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1331 F Street, NW, Suite 850  
Washington, DC 20004

**RE: Response to Request for Information, Creation of a State, Local, Territory and Tribal  
Emergency Management Toolkit (FR Doc. 2026-04513, 91 Fed. Reg. 11,338)**

Dear Ms. Nicholas,

The Center for Racial and Disability Justice (CRDJ) at UCLA School of Law is committed to advancing the rights, dignity, and collective liberation of disabled people, particularly those at the intersections of race, disability, class, gender, and migration. CRDJ works through research, policy analysis, community partnerships, and strategic advocacy to challenge the structural forces that marginalize disabled people and to build futures rooted in equity, belonging, and self-determination. Our work is grounded in empirical research and the practical insights of disabled people whose lives are directly shaped by federal programs and administrative decision-making.

We welcome the opportunity to respond to the National Council on Disability's (NCD) Request for Information regarding the creation of a state, local, territory, and tribal (SLTT) emergency management toolkit and the update of NCD's 2009 report, *Effective Emergency Management: Making Improvements for Communities and People with Disabilities*. Our comments draw on two primary bodies of work. First, CRDJ's resource, *Building Inclusive Disaster Relief: A Guide to Disability Justice in Recovery and Rebuilding* (Nesbitt & Jensen, 2025), which outlines principles and practical strategies for disability-inclusive disaster preparedness, response, and recovery. Second, Sunaura Taylor's book, *Disabled Ecologies: Lessons from a Wounded Desert* (2024), which provides critical scholarship on the entanglement of environmental harm and disability and on the leadership of disabled communities in environmental justice movements. We also draw on relevant federal guidance, disability-led organizational resources, and peer-reviewed research.

**QUESTION 1: CHALLENGES AND OBSTACLES SLTTS ENCOUNTER**

The barriers SLTTs face in developing disability-inclusive emergency management plans are structural, not incidental. They reflect broader patterns of exclusion that pervade the



relationship between disabled people and government systems. Several interconnected obstacles stand out.

*Exclusion from planning processes.* Disabled people are routinely left out of the design and implementation of emergency management plans. Taylor (2024) documents how disability activists have argued persuasively that disabled communities possess critical expertise in adaptation, given their lifelong experience navigating inaccessible systems, yet SLTT emergency management offices rarely establish meaningful mechanisms for engagement with disabled people or disability-led organizations. Twigg et al. (2018) identify institutional discrimination and a lack of awareness among emergency planners as key barriers to inclusive disaster risk reduction. Without disability-led advisory bodies embedded in SLTT emergency management structures, plans are developed without the perspectives of those most affected. This exclusion results in emergency plans that fail in real-world conditions, as they are not designed with the needs, knowledge, or lived experiences of disabled people in mind.

For tribal nations, exclusion from emergency planning and response planning reflects gaps in participation and legitimacy. Federally recognized tribal governments are sovereign nations with distinct legal authority, emergency powers, and cultural governance structures, yet emergency management systems frequently presume state intermediation, thereby treating tribal nations as subordinate to or extensions of state and local jurisdictions. This results in planning processes that bypass tribal leadership, overlook nation-specific emergency protocols, and fail to account for the lived realities of Indigenous disabled people. Research on tribal emergency preparedness highlights persistent barriers including under-resourced management capacity, fragmented and overlapping jurisdictional coordination, and federal systems that privilege states even when tribal nations have the authority to seek direct federal disaster declarations (National Academies of Sciences, Engineering, and Medicine, 2024; National Conference of State Legislatures, 2021). In addition, emergency planning and participation remain uneven across tribal nations, with low engagement in some of the most disaster-prone regions (Carter & Peek, 2016). As NCD, itself, has previously documented, disabled people living on tribal lands face compounded barriers related to geography, infrastructure, and culturally mismatched service systems (National Council on Disability [NCD], 2003). Disabled people are also disproportionately represented in Indigenous communities due to the compounded impacts of environmental exposure, inadequate healthcare access, and structural inequities rooted in settler colonialism, further heightening the urgency of disability-inclusive, tribal driven emergency planning.

*Inaccessible communication.* Emergency alert systems remain largely inaccessible to Deaf, hard of hearing, blind, and cognitively disabled individuals. SLTTs frequently fail to provide emergency information in American Sign Language (ASL), Braille, large print, audio, plain language, or languages other than English (National Association of the Deaf [NAD], n.d.). During the 2025 Los Angeles fires, Altadena's emergency alert system failed to reach many residents in time, with some neighborhoods receiving no electronic evacuation orders until hours after the



fire had begun spreading (Chen, 2025). For disabled residents, these alert failures were compounded by emergency infrastructure that was not designed to support their evacuation needs, and many of those who died were older adults, disabled people, those aging in to disability, or individuals with limited mobility (Nesbitt & Jensen, 2025; Zacarias, 2025). These failures can delay or entirely prevent evacuation, placing disabled individuals at heightened risk during rapidly evolving emergency situations.

*Service disruption and institutionalization.* Disasters regularly sever disabled people's access to personal care assistance, medications, durable medical equipment, and service animals. SLTTs frequently lack protocols to maintain continuity of these supports (Arrieta et al., 2008). NCD itself has documented how the collapse of community-based services during disasters leads to forced institutionalization of disabled people, producing family separation, loss of community ties, and long-term harm to independence (NCD, 2019). These disruptions do not merely create temporary hardship, but rather result in long-term loss of independence, forced displacement from communities, and (re)institutionalization that can persist well beyond the disaster itself.

*Intersecting marginalization.* Emergency plans that treat disability as a single-axis identity fail to account for how race, poverty, housing instability, immigration status, and language access compound disaster vulnerability. Disabled people who are Black, Indigenous, Latinx, low-income, or unhoused face layered barriers that generic disability accommodations do not address (Weibgen, 2015). The disproportionate toll of Hurricane Katrina, Hurricane Helene, the COVID-19 pandemic, and the 2025 LA fires on disabled Black, Indigenous, and Latinx communities are just some examples that illustrate how emergency management systems replicate existing social hierarchies (Nesbitt & Jensen, 2025; Taylor, 2024). As a result, emergency responses that fail to account for these intersecting conditions systematically leave the most marginalized people without access to lifesaving resources and recovery support.

*Underfunding and lack of training.* Many SLTTs lack dedicated funding for disability inclusion in emergency management. Emergency personnel frequently receive little training on disability-specific needs, accessible communication, or ADA obligations (Federal Emergency Management Agency [FEMA], 2025; Saxton & Ghenis, 2019). As a result, emergency systems are left unprepared to meet basic accessibility needs, leading to preventable harm, delayed evacuations, service breakdowns, and, in many cases, disproportionate injury and loss of life among disabled people.

## QUESTION 2: SUCCESSFUL INCORPORATION OF DISABILITY NEEDS

While systemic failures predominate, several approaches have demonstrated meaningful progress in disability-inclusive emergency planning.

*Disability-led advisory structures.* SLTTs that have established standing disability-led advisory committees within their emergency management frameworks produce stronger outcomes. The Partnership for Inclusive Disaster Strategies, a disability-led organization, supports local emergency management agencies in creating or strengthening task forces focused on inclusive



emergency management, and provides training, technical assistance, and promising practices for disability-inclusive disaster planning to organizations and government agencies (Partnership for Inclusive Disaster Strategies, n.d.-a, n.d.-b). Without these structures, emergency planning remains reactive and incomplete, when it should be anticipatory and responsive to real community needs.

*California’s “institutional” model.* The California Governor’s Office of Emergency Services (Cal OES) established an Office of Access and Functional Needs that provides guidance, policy recommendations, and practical tools for accessible evacuations, shelter operations, and emergency communication. While implementation gaps persist, the institutional commitment to embedding disability access in state-level emergency management offers a model worth studying (Cal OES, n.d.).

*Disability justice and mutual aid.* Disability justice organizers have pioneered mutual aid models that provide critical lessons for SLTT planning. During California’s 2018 wildfire season, disability organizers helped distribute respiratory protection across Oakland. During the Pacific Gas and Electric Company’s (PG&E) 2019 power shutoffs, the Power to Live coalition organized mutual support networks for people who depend on electricity for medical equipment, wheelchair charging, and refrigerated medications (Taylor, 2024). These community-driven efforts filled gaps that formal systems failed to address and demonstrate the kind of responsive, anticipatory planning SLTTs should invest in and learn from.

*FEMA’s Whole Community framework.* FEMA’s Office of Disability Integration and Coordination has developed resources including the identification of 14 potential points of inequity in the disaster cycle, which provides a diagnostic tool for SLTTs assessing where their plans fall short (FEMA, 2025). SLTTs that have actively engaged with these resources and adapted them locally have improved shelter accessibility and coordination with disability service providers.

### QUESTION 3: PROMISING PRACTICES

CRDJ’s research and the broader literature point to several evidence-based practices that the toolkit should promote.

*Universal design in emergency infrastructure.* Shelters, evacuation routes, temporary housing, and communication systems should be accessible by design rather than retrofitted after the fact. This means adherence to ADA standards and universal design principles from the earliest stages of planning, coupled with adaptive design strategies that account for evolving climate risks such as extreme heat, flooding, and wildfire (Nesbitt & Jensen, 2025). The World Bank’s framework for inclusive disaster risk management similarly emphasizes that accessibility must be embedded structurally, not added as an afterthought (World Bank, 2022). When accessibility is treated as an afterthought, emergency infrastructure—from preparedness to response, and recovery to mitigation—becomes unusable for many disabled people at the moment it is most critical.



*Multi-format, culturally responsive communication.* Promising practices include providing emergency information through real-time captioning, ASL interpretation, Braille, large print, audio, and multiple languages. NAD (n.d.) recommends redundant communication systems that reach Deaf and hard of hearing individuals through multiple channels simultaneously. SLTTs that pre-establish contracts with ASL interpreters and captioning services are better positioned to communicate effectively during emergencies.

*Cross-sector partnerships and training.* SLTTs that build partnerships between emergency management offices, disability service providers, Centers for Independent Living, mutual aid networks, and culturally specific community organizations produce more effective plans. Comprehensive training for emergency personnel on disability-specific care, communication methods, and disability etiquette is a necessary complement (Gin et al., 2022; World Bank, 2022). Emergency responses become fragmented and create critical service gaps that disproportionately impact disabled individuals when these partnerships are not fostered.

*Individualized emergency preparedness planning.* Supporting disabled individuals and caregivers in developing individualized emergency plans, with strategies for maintaining access to medications, personal care assistance, and durable medical equipment, reduces the harms that result from service disruptions. Policies guaranteeing that service animals remain with their handlers in all emergency settings are a critical component of this approach (Nesbitt & Jensen, 2025; Saxton & Ghenis, 2019). Without these supports, even well-resourced emergency systems can fail individuals whose needs are not anticipated in standardized response models.

*Sovereignty-centered and Indigenous emergency practices.* Promising practices for disability-inclusive emergency management in tribal contexts must be grounded in sovereignty, Indigenous knowledge systems, and the leadership of Indigenous disabled people. This requires the inclusion of model tribal emergency codes, templates for disability-led advisory bodies or paid liaison roles within tribal management offices, and clearer guidance for government-to-government coordination with state and federal agencies. Research on tribal preparedness underscores the importance of integrating emergency management with public health, land stewardship and resource sovereignty, and community governance (Hiraldo et al., 2021; National Academies of Sciences, Engineering, and Medicine, 2024; NCD, 2003).

Beyond institutional design, effective emergency planning must incorporate Indigenous approaches to disability and care, which emphasize kinship networks, collective responsibility, and relationships to land as central to survival and resilience. Standard emergency planning frameworks often fail to account for these relational systems, resulting in interventions that disrupt community cohesion and cultural continuity. Indigenous disability scholarship highlights that accessibility cannot be reduced to compliance-based accommodations, but instead support the social, cultural, and ecological conditions that sustain life (Jaffee & John, 2018; Larkin-Gilmore et al., 2022). This includes affirming Indigenous data sovereignty when developing or using data tools, like registries, assessments, or resource and aid tracking. The CARE Principles for Indigenous Data Governance affirms tribal nations' rights to control the collection, use, and



application of data about their communities. These safeguards mitigate the risk of emergency management tools producing extractive data practices that undermine the trust, accountability, and self-determination of Indigenous communities (Carroll et al., 2020).

#### QUESTION 4: COMMUNITY TESTIMONY OF SUCCESSES AND FAILURES

*The 2025 Los Angeles fires.* The fires in Los Angeles, particularly in Altadena, exposed cascading failures in disability-inclusive emergency management. Altadena is a predominantly Black and Latinx community where historical disinvestment and environmental risks have compounded vulnerabilities. Disabled residents were left unaware of evacuation orders due to inaccessible communication. Temporary housing options failed to meet accessibility standards. Personal care assistance, medications, and medical equipment became inaccessible when community services broke down. Financial assistance programs failed to account for disability-specific costs such as medical equipment replacement and assistive technology (Nesbitt & Jensen, 2025), costs that have been identified as critical to equitable disaster recovery for disabled people (Popkin & Gonzalez, 2025). These are not isolated failures; they mirror patterns documented across decades of disaster in the United States.

*Hurricanes Helene and Milton (2024).* As NCD's own RFI notes, the devastation of Asheville, North Carolina, by Hurricane Helene underscored that no geographic region is insulated from disaster risk. When SLTTs have not invested in inclusive planning, it is disabled people and aging community members who bear the most severe consequences of that failure, from loss of life to forced institutionalization (NCD, 2019; Zacarias, 2025). The toolkit should challenge the false sense of security that SLTTs in ostensibly low-risk areas may harbor, emphasizing that disability-inclusive planning is necessary everywhere.

*Disability justice organizing in California.* In contrast, disability justice organizers in California have modeled responsive, community-centered emergency action. Taylor (2024) documents how, during the 2019 PG&E power shutoffs, organizers recognized the life-threatening implications for disabled people who depend on electricity for ventilators, powered wheelchairs, and refrigerated medications, and mobilized mutual support networks. As Stacey Park Milbern observed, disabled people of color are often the first to identify systemic failures in disaster response; their organizing provides models of anticipatory, community-driven planning that SLTTs should structurally support (Park Milbern, 2019). The toolkit should lift these examples not as informal supplements but as models worthy of institutional investment.

*Patterns of forced institutionalization.* NCD's own reporting has documented the recurring pattern in which disabled people are funneled into institutional settings when community-based services collapse after disasters, resulting in family separation, loss of employment, and sustained harm to self-determination (NCD, 2019). The toolkit must name this pattern explicitly and equip SLTTs with concrete prevention strategies.



## QUESTION 5: SUCCESSFUL COLLABORATION BETWEEN DISABILITY COMMUNITIES AND SLTTS

*Disability leadership in decision-making.* Effective collaboration requires that disabled people and disability-led organizations hold decision-making power within emergency planning, not merely advisory roles. This means funded positions for disability liaisons within SLTT emergency management offices, standing seats for disability-led organizations on planning committees, and requirements that all emergency plans undergo accessibility review before adoption. A disability justice approach, as articulated by organizers and scholars, insists on collective access and the dismantling of systems that treat disabled people as an afterthought (Berne, 2015; Piepzn-Samarasinha, 2021; Sins Invalid, 2019; Taylor, 2024). In tribal contexts, this collaboration must be grounded in respect for tribal sovereignty and government-to-government relationships, ensuring that disability leadership is embedded within the tribal governance structures rather than imposed through external planning processes (National Academies of Sciences, Engineering, and Medicine, 2024; NCD, 2003).

*Cross-sector partnerships.* Collaboration is most effective when it extends across sectors, including partnerships with Centers for Independent Living, protection and advocacy organizations, culturally specific community organizations, healthcare providers, housing agencies, and transportation authorities. Research on disability-inclusive emergency planning indicates that sustained partnerships between disability organizations and local emergency management agencies can strengthen inclusive practices and may improve outcomes for disabled people and their broader communities (Owen et al., 2023). The toolkit should provide model memoranda of understanding and practical guidance for building these relationships.

*Participatory planning and accountability.* SLTTS that adopt community-based participatory approaches, involving disabled community members in identifying hazards, designing communication strategies, testing evacuation procedures, and evaluating shelter accessibility, produce plans that are both more inclusive and more effective. Culturally responsive, multilingual evacuation drills designed for and with disabled communities are one expression of this approach. Accountability mechanisms such as community oversight committees, accessibility audits, and post-disaster feedback processes are essential to ensuring that inclusive planning translates into practice (Nesbitt & Jensen, 2025; World Bank, 2022). These mechanisms operationalize plans that without participation, risk becoming performative or remain aspirational, failing to translate inclusive intentions into meaningful and lifesaving outcomes.

## CONCLUSION

Disabled people are not inevitable casualties of disaster. They are community members with expertise, agency, and rights that emergency management systems must recognize and uphold. As Taylor (2024) argues, disabled people die disproportionately in disasters not because of their disabilities, but because of how systems respond to their disabilities: inaccessible evacuation



routes, shelters built without them in mind, communication systems designed as though they did not exist.

CRDJ urges NCD to develop a toolkit grounded in disability justice principles: one that centers the leadership of disabled people, particularly disabled people of color; that addresses the intersecting impacts of race, class, gender, and migration status; that provides concrete, actionable guidance for SLTTs; and that includes accountability mechanisms to ensure plans translate into practice. We also encourage NCD to ensure the toolkit is itself developed through a process that centers disabled leadership and community expertise, consistent with the principles it seeks to advance. Without intentional intervention, these systemic failures will continue to produce preventable harm, disproportionately impacting disabled people and reinforcing existing inequities in disaster response and recovery.

We welcome further collaboration and are available to provide additional research, resources, or consultation as the toolkit is developed. If you have any questions, please feel free to contact Jordyn Jensen ([jensen@law.ucla.edu](mailto:jensen@law.ucla.edu)) or Dimitri Nesbitt ([nesbitt@law.ucla.edu](mailto:nesbitt@law.ucla.edu)).

Sincerely,

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