance. Now none of those 6 students thought themselves to contact 9-1-1 from their pager or text or iPhone. Nobody had that idea to do that. We know that those skills -- if we knew that they were available we would think to train someone if something seriously happened.

I can do this now. I can do that first. On the other hand my son, hearing, who is 8 years old at school already had an officer come to do training and how to dial 9-1-1 how to contact them. But deaf people never had that kind of training. So when you talk about personal responsibility, yes I do agree with you and support that, but I also want to make sure that training is provided for those individuals with disabilities who need it to become personally responsible.

TIM ALBERTSON: Do you want to add onto that?

BRIAN MAGUIRE: I think that this is great. I think that education is the tool to success. I'm not talking about college education or high school education. I'm talking about basic needs education. So educating people on how to dial 9-1-1. These pamphlets that the City of Philadelphia put out -- I was looking through this earlier and I want to be able to find out how to duplicate this for my township and residents. This is great. I might go through this and make my own kit based off of the suggestions. So personal

responsibility is important, but you can only go so far with personal responsibility if you don't know. So like I said it is a team effort. It is a team effort to reach your common goal.

CHAD THOMAS: Can we take two final comments and wrap it up.

AUDIENCE: This is Joan, again from the City of Philadelphia Office of Emergency Management. I just wanted to let the group know that if you live in Philadelphia, our staff will come out and provide a workshop for you. If you can put 20 to 25 people in a room, we will come out. We have gone out to the Associative Service for the Blind 2 times a year for the last 3 to 4 years. So if there is a group or an agency that would like us to come we are available. You can e-mail us at OEM@PHILA.gov. Or you can call us at 311 and ask for emergency management. We'll be happy to come out and do a training on personal and family preparedness for your group. Thank you.

TIM ALBERTSON: Speaking for the Montgomery County as well I think that any government agency if you have any training if you think that your community is being under served please reach out to your departments. We'll be happy to. That is our mission to educate.

AUDIENCE: All of the contact information for all of the 5 counties are all located in your handbook on the Know Your Local Preparedness section. Their websites, phone numbers. You can only dial 311 within the city of Philadelphia. If you dial it from another county it will not work for you. One more comment.

AUDIENCE: I'd like to just comment if I may on the personal responsibility areas. I live in the inner city in Philadelphia and in a

row home. On each side of me there were fires and in my house there was carbon monoxide. I realized I was going to have a little bit of problems because I didn't get help because I live alone. So I applied for a hearing dog. Some of you have commented on the dog. She is my help because I live alone. She has been taught. She came from Colorado and has been taught to jump on me if I am asleep if there is a fire or something.

So she leads me in energies. This is something when your battery goes dead and your lights go out and the equipment doesn't work. Here is a dog. She is for personal responsibility. She has a label. This is a little dog that saved my life more than once.

Applause.

TIM ALBERTSON: That is the mission to try to get everyone empowered whether we know it is coming or not. Thank you to all of our panelists for your time and expertise this morning. We are going to break for lunch. It is out in the hall way where you signed in. What time are we supposed to be back here in the room?

TIM ALBERTSON: Looks like 12:45. I have one last little invitation. Anyone that is part of the Functional Needs Subcommittee who is not a speaker today I would like to invite you for a quick 15 minute wrap up following the conference at 2:45 it will be at the front corner of the room. We will try to kick everyone out at 2:45 so we have quiet. Enjoy lunch, and we'll be back here at 12:45.

[A lunch break was taken until 12:50.]

ROBYN SLATER: Hello everyone. We're going to get started in another 5 minutes. So please no sleeping after the delicious lunch, but another 5 minutes we are going to go ahead and get started. All right. Welcome back everyone. Before we get started with the afternoon session I did want to everyone that has a chance if they would like to learn more about the hearing loop, we have brochures out on the table outside. We also have headphones out there so that if you are interested in just experiencing the hearing loop that you can go get those headphones outside and put them on and experience that.

But the hearing loop is not just for people with T-coils in their hearing aid. It is also for individuals with the cochlear implants. So I encourage you to go get more information about it. It is exciting that we are having it here today. So we are actually going to have a panel discussion in place of the after lunch session. We are going to have a panel discussion that is going to talk more about the issues with the blind and visually impaired. I am going to get the ladies to introduce themselves, but also just say that a special thank you to all of them in particular Pat.

She comes to the Functional Needs Subcommittees every month. She is very active. She is going to talk a little bit more about the organizations that she is involved in. Thank you to all you ladies for the late notice. It is always good that we can flex. So Chad I'll hand it over to you.

CHAD THOMAS: Thank you, Robyn. So what we are going to do is I'll ask each of the ladies here to introduce themselves and which organizations they are associated with and ask some questions specific to persons with visual impairments and then open the floor to everyone else to ask questions about vision and

sight related questions. Can you make sure that Pat gets the microphone last?

ORA JENKINS: Good afternoon everyone. Good to be here. I thank my friend, Patricia Russell for inviting me. My name is Ora Jenkins. I'm a visually impaired. I live alone. I'm also a double amputee. So as I always say to Pat, I have to put my understandings on when all you have to do is put yours on the floor. I just thank god for being able to be a part of a civilization and living still with the afflictions that I do have.

CHAD THOMAS: Can you hold the microphone as closer to your mouth? Hold it uncomfortably close.

ORA JENKINS: Can you hear me?

AUDIENCE: Yes.

ORA JENKINS: So I'm just glad to be here to be a part of Associative Service for the Blind where I met Bette in 2007. I lost my sight in 1997, but it took me 10 years to get there. A lot of the things it offers that I haven't been participating in because I was active in other things. But the last 2 years of my life Patrick Russell and Bette Homer and ASB have just given to me and blessed me. So I thank god for that.

BETTE HOMER: I'm glad to be up here. I'm glad that you gave me an opportunity before to mention Associative Services for the Blind and visually impaired so I can go back to work now. We work with adults that have vision problems. The only thing that you can say about visually impaired people is that they have trouble with their vision. It is a disabling condition that cuts across all ages, genders, ethnic groups, but there are some things that I

have indicated 75 percent of them are over age 60. So I'm glad to be here and being here reminded me that it is time for us to make sure that we assist our clients in getting their go bags.

That is our major tasks with our clients. They have their go bags for the emergency. I want to mention how sometimes we forget about other people. When I worked at the Pennsylvania College of Optometry, I ran down the steps one day when I didn't carry a cane and I was younger and could still run down the steps. There were a group of young teenagers standing there, and I yelled as I ran by hey is that the local or the express? Nobody said a word to me. I charged onto the train, and I turned around and said kids today are so mean. I asked if it was the local or express,, and they never even answered. Somebody said they're deaf.

So that was a wakeup call for me. We all think about our own situation. So I was so focused on what the sign said that I couldn't read never ever did it occur to me that somebody out there didn't hear what I was saying. So I hope today we are all listening, and we are all speaking the right language. Thank you.

DIANE DOMINIC: Hola. Como estás? I want to say hello to the hearing impaired. I don't say deaf I say hearing impaired.

Reason being I was signing for the Philadelphia Court System as an interpreter. I became visually challenged. I said well, it's time for me to also make -- did you hear what Pat said? I'm the one that when I get on the Para transit vehicle I say to the driver, do you have an ambulatory vehicle or a wheelchair?

He says why. I said because I'm going be DUIC. He said what? I said driving under the influence of my cane. You relax. I got this. I make them laugh. My name is Diane Dominic. I worked before I

retired for 33 years. I started with the city and went with the state and finally Community College of Philadelphia. I thank god for that. But I also say you know what? We also have some form of inability. We all have some form of inability, you hear me? All right.

But I am a client of the Associative Services for the Blind. For the last 10 years my sight has been diminishing when my retina tends to shut down by macular degeneration. But you know what? I got another day of life. Okay. I'm here. Hello. Knock knock. So I want to say to everyone thank you for coming. Bye.

PATRICIA RUSSELL: Good afternoon. I'm Patricia Russell. I'm an ordained minister. I lost my eyesight in March of 2004. By September of 2004, I was attending the Associative Services for the Blind and Vision Impaired. Bette Homer was my first teacher there. I graduated from under her, and I started facilitating support groups there myself. The thing that stuck out the most with me with Bette and ASB is in class my second day she said ASB is not here for you to treat as a crutch. But a steppingstone for the rest of your life in terms of getting out into the community, maintaining what you can maintain, growing when you can grow, and helping others.

So that stuck with me. I have been trying to do that. I chair the Share Rock Advisory Counsel for Philadelphia. I co-chair the Septa Advisory Committee for Accessible Transportation. I chair the Transportation Subcommittee for the Commission for People with Disabilities. I serve as fundraising chair for the Philadelphia regional chapter of the Pennsylvania Chapter of the Blind. I'm on the ministerial staff of my church. I teach Sunday school and new

members class. I am just so involved because I want to give back and serve more than be served.

So that is what I do. In addition to being on Functional Needs, I have learned so much being on this committee that I started taking it back to my church and the groups that I am involved in just to alert them and make them to know that where they live -- and they're not all sight impaired or some are not even disabled in any way at least not what we call disabled. But I try to take it back and make the information available to anybody or whoever would listen or need it. I try to make it accessible to them.

CHAD THOMAS: Great. Thank you very much. Pat, I would like to commend you for the amazing work that you do on all of the different committees you serve and the great contribution you have made to the Functional Needs Subcommittee. There are a lot of things that you made possible that we couldn't have done ourselves. As part of our Transportation Committee, they have been really a moving force with the City and putting in auditory crosswalks at particular streets.

PATRICIA RUSSELL: Accessible signals.

CHAD THOMAS: Can you talk about that? Where they are placed and what they are?

PATRICIA RUSSELL: They have not been installed yet; however, they are working on them. They got a grant to install them. They are going to start out at Malvern School for the Blind. Once they get that done or as they are doing those the City has to fix a water problem and block out the streets and all that. So the lights will get installed as they do that because they already have it dug up or whatever it needs to be so that they only have to

install those lights. In Center City they are beginning to go from 10th and Market all the way down to 10th and Walnut. So they are the digital. They are not the chirping birds.

It is actually a voice. They will be installed. Hopefully, probably going to take another year or so because the City has a lot of work to do at the corner of the streets before these lights can be installed. We agreed to that because it would have cost them a lot more money just to go ahead and install the lights with all of the work that needed to be done. After PENNDOT included the traffic lights, the audible lights, they decided to wait until they got the streets done for the Water Department until they got the bumping out of the streets done. So that they wouldn't have to install the lights then take them out and reinstall them. But we are looking forward to that.

CHAD THOMAS: Pat is an excellent example of changing policy and raising things up on the priority level of cities and government and getting things established. There is something else no one mentioned which is called universal access. That means doing things right the first time you do them. Things can be retrofitted, but as Pat mentioned you do them right the first time you don't have to make expensive changes to redo them later. I have a variety of questions for the folks. The first question is whoever would be willing to address this, but what are some of the different challenges for people that are born blind as posed to people that lose their vision later in life? Are there situations that one group or the other is better adapted to certain situations?

BETTE HOMER: Well, I would have to say no because it depends on who they are, what their natural abilities are, their parents, their families, their opportunities. So there are

youngsters who are born blind who are doing amazing things like the Little Rock Foundation Rocky, I forget his last name, but he is an amazing young man. There are lots of other people who are very amazing. So it's different challenges. A child who is born blind or visually impaired, it is very critical for them to have exposure to what is going on in the environment.

So their information is often only available to them through their hands, ears. A lot of them do have some vision, but it's very often restricted vision. So if they don't have anybody helping them to learn about this environment, then that is a big loss. Unlike children that have hearing loss at birth if they don't -- as we heard today -- if they don't learn how to communicate at age 3 it sets them back in their development all throughout their lives. So the children that are born blind if they have a good opportunity to be educated may be able to do all kinds of amazing things on the side the computer, but they can't make a peanut butter and jelly sandwich. All of these children need whatever we can do for them and as early as we can do it.

Adults lose their vision. They may already have learned a lot of things. They have had their careers, but the major things they all complain about is they can't drive and they can't read. So children who are born blind they never get to drive and they have to read a different way. So there is no simple answer.

DIANE DOMINIC: With me I was born fully sighted, and it took different phases for my sight to start to deteriorate. But the biggest problem with me when I had my second child he came back with everything backwards in his heart. He had to go to children's hospital and I had partial sight. They were questioning how will you be able to give him his medication? How will you be

able to do this that and the other? I had to demonstrate before they released my child to me that I would be able to do his heart medication, all of his medication, and know when he is turning a certain color to call 9-1-1 to rush him in.

But the basis for me, it taught me a lesson. Even though I knew how to do certain things with my full sight, as I got older I had a lot of people saying you can't do this with partial sight. You can't see it. But I had already learned it. So yes.

CHAD THOMAS: Another question I'd like the panelists to answer is what would you like people to know about the experience of losing your sight or being blind? For example, what are some things that are very disorienting for you? What are some things that first responders can do in emergency situations to communicate? Bette, if you can talk a little bit about what it's like to navigate the streets in a heavy rainstorm you were mentioning to me. If you could explain to people what that's like and how disorienting that is?

BETTE HOMER: Yeah. I did tell Chad one day that I started out with 20/20 vision and gradually became more and more visually impaired or had less and less functional vision. I went from being able to walk around almost anywhere to now I have to have my cane, but one day in my own neighborhood where I have lived for years. I know every crack in the sidewalk it was pouring down raining. The rain was coming down so fast that the rain was up over the curbs.

I actually was very frightened because it was so much noise and so much water. It was so disorienting I could not figure out where I was at all. I thought I have my cell phone, but if I call the police

what am I going to tell them? I can't tell them where I am because if I knew where I was I wouldn't be so upset. So that is something I think now the newer cell phones are addressing. If you have your own on your GPS is giving a signal and they probably could locate you. I'm pretty sure about that someone with more info will have to tell me. I couldn't even get the attention of anybody that was driving. I had to stand out in front of a car and almost had to hurl myself in front of a car to get them to stop and help me.

Nobody would stop. Another woman was walking and saw me and helped me. That is very scary. I would say for a blind person if you are in an emergency you can't assess what is going on without someone else to help you. You don't know where to go. I would say that first responders identify yourself, but I've had a police officer drive up to me and say do you need help? I could see that the cars were still blue in Philadelphia. I could see that it was a police car, but I chuckled inside.

I thought if I was totally blind how do I know who you are? I don't know if there is a way to answer how a first responder can identify who he really is. We'll just have to trust that they really are who they say they are.

PATRICIA RUSSELL: Well, I'm totally blind. No light perception, no anything. I think for me if there was a disaster and I had to evacuate my home or wherever I am, first when they give directions don't say over there or over there. I don't know which way is it. Tell me right or left. Come forward. Go backwards. Give me specific directions. I can follow you then. I hope we won't get one those that don't know left from right. I have had that. That is just one small thing that can make a difference in

how well a totally blind person will respond to instructions given to them. Be very specific and be honest with us. Don't tell us its A when we know it's D and C. So that's my point.

DIANE DOMINIC: Quickly, I have a daughter that works with Septa, and she grew up with her mother partially sighted. I always kid with her and say if you are tired call mommy. Mommy will drive the train. It will be okay. She says okay mom. Also my son he is part of security and he has had emergency evacuation training, but there might not be a time when he will be home. I have to depend on my vision to do this. I said to myself, my neighbors, I need to teach my neighbors. That is what I have been doing.

I am on the board with Pat for Septa Advisory, I am on the Mayor's Commission of Health and Human Services, but my neighbors are surrounding me. I taught my neighbors how to work with me on emergency occasions. I also have family and friends in my district. They also when they hear my address in the district because just recently I had to be taken from my home to the hospital, but they were right there. It is always good to teach. I am not going to talk about something I don't know. I can't talk about being hearing impaired. Yes. I did take in college interpretation, but enough of me. Okay. Everybody take care.

ORA JENKINS: There's one other thing. Having a part of your body missing if someone is helping you, they may not know. So a lot of times I have to say if they tell me to turn and they try to turn me that my legs don't move like everybody else's that have natural legs. So it makes me lose my balance. It is a good thing that I can even get up and walk. Somebody didn't get up today or can't get up and walk. It is good to have people around you that

are concerned and put themselves where you are, where they could be because tomorrow is not the way we think it is going to be always. So I just thank you for letting me be a part of this with all of my partners and coworkers here who are working hard.

CHAD THOMAS: Thank you. At this point we have about 5 minutes left. I just want to open up for questions in the audience.

BETTE HOMER: I just want to give tips on how to direct someone. Identify yourself. Ask do you need any help or assistance, whatever word is the jargon word for the time. If the person says yes, what kind of assistance do you need? They'll tell you what they need. That will help a lot. If you remember if somebody really is severely visually impaired don't just let go of them. That contact they have with your arm that is their lifeline. If you have to stop while you are walking along say we are going here and there, give info about where you are. If you have to stop and step away say I'm going to put you over here. There is a wall or a chair or a table, something the person can hang onto as a point of reference.

People who can't see often have balance problems because the retina is involved in your balance. If you leave them standing out in an open space, they may feel dizzy. I hope that is practical for you.

CHAD THOMAS: So I have a question from someone in the audience.

AUDIENCE: Well, my name is Tracey. I'm speaking for my husband John who is working, but he is totally blind. He has been hit by cars twice. At those times both times once with a dog and once with a cane people tried to get him to move from the position

he was in and he held onto the bumper of the car. He would not let them move him until they identified themselves clearly and many, many times we've heard from other disabled people not just visually impaired, but sometimes they have more than one disability, stroke, blindness, other things.

You need to let them know that you have documented where they are, what happened. People try to misrepresent the facts of a situation. They have been taking advantage of numerous times in these things for their insurance, the other person's insurance. Also, when you mentioned about the rain my husband frequently says that snow is the blind man's fog. His dog led him into the street in the snow. The curbs are frequently blocked. So they automatically go out into whatever is the path of least resistance. So just because someone has a dog with them or a cane with them does not mean that in an emergency they are going to be okay.

Yes, you do have to give cardinal direction, but for someone like myself who is brain damaged on top of everything else, I have trouble with cardinal directions. So sometimes you can have a person who is brain damaged having trouble with the directions and your vision. So you have to check with them to make sure that they're understanding what you are saying before you go on and go slowly. Thank you.

CHAD THOMAS: Any other questions? Great. I'd like to thank our panelists today. Thank you, Bette. Next I would like to invite our next speaker, Kristin Beck. Kristin is going to be doing a presentation in just a second. Miss Beck is currently employed by the Public Health Management Corporation in the State of Pennsylvania. She manages a CDC, NACCHO grant. She'll

supply the acronyms that focuses on the nurse of triage lines in the event of severe pandemic. She was part of the development of the Medical Reserve Corporation in Southeastern Pennsylvania. She worked with 5 county MR C trainers to recruit and meaningfully engage engineers. She has worked to build a quality of volunteer programs in the area she managed. She received a national award for national and community service for program excellence. Miss Beck has a history of building no profit and advocacy programs.

In addition to program development, she has a successful track record of grants management and fundraising. She is involved in several key communities including the Functional Needs Subcommittee. So without further ado, I'd like to introduce Kristin Beck.

KRISTIN BECK: Thanks guys. First I want to say thank you to that panel. I thought that that was tremendously helpful, good, practical information and further I wasn't here this morning so I do want to thank Chad and Robyn, who I worked with on the Functional Needs Subcommittee for even putting this type of conference together. It is truly amazing, and I'm so happy to see such a great turn out. Also letting me come and talk you to about the project I'm working on now. As Chad mentioned I am employed by Public Health Management Corporation.

That is a nonprofit group in Philadelphia. I'm working on a partnership grant with the CDC, NACCHO, and ASTHO. CDC is the Centers for Disease Control. It is a federal entity. ASTHO is a group of state and territorial health offices. So they deal with state health and NACCHO is city and county health offices or health officials. So the grant that we're working on now is a

partnership of those 3 organizations. So a few years ago CDC, NACCHO, and ASTHO started looking at this alternative for providing care and this alternative is called nurse triage lines.

The idea behind the nurse triage line is people avoid going to emergency rooms and doctors' offices and those kinds of things and, they're able to call the line. They're given information over the phone. So I'm throwing around this word pandemic because in my world I hear it around a hundred times a day. Does everybody know what pandemic is? It's a very serious virus. It is characterized primarily in two ways. 1, by the numbers of people it affects across state lines and across country lines. The other thing is that by nature there is no human being that has a natural immunity to this virus.

So it is quickly spread across the world. That is the kind of pandemic we are talking about, very severe. So some of the things that come up during pandemic are that the public needs a lot of information in a very timely way about where to go and what to do. The other thing is that there's this problem with medical surge, the doctors' offices, emergency departments those kinds of things are super crowded. Those types of crowds create delays in seeing someone who can provide either information or medication.

There is also the problem that if someone does really need the medication, there is frequently a delay in getting medication that they need. The other part of it is that it's very hard to reach people like vulnerable populations, people that may be underinsured, people that are uninsured, which is a real issue and a real target of the Federal Government to address this issue. Then the other thing is if you are showing up at an emergency

department and you happen to be sick, the next thing that will happen is that 10 other people will become sick.

So these are some of the things -- technical difficulties. Sorry about that. If you don't mind I'm just to keep going while Chad works on it. Are you okay if there is not a slide? Are you able to read the wording okay? Okay. So those are some of the things that come up. There we go. Perfect. So in terms of the work of the CDC and ASTHO and NACCHO, one of things that they don't want to do in working at this process was reinvent the wheel. What we are working on now is utilizing systems already in existence to provide this service so that again we're not reinventing the wheel and manufacturing services and having to start from ground 0.

So we are talking to people like 2-1-1 and The United Way. We are talking very closely with poison control centers. Poison control centers obviously have managed mass volumes of calls. So we are looking at what availability there is with poison control centers. Hospitals have nurse triage lines. I do don't know how many of you work with a pediatrician who after work, you are forwarded to a nurse triage line. During H1N1 several triage lines were set up, and we are looking at some of the dynamics of those lines.

So there are lots of benefits as we see it to using nurse triage lines. So one of the things is that it uses the skills of nurses. When we talk about people staffing this, we are looking at RNs and nurse practitioners. I know just in the medical reserve corps system, which are pre-trained public health volunteers, there are 60 thousand nurses across the country. So if you multiply that by

people who are not in the medical reserve corps system, they're a great resource to access for this kind of service.

It will improve access to antiviral medications. If someone needs care, they will be directed to care. If they don't need care they will stay home or they will stay wherever they reside there by avoiding some of that medical surge. They greatly reduce unnecessary clinic and emergency department visits. Then they are able to in a timely way provide information to the public. This is a huge issue in the event of any large disaster. Then, again, people are not getting sick while waiting, and the information that is relayed is accurate.

Okay. So the idea behind the nurse triage line project is 3 fold. It is to improve access to antiviral medications, to make sure that the information is timely and accurate, and to look at alternatives to face-to-face encounters so that people are not unnecessarily visiting medical providers. Again, I talked about the 2-1-1 system, poison control centers. The other thing is that the nurse triage line project is looking at how to use medical reserve corps volunteers. We are looking at the kind of training people need prior to a large scale public health disaster.

We are looking at liability and legal protections. RNs cannot typically provide prescriptions, but in the case of a large scale epidemic they may be able to. The other thing is that we really want to make sure that as much as possible we are integrating ways of effectively reaching vulnerable populations. So Minnesota did this during H1N1. I just thought I'd mention it anecdotally. Minnesota health department partnered with two hospital systems and 8 health plans. They took about 27 thousand calls between October 2009 and March 2010.

They operated on a protocol and nurses were able to prescribe medications over the phone. They did a telephone survey, and they estimated that about 11 thousand people avoided unnecessary health care visits or visits to health care facilities. So I wanted to tell you this because we are really getting busy now with the programmatic side of the nurse triage line. It has gone from the federal level to states and counties. We are looking at how can we put this all together.

I wanted this group to be aware of it, and I wanted you to know that a goal is to make sure that considerations affecting vulnerable populations are included now not after it is all done. We want to hear what is needed, what logistical information is important, that type of thing. So what we are doing now is we are in the process of setting up webinars across the country. I'll be working with Robyn and Chad. As Chad mentioned, I am on the Functional Needs Subcommittee.

I'll be working with Robyn and Chad to get this information from groups like this one so that we can hear about things like what is the best way to tell people about this? How do we spread the word? Who are trusted sources of information? Who should we get this to help us spread the word? What kinds of things should we consider with nurse triage lines? What languages are needed? What interpretation strategies are most often used? That type of thing. So we want to hear about it now. We don't want to hear about it after it is all set up and running and someone raises their hand and says you know, you should have thought about visually impaired or you know if you are hearing impaired we typically need X Y or Z.

So we are starting these webinars. They'll be going on through next April. I'll make sure to get you all the information. We ask that you participate as much as possible to hear about what we are doing, but more than anything to share information about what you think is important. That is all I have for today. Any questions?

AUDIENCE: Are you thinking about contacting volunteer interpreters or connecting with an interpreter agency so deaf people know where to go?

KRISTIN BECK: That is exactly what I am looking for. That is just the kind of information we want. We want to hear you should be talking to interpreter agencies and those kinds of places to make sure that that information or that marketing is included in terms of nurse triage lines. That is exactly what we need. That is what I'll be looking for from the Functional Needs group.

AUDIENCE: I'm interested in the webinars.

KRISTIN BECK: We actually have a meeting tomorrow. The project team for this part of the project has a meeting tomorrow, and we're going to be looking at the logistical pieces of setting up the webinars. They will go on from November to April. So what I do as they're set up is forward the information to Robyn and Chad, and then they'll push it out.

AUDIENCE: If you have the webinars, will they will be captioned so that we can participate?

KRISTIN BECK: Yes, I think that is important for us to consider. I imagine that that would happen yes.

AUDIENCE: I was wondering if we can apply what you do when you find someone that needs interpreting to another language other than deaf? Like they're deaf, but they're deaf and they're Spanish. How do you handle that or are there ways some of the groups here can follow your example or link with you on finding the solution to interpreting past the disability or the deafness to the next language because their families speak mandarin, but they speak English and they're deaf?

KRISTIN BECK: Yeah. I think that is something that is important that you bring up, and I can mention it to the group. One of the benefits with the poison control centers is that I think right now they use TTY, but they have like 25 different languages available. So I think it is important to ask the question how can we apply both. Again, it is not a done deal. We are not at the end. We are at the beginning of this. This is just the kind of information that is helpful for us to have. Anything else? Thank you very much.

Applause.

ROBYN SLATER: All right. We're going to just power on through if that is all right with everyone. It is raining, and we want to make sure we get you out in an early and safe time. So I'm going to introduce Diane Zeitzer from Disability.gov. She is the Communications Corrector for Disability.gov the federal governments website for comprehensive disability related information. She has worked on the initiative since 2004 through a contract with the managing partner, the U.S. Department Labors of Disability Policy and Concept Inc., a woman owned small business located in Maryland. The responsibilities include the use of social media to have the advantages reach people with disabilities as well as building partnerships with federal, state and

local government agencies and nonprofit organizations. Thank you Diane.

DIANA ZEITZER: Hello everybody. Thank you so much, Chad and Robyn, for having me here. This is just an amazing incredible group of people. So very much what we need in terms of connecting with people at the state and local level. I want to preface this by saying if at any point I lose my train of thought or I don't make any sense it is because I just got married Saturday night.

Applause.

DIANA ZEITZER: Thank you. If anybody is trying to plan a wedding towards the end of the fiscal year where you work with the federal government my recommendation is don't do it. I am very excited to be here. I just want to talk a little bit about what disability.gov and the type of resources we have with emergency preparedness, people with disabilities, the different types of disabilities with address and the different audiences that we reach out to.

We do a little bit of everything. Emergency preparedness is our newest section. It is the only section we have ever added since the beginning of the project. The project started in 2002. We are celebrating our 10 year anniversary this month. We have had the same main topic areas other than emergency preparedness since the start. We added emergency preparedness in 2009 because it was becoming so evident that we needed a section dedicated just to that. There were so many resources that were coming out with Katrina, so many states and localities doing amazing things that we absolutely decided we needed to add that information.

We are still -- we are doing well at the state level, but we are work at getting those local resources on it. I'll have my contact information up at the end, and it is also available on the power point presentation that will be available to everyone after the conference. Please feel free to e-mail me if you know things and you don't see a website or a resource that you know is fantastic because we are always looking for that kind of information. So just do a little bit of background information what is disability.gov? We are the federal government website for people with disabilities, their families, friends, service providers, people in the community.

People ask who our audience is and I say everybody. I think most people these days are touched in some way or another by having someone with a disability, family member that has disability, just the aging disability and acquiring a disability themselves. So whether they self-identify as being disabled or having a disability, we have resources for them. We have over 15 thousand new sources at the federal state and local level on everything from health care to emergency preparedness to education evening, and we try to cover that.

We are managed by U.S. Department of Labor, Office of Disability Employment. There are 22 federal agencies that we work with including FEMA. We work very closely with FEMA, HHS, CDC, you name it we're probably connected to them in some way. But we are also working very hard to connect with state and local governments. That is part of why I am here today. You have a very good working relationship with Chad, and we're trying to open that up a bit too.

As a part of the state outreach that we have been doing for the last couple of years we have been doing targeted road trips. We started with West Virginia and Connecticut. We went there and met with agencies that work with people in those areas. It is interesting because they have the highest percentage of people with disabilities. This year we are focusing on Pennsylvania, Maryland, and Virginia. So we are very open to coming up and meeting or doing conference calls or webcasts, meeting with folks that have resources. We're just opening those doors of communication.

You folks know best what resources you have. So we have information for people who are blind or low vision, have developmental disabilities, deaf or hard of hearing, intellectual disabilities, learning disabilities, cognitive disabilities, speech or language, mental illness, we pretty much cover the whole gamut. So as I mentioned we have 10 key subject areas. Benefits, civil rights community life, education, emergency preparedness, employment, health, housing, technology, and transportation.

We're very cognizant of being sure that we understand what those connections are between those subject areas. They don't happen in a vacuum. So if you're talking about employment you can't really discuss it without saying or thinking about how does this person use transportation to get to their place of employment. So there are two ways to search for information on disability.gov. You search by topic. Any of those 10 topic areas I just mentioned you can do a keyword search.

You can go to the site and type in emergency preparedness in Pennsylvania or get more specific and say resource for people that are blind or emergency prepared resources for people that

are blind. If you search by topic you will be on the home page. On the left hand side, there is a by topic category you pick emergency preparedness. Then you will be taken to the emergency preparedness landing page where you would let the site know by clicking on the appropriate box if you wanted to search for state resources, national resources, or both state and national resources.

The key there is that there are some wonderful resources that just pertain to Pennsylvania that may be of interest to people in the room and elsewhere, but then there are some really great resources at the national level that address concerns that are universal. If you are talking about evacuating the building and the best way to make sure that everyone is included in the planning process for that FEMA might have fantastic resources for that that you can take and apply to either your state or your locality.

Then you can also do a keyword search. There is the search box at the top of every page on the site. You just go to the keyword box, click in whatever you are looking for, hit the search button, and you are taken to a set of results. Now we have 15 thousand resources on this site. So a lot of information. What is the best way to get to what you are looking for? We added this year what we call faceting. That is like if you are on amazon.com and you are looking for cameras.

You see that you can narrow down by price range, title camera, features that is what we added to disability.gov. On the left hand side of the page you can narrow it down by your topic, by audiences, by disability type, by location. So it really helps you to get to what you are looking for by subtopic. So what kind of information do we have for people that are looking for information

preparedness resources? Well, we address a lot of audiences. Care givers, children and youth, employers and human resources specialists.

Government agencies, health care providers, job seekers and employers, older adults, parents and guardians, people with disabilities, researchers, state and local government agencies, students, teachers, veterans and military community, and work force development specialists. Sometimes there is an overlap of emergency preparedness resources and sometimes not. For example, if you say I'm an employer or human resource specialist, there are resources just for people who are in that job who are looking to do emergency planning for their work force.

As I mentioned before we pretty much address all disability types. So we narrow those results if you are just looking for specific information that relates to emergency preparedness resources for people that are blind or low vision or if for first responders that are working with that population you can find it. The subtopics that we address in the emergency preparedness section are emergency preparedness guides and supplies, first responder resources, safety tips for people with disabilities, including people with disabilities in the planning process, making emergency services and facilities accessible, and recovering from a disaster or emergency.

So we try to address all phases whether it comes to emergency preparedness. It is planning, preparing, during the disaster, after the disaster. We have a number of resources for people that if they are impacted by a disaster they can go on and find government assistance. I know recently we had a link from a social security administration that was basically letting people

know that if they're receiving disaster assistance it doesn't impact their benefits that I can still receive their benefits.

So how do we find all of these resources? Well, it is part of the reason why I am here today. People like you. So we have our 22 federal agency partners that we work closely with. We work closely with state and local agencies, academic institutions, and we have a content team that is probably on every list server, e-mail list, RSS feed that you can possibly imagine related to all of the topics that we cover. Just a general overview I would encourage everyone if you have time to go on and check out disability.gov for yourself.

I will say it does work a little bit differently if you are using a screen reader. The directions that I am indicating here, they work different with jaws or other screen readers, but they do work with all of them. We make sure that they do. We have a theme that is very focused on accessibility. We have resources from FEMA, resources for first responders from the Department of Health and Human Services, resources from the Centers of Disease Control and Prevention, and the American Red Cross. There are resources on the site from the Institute of Disabilities at Temple. So we run the gamut.

So it is just some really boring numbers. Numbers of people that visit the site and what their usual demographic is. If you choose to go through the power point slide and take a look that is fine, but yeah. So there are different ways to stay connected. So we have a Facebook page we are very active on. We have a very active twitter feed. We tweet about different subjects each day. There is a day just for emergency preparedness resources. If you have

new resources, new guides, new websites anything like that that you want to promote this is a great way to do that.

All you have to do is e-mail me. We'll make sure it gets out in Facebook, Twitter, and on the site. We also have a newsletter that we are always looking for content for if you would like to do an article about whatever it is that is coming up we'll be glad to do that. We also have a disability blog. We have guest bloggers every week. We feature our federal partners on Monday. Every other Wednesday we feature nonprofit and volunteer bloggers. We are always looking for guest bloggers. So if there is something you want to talk about you can plan to do that.

Just lastly it is ways to work together. If you have a website with a resources section it would be great if you can link us to your emergency preparedness section. Suggest a resource on the home page. It says suggest a resource. You can go in and put in the URL, say this resource is for people with disabilities helping with emergency preparedness, and we'll make sure it gets up on the site. That is the easier way to do it. If you wouldn't mind if you guys have listed networks that you are on, we would be glad to give you a couple of sentences to a paragraph about the site to let people know it is out there.

This is just the last slide. It is my name. My contact information and my e-mail is Zeitzer.diana@dol.gov. So please feel free to e-mail me and let me know what resources are out there. We are very focused right now on developing state and local content. We have a lot of good stuff on the site in terms of I know someone earlier asked about best practices for first responders or community planners, but a good deal of information at the

community level for that. If you know of more we'd be glad to have it. Any questions? Okay. Thank you so much.

CHAD THOMAS: I have a couple of questions, sorry. I know that FEMA has an institute on disabilities. Are you aware of any other advisory committees on the federal level as far as disabilities or have you come across any?

DIANA ZEITZER: There appears to be and I think it is still operating EHS has one that I'll get the name incorrect, but it is the Interagency Counsel on Emergency Preparedness. I'm not sure how active -- they were very active right after Katrina. I'm not sure how active they are now. Mostly I know of informal partnerships and people working together and just keeping those lines of communication open. I know from the federal level FEMA has pretty much has that up with the CDC. NHS is also very involved. I know that the Department of Labor has always something that they put out about a year ago which is really about emergency preparedness specifically geared to the work force.

Department of Education has some resources for teachers and principals who are thinking about emergency preparedness in their schools. So really there is so much out there and if you are looking for something specific and you check disability.gov hopefully you'll be able to find it. We really try to cover all of the bases. I think that something we found is that a couple of years ago a lot of people that were keyed in and thinking about emergency preparedness for their homes and making plans for when they were home, but not extrapolating that people something might happen when I'm at work or when my kids are at school.

We are seeing more information about that come out and trying to get that on the website as well. Also there are things that are very specific to the Philadelphia area the Washington, D.C. area. It may not be optional on national level. That is why we try to have resources at all different levels.

CHAD THOMAS: Do you have a way that people can seek resources nationally or state or by city?

DIANA ZEITZER: Absolutely. I can go back. So if you go back to topic and you click on emergency preparedness from the home page then you would go to the home page, the emergency preparedness page and that is when you'll choose whether you want to search both national and state or national only or state only. So when you click on what you want to search for you will get a mount feature so you will get national and Pennsylvania. So search national and state search Pennsylvania and get your resources.

If you do a keyword search you can search by location. So if you do a keyword search you'll get your search results and then on the left hand side, there is a section that says locations. The first one is always going to be national so you can see our national resources. Below that are resources at our state. So you can click on our different states that you are interested in finding different information about.

CHAD THOMAS: Has your site been vetted by people with access impairments?

DIANA ZEITZER: Yes. Part of our technical team is solely focused on accessibility. We have a staff member that has a visual disability and uses jaws and regularly checks the site to

make sure it operates. If anybody that uses screen readers knows that they all work a little bit differently, so we do check with multiple screen readers and have accessibility features on the site such as click two links to make it easier to navigate the site. For people that have visual impairments, I think we call it high contrast.

Part of the site you can change it so that the background visuals aren't as prominent and the text is more prominent. We do have in the accessibility features of our site information about how on your computer depending on what operating system you are using and what browser you are using how to set that so you can change your preferences and make the text bigger or smaller.

CHAD THOMAS: I'd like to volunteer the Functional Needs Subcommittee if you want to have something vetted or run through a test group we'd be happy.

DIANA ZEITZER: We appreciate that. As many times as we go through it and the other people go through it, it is always very helpful to have other people. It is not just accessibility, but usability thing. If there are things that don't make sense, we are constantly in the process of improving it and making changes. We welcome that feedback so thank you for that.

CHAD THOMAS: Last question just from someone that has lived inside of the beltway for a good 10 years or so, which agency do you see making the most progress in policy change and policymaking from folks with sensory disabilities and challenges? And what do you see as some of the headway that has been made in the biggest areas that still need to be addressed?

DIANA ZEITZER: I would have to say FEMA under Pete and Marcy Roth that heads up -- again the name will escape me -- the Office of Disability Integration and Coordination. I know I should know that. I'm so bad with remembering the different names of offices that we work with. So it's Office of Disability Integration and Coordination. Thank you. They have done an amazing job and in terms of just really making sure that the dialogue is there and people like you were saying universal design and access not putting it in as an afterthought and talking about it in terms of special populations, but talking about it in terms of let's plan for everyone.

They plan people with access and functional needs whether it is because they are elderly or have a visual impairment or whatever it is. I think everybody -- somebody here says that everyone has something they could use help with. Whether it is a person that has a child or somebody who is using a service animal. They really to my mind from a policy perspective are the most inclusive, but not making it like this is a special thing that we're doing, but really just talking about it from planning it out.

That is the easiest way to do it. It is really hard to retrofit something. It is much easier like you said to go from the beginning and kind of do it right. So I see a lot of great stuff coming out of FEMA. I also see a tremendous amount of resources and really innovative thinking at the state and local level. I think it was Neil who mentioned -- was it Montana? With the pagers? Minnesota. I knew it was an M state. Thank you. Minnesota using the pagers. I hear countless stories like that it often is a small town because they have small budgets, and they have to be a little bit more creative that come up with things that

can be used and taken as best practice at the state and federal level.

So that is part of the reason that we are so focused on getting those resources up and getting that dialogue to open up. I think that another thing they have seen in the last couple of years still being new to the emergency preparedness realm is that the dialogue that used to be still pipe. The emergency responders would talk to emergency responders, and the disability community would talk to themselves and now I see a lot of overlapping of everybody talking to each other. To me the dialect to me is what is most critical just because otherwise you have people with disabilities that can very much understand some of the issues.

Like I can't remember who was talking about it but they were saying well, first responders were saying tell us self-identify. Someone with a disability is maybe we don't want to do that. That is not necessarily something that we want to do. So understanding the issues and getting that out there so there's a middle ground.

AUDIENCE: It's just such a phenomenal amount of information you are pulling together and you are talking academically about all disabilities and emergency preparedness. Is there any thinking -- I have never heard of this and never focused on this site before. It's interesting and our groups will use it, but this is largely before the fact. Is there any thinking about what would happen or how you might shift gears after an emergency such that this would be the go to site for everybody?

DIANA ZEITZER: That's an excellent point. We do have a lot of good resources out there and on the site sort of collected so that

people can go to one site whether it is recovery.gov where they can go and apply for all kinds of assistance because there is some good help out there. You don't want to have to go 15 different sites, but in disability.gov you can just go and it's all there. I think it is an excellent idea to plan for the future if something does happen to make this the point place for people to go and to get the word out about that.

We really have just in the last couple of years tried to beef up the emergency preparedness section so that it could be a really valuable resource and trying to address all of the different aspects of it. I still think -- I think that we have a lot of good information for the various to specific types of disabilities and a lot of general information too that is across the board regardless of the type of disability that you have which can be useful. I always feel that it's our youngest child. It's our newest section.

That is why we have really focused on trying to get out there and meet with people, and there could be things that we haven't even considered because I'm a public relations person. I have a disability background, but I don't have an emergency preparedness background. So maybe there are issues that I haven't thought about related to first responders or community planning. I'll meet with someone that that is what they do all the time, and I'm like that is a great point. I never thought about that. Then we'll go and add information to the site related to whatever that happens to be.

CHAD THOMAS: Any other questions?

AUDIENCE: I was wondering if there's a way to communicate through landline. I mentioned that a lot the consumers that we

come in contact with are not computer literate. I know in Philadelphia the school board sends little announcements through the telephone all of the time. The Street Department and the Mayor. So it's obviously a computer generated message. So I wondered if that would be a possibility to hook it into telephone service for everybody regardless of what your circumstances are. You pick up the phone. This is a message. This is now an emergency situation you need to blah blah blah.

DIANA ZEITZER: I think that that is a really great idea. We have never explored that because we were starting it as a website and to be basically the online resource. So we haven't really -- we looked into doing text messaging to get information out and that is something that we're going towards with that. But in terms of the land line because of the nature of the site it is a web portal, we have actually never really thought about that. But I think that that is a fantastic idea.

AUDIENCE: This is Joan again from the City of Philadelphia Office of Emergency Management. Just to address the question of using the landline phones for sending messages out regarding major emergencies. We do have that capability in the City of Philadelphia. There are different options. You can register it through PA or the Streets Department. It is the reverse 9-1-1 system. You get notice when there are storms and about when your trash will be picked up. We have the ability to use that system as well. The issue with using a system like that in major emergency or getting instructions to you that you need to follow immediately is that there is a huge delay in dialing all of those massive numbers in the City of Philadelphia.

Also in order to get those messages through the Streets Department system, you have to have a published phone number. So if you're like me and you have a none published phone number that isn't in the phone book, I don't get those messages. If you have a none published phone number you are not going to get those messages either. So that is why we do encourage people if you can sign up for the emergency text alerts or e-mail messages from us. We encourage you to do that.

We do have the option of using a system like that. It just might not be the most effective way to reach a mass audience in a short amount of time.

CHAD THOMAS: Any other questions? Great. Well, thank you. We just have some additional questions that people asked today that I want to make sure we get answered. One question was someone asked me the difference between all of the different languages vs. functional needs. You can talk to 5 different people and get 5 different answers. That is a topic we tried not try to deal with today. But I will definitely recommend looking stuff up online and finding out the definitions. I know that Neil was great in explaining the difference between functional needs and special needs.

The other question someone had was Philadelphia county residents were offered free adaptive fire alarms if they were hearing impaired. Montgomery was not offered this. Why did PEMA select some counties and not others? PEMA, the Philadelphia Fire Department is a city county entity which is the one that had the fire alarm initiative. So that wasn't a PEMA initiative. That is why it wasn't -- that is why it wasn't the country. It was the Philadelphia city county, and it was city county initiative.

AUDIENCE: Is there a way that we can advocate for this?

CHAD THOMAS: Definitely I would recommend working with the functional needs subcommittee to push that up to the regional task force that gives recommendations of emergency management of the 5 county area. So if that is something that is a group or subcommittee we can work towards if we have people like yourself that are willing to push it that is something that we will help to push to other resources. Philadelphia has a lot of resources, but they have 1.5 million people that we're responsible for. So that is why our city county gets a lot of resources put into our region. One more question here.

AUDIENCE: I just had a comment that suburban fire companies get free fire alarms through channel 6. They have the program every year where I think they can furnish fire alarms, and that is another channel to contact to encourage them to improve visual fire alarms in addition to the audible fire alarms to the suburban companies to distribute.

CHAD THOMAS: I think Neil wanted to add something.

AUDIENCE: Yes. FEMA through fire prevention and safety grants, they give out for fire departments and nonprofit organizations and encourage organizations to submit a proposal for distribution of fire alarms and also consideration for people that are deaf and hard of hearing. They said it was a special consideration. So in other words, if you add that language in your planning and in your proposal -- first of all, I'm not sure if the program is still in existence because of Congress and all that, but also the grant guidelines change every year, but I think that the new guidelines might be distributed within the next several

months. So if you start your planning now for your community's needs those fire alarms and develop a partnership with FEMA. I'm saying that as an individual not as a former employee of FEMA.

ROBYN SLATER: All right. Well, thank you guys so much.

Applause.

ROBYN SLATER: Before we leave today, please fill out your evaluation. We'll be collecting them. We won't let you leave if you don't give yourself evaluation. I just want to go through really quickly while you are filling out your evaluation and just say thank you to some of the people that have really helped here today. All of our Functional Needs Subcommittee Kathy, Tim, our panelists, our speakers Janet, thank you, our wonderful ASL interpreters, thank you Neil for tweeting about us, and Tim for tweeting about us.

Finally please stay in touch was. We will be sending out some information after this symposium like we have been mentioning all day, the website for the power points, contact information, and anything like that is going to be available on the website. Please again, know that you are all welcome to come to a Functional Needs Subcommittee meeting and become a member. Again, like we mentioned before we have these handbooks that are getting printed through the subcommittee. So please stay in touch with us and let us know how we can help you. Thank you guys very much.

CHAD THOMAS: I would just like to add that is southeastern Pennsylvania, SEPARTF. They have a brand new website that has been posted. The regional task force is -- the fundraising for

the Department of Homeland Security comes through the Regional Task Force and Subcommittees like ours that are volunteer committees. We all have full time jobs. They help the task force decide how to spend the funds. I would like to recognize Sandy Hoffmann and the people that staff the officers for making the money available.

Just a couple of last things for me to make sure you fill out the evaluations. We set up an empty box. Drop them in on your way out of the door. I would like to encourage everyone on the Functional Needs Subcommittee today that was not a speaker or panelist please meet here for a brief 15 minute follow up to get some of your feedback. Thank you for attending today. This was a fantastic turn out.

[Symposium ended at 2:20PM.]