

**WEST VIRGINIA**  
**January 2007 Quarterly Report**

**I. General Information**

*Report Period:*10/1/06 – 12/31/06      *Date Submitted:* 1/19/07

*State:*    [West Virginia](#)      *FEMA Region:* 3

*Person Submitting Report:*

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**II. State Delegation Meetings/Teleconferences**

*Date:*

*Outcome:*

**III. Emergency Planning Highlights**

*Activity:*

*Outcome/Product:*

**OUR REPORT [USE AS MUCH SPACE AS YOU NEED]:** The Delegation put together a “White Paper” and submitted it on 8/1/06 to the Public Safety Cabinet Secretary for review and consideration. [This White Paper is attached.](#) It is anticipated that the “White Paper” along with conference information will be shared with the Contractor who is currently working on revising West Virginia’s Emergency Operations Plan. The plan is in the development stages due to be completed at the end of 2007.

**IV. Emergency Preparedness Highlights**

*Activity:*

*Outcome/Product:*

**NOTHING TO REPORT AT THIS TIME.**

## **V. Emergency Response Highlights**

*Activity:*

*Outcome/Product:*

**NOTHING TO REPORT AT THIS TIME.**

## **VI. Emergency Recovery Highlights**

*Activity:*

*Outcome/Product:*

**NOTHING TO REPORT AT THIS TIME.**

## **VII. Next Steps**

*Significant Planned Activities:*

*Products under Development:*

**OUR REPORT:** The State's new EOP is still under development due to be completed at the end of 2007.

## **VIII. Other**

*Points of Interest:*

*Challenges* (e.g., areas for which State delegation is requesting suggestions from others)

**OUR REPORT:**

### **Emergency Management and Individuals with Disabilities and the Elderly White Paper**

#### **Introduction**

The events of September 11, 2001, the 2005 hurricane season and threats of pandemic flu have made it evident that national, state and local emergency planning and response must be improved to fully integrate the needs of special populations including individuals with disabilities and the elderly. As part of the response to this need, the U.S. Departments of Health and Human Services and Homeland Security held the Working Conference on Emergency Management and Individuals with Disabilities and the Elderly on June 28 to June 30, 2006. The purpose of the conference was to bring together from States and the District of Columbia, experts in disability, aging, emergency management and health to form state and regional teams to discuss what is already being done to address these issues, what needs to be addressed, existing

best practices and a strategy of how strengthen emergency plans and capacity to meet the needs of individuals with disabilities and the elderly.

West Virginia's delegation at the conference included: Michael Cutlip, Homeland Security Grant Manager, WV State Homeland Security State Administrative Agency; Mark Fischer, Assistant Director, West Virginia University VMC/Homeland Security Programs; Pamela Holstein-Wallace, Threat Preparedness Coordinator, Berkeley County Health Department; Debbie Kittinger, Accountant III, WV Bureau of Senior Services; Karen Settles, Voluntary Resources Liaison, WV Division of Homeland Security & Emergency Management; and Lori Risk, Assistant Director, Center for Excellence in Disabilities.

## **Needs**

Approximately 54 million individuals in the United States, 21 percent of the population live with disabilities (Healthy People 2010). The 2003 Census Update estimated that approximately 24.1 percent of West Virginians have a disability. Almost 16% of West Virginia's population is aged 65 or older, giving it the oldest median age of residents in the nation. The 85 and older population has grown by 24% since 1980. Emergency planning and response must address physical, sensory, mental health and cognitive needs of the community.

West Virginia's delegation has outlined the following needs:

- Comprehensive strategic plan to identify and address the functional needs of special populations.
- Improved communication and clarified roles and responsibilities among agencies involved in evacuating and sheltering individuals with special needs.
- Assessment of true accessibility of emergency communication procedures and shelters.
- Assessment of county by county resources and concentration of individuals with special needs.
- Involvement of stakeholders, including individuals with disabilities, elderly and community organizations in planning, implementation and evaluation of emergency planning and activities.
- Increased capacity of local emergency planners, responders, volunteers and community organizations to meet the needs of individuals with physical, cognitive, sensory and mental health needs.
- Plans for shelters to address need for supplies and utilities, including durable medical equipment, oxygen, refrigeration for insulin, electricity to recharge electric wheelchairs and other equipment.
- Community activities to promote personal preparedness for individuals with disabilities, the elderly, their families and caregivers.
- Discharge planning for individuals with special needs from shelters and other temporary housing.
- Focus on functional needs as opposed to disability or diagnoses in planning.
- Focus on universal design of all shelters to meet the needs of the majority of the population, except for individuals with medical needs such as dialysis and ventilators.
- Consideration of need for medical needs shelters.

## **Recommendations**

- Assembly of a Special Needs Task Force or Work Group to assist with the assessment of needs, the development of a strategic plan to address these needs and to assist in the development of the State Emergency Operations Plan.
- Inclusion of individuals with disabilities, elderly and community organizations that serve these populations on the Task Force and in emergency planning, implementation and evaluation activities at the state, county and local levels.