>> Lewis Kraus: Welcome to the Emergency Management and Preparedness Inclusion of Persons with Disabilities Webinar Series. I'm Lewis Kraus from the Pacific ADA Center. This series of webinars is brought to you by the Pacific ADA Center on behalf of the ADA National Network. The ADA National Network is made up of centers federally funded to provide training, technical assistance, and other information as needed on the Americans with Disabilities Act. You can reach your regional ADA Center by dialing 1-800-949-4232.

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This is the fifth year of the webinar series which shares issues and promising practices in emergency management inclusive of people with disabilities and others with access and functional needs. The webinars provide an opportunity for emergency managers, people with disabilities and other access and functional needs, first responders, planners, community organizations, and other community partners to exchange knowledge and information on promising practices in inclusive emergency preparedness and management for the whole community. The series topics cover emergency preparedness and disaster response, recovery and mitigation, as well as accessibility and reasonable accommodation issues under the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the ADA, and other relevant laws. Upcoming sessions are available at www.adapresentations.org/schedule.php. These monthly webinars occur on the second Thursday of the month at 2:30 Eastern, 1:30 Central, 12:30 Mountain, and 11:30 a.m. Pacific time. By being here you are on the list to receive notices for future webinars in this series. Those notices go out two to three weeks before the next webinar and open that webinar to registration.

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At the conclusion of today's presentation there will be an opportunity for everyone to ask questions you may submit your questions using the chat area within the webinar platform and the speakers and I will address them at the end of the session. So feel free to submit them as they come to your mind during the presentation. The chat window is shown on the screen. You can put your question in that box or if you are using keyboards, press control m and enter text in the chat area. If you are listening by phone and not logged into the webinar, you may ask your questions by e-mailing them to adatech@adapacific.org.

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Today's National Network Learning Session is titled "Recovery from the Recent Disasters: Lessons for Disability Planning in Remote Areas." We know that any community can become isolated during a disaster even if they aren't directly impacted. In today's session using a historical perspective and actual disaster experiences, three FEMA Regional Disability Integration Specialists will look at the realities of disaster impacts on systems which may already be stretched thin even during regular daily existence, how community partners can play a role in both response and recovery, and how to identify real shortfalls in plans and actual events.

Today's speakers are Danielle Bailey, the FEMA Region X Disability Integration Specialist, Roxann Crawford, Region IX Disability Integration Specialist, and Michael Houston, Region VIII Disability Integration Specialist. I'm sure you know but I can hardly believe we are so fortunate to get not just one, not just two but three regional Disability Integration Specialists
at the same time.

So given that, I will now turn it over to you, Danielle, to kick off today's session.

>> Danielle Bailey: Hello. Hopefully everybody can hear me loud and clear.

First of all, I want to say thanks so much for allowing us present today. As most of us
know, the end of summer, fall of 2017, was unprecedented, really unprecedented in the
number of disasters and the magnitude of these disasters, the impacts on the people, the
communities, the logistical challenges and complexities of the locations, and really the volume
of resources provided to these locations as well.

So I think with that said, it's important that we share experiences, lessons learned,
and that it's critical that we do that at this time to improve emergency planning that's inclusive
of people with disabilities because ultimately these plans are what save the lives of people with
disabilities in those disasters. As Lewis has already said, we have Roxann Crawford today who
is going to be talking about her experiences on USVI, United States Virgin Islands, and then
we have Michael Houston who is going to be discussing his experience with Colorado, flooding
that occurred in 2013, and then myself, I'll be talking about lessons learned from a landslide
here in Washington in 2014 and then flooding that occurred in Alaska in 2013.

The reason we’re bringing in some of those historical disasters is to provide people
with reference. I think in the news we’re hearing a lot about Puerto Rico and United States
Virgin Islands and it may be hard for some of us who aren't there to kind of really get a hold of
that. So what we want to empathize is that wherever in the U.S. that is considered remote,
rural, or territory, we see these same impacts to people with disabilities. So what we’re seeing,
hearing, is nothing new but I think the complexity and the largest -- the magnitude of those
disasters.

So who are we? We are FEMA Regional Disability Integration Specialists. Each of
the 10 FEMA regions is staffed by a Regional Disability Integration Specialist under the
direction of their perspective regional leadership. Our role really is to provide guidance,
training, tools, facilitate disability inclusive emergency planning, preparedness, response,
recovery. We work with our states. We work with our local emergency management. Most
importantly, we work with our local and state disability organizations, agencies, advocates, and
we try to bridge the gap between those two entities. We promote and support the development
of those cross-disability co-advisory groups or disability advisory groups to better inform their
emergency management. And then along with our headquarters, incident management core
and reservists Disability Integration Advisors, we support deployments across the country.

One thing I want to emphasize is I think in 2015, and I think my colleagues can
concur, that this was one year before Hurricane Matthew in South Carolina, with flooding there,
was the first time I think we really set the model of how we want to operate in disasters and
work lockstep with our disability partners and have them a part of that process. So as we
develop the disability advisory groups and work with our partners, that’s a big emphasis of
what we want to relay in this presentation.

So what do we mean by remote locations? We've heard a lot in the news about U.S.
territories. A lot of us may not be familiar with U.S. territories. These are isolated from other
land masses. We have Guam, America Samoa, Commonwealth of Mariana Islands, and we
have Puerto Rico and the United States Virgin Islands. When we think about remote, I think we
automatically think about rural. Rural is anything outside of urban. So places such as rural
farms in Missouri may come into mind, low country in South Carolina or even the hollows of
West Virginia and mountain communities in Colorado. So we consider these anything outside
of urban areas is considered rural.

And then frontiers, frontiers typically are sparsely populated areas that are isolated communities. They are nowhere near population centers or services so we see this a lot in Alaska, South Dakota, North Dakota, some of those areas where communities are completely cut off from any type of services or supports.

And then isolated communities, we have this in here because at any moment -- and what I'll talk to and what Michael will be talking about in Colorado and Washington -- we have communities that may have access to resources and services readily but at any moment, depending on where they are located, they can become isolated and cut off from those services so we need to think about those locations as well.

Just to think about in general when we think about people with disabilities and we hear about a lot of the slamming that goes on, it seems to happen a lot in regards to urban areas. I think there's just a lot of misconception in that we don't really think -- or maybe emergency managers don't really think that people with disabilities live in rural areas, possibly due to harsher environments. But sometimes we don't see the level of planning that we may need to see in those areas and so in a little research we did before this presentation we looked at the University of Montana and the RTC there on disability in rural communities and pulled some of these facts.

So the rate of disability is higher in rural areas, 17.7% in the most rural counties compared to 11.7% in urban. And then people living in rural areas typically report onset of disability a decade earlier than urban residents. And then we see rural Americans account for only 14% of the total U.S. population. They represent the higher share of people who live in poverty and have a disability and are older adults. So when we think about the geographical impacts and disability, this is what we know pre-disaster. This information shouldn't be anything shocking or unknown.

We should know and we should plan for these factors ahead of time. As you hear stories from Roxy and Mike and myself, you'll hear these things play out but they are going to be amplified because of the disaster. But we know due to geographical, rural, territories, frontier communities, we know characteristics of the physical and built environment are typically not accessible to begin with. We don't see areas in interior Alaska that are paved. We don't see a lot of facilities that have accessible bathroom features. You don't see just a general and physical environment that's accessible for people mobility disabilities. We see services and care provider shortages. We see typically that this is provided by family members. There's limited clinic/hospital, specialty care. So there may be a lack of dialysis. I think the physician-to-patient ratio is typically higher. Limited mental behavior health supports. We see fewer resources to replace assistive technology, durable medical equipment, consumable medical equipment, limited, if at all, mental behavior health support.

Often times in remote areas we see cultural differences or perspectives on disability. This could be for a number of reasons. It could be because folks are isolated. They may not be exposed to independent living movements or there may be just a general lack of interaction with people with disabilities in the community. Oftentimes we see in these communities people are less likely to disclose that they have a disability. Almost always, there's a lack of public or para transportation services or there's minimal services offered. And what we do see is oftentimes those services may be voluntary or provided by volunteers.

As it relates to territories, there's differences in how disability programs are administered. Many but not all of the social disability programs are available in the U.S.
territories, so this does contribute to a number of socioeconomic factors. We don't see people in the community as much in these areas. People with job programs, that type of thing.

And then access to adequate housing, we know that in urban areas we have a shortage of accessible housing so we can only assume, and we know that in more rural remote areas that accessible housing or even adequate housing exists. So these are the factors we know before we come into these communities.

And now Roxy is going to talk about the U.S. Virgin Islands and the impacts of Hurricane Irma and Hurricane Maria.

>> Roxann Crawford: Hi, everybody. Good morning. This is Roxy. I deployed out to the U.S. Virgin Islands in early September after Hurricane Irma hit and before Hurricane Maria hit. Hurricane Irma struck as a category five major Hurricane on September 5, 2017, and focused the majority of its destruction on Saint Thomas and St. John. There were impacts to the power infrastructure in St. Croix as well. And just two weeks later, Hurricane Maria struck as a category five major Hurricane on September 20. Hurricane Maria heavily impacted St. Croix and then as we know, continued on to devastate Puerto Rico. Having these two storms hit just two weeks apart created kind of a really interesting dynamic between the three islands and between the assistance being able to be provided from the mainland and other islands.

Four people died in the immediate aftermath of the hurricane but countless others were impacted health-wise as a result of the storm, as a result of evacuations, and conditions after the events. At the peak of the response to both Hurricanes Irma and Maria, there were about 1,400 people in nine shelters throughout the territory. Shelter challenges included a lack of care attendants which was already systemic with home healthcare and assisted living centers and facilities pre-disaster.

The natural support systems people had in place before the storms were challenged by things like evacuations and shelter realities. And we'll talk more about that as we move forward. And there was significant damage to infrastructure which impacted shelters, nursing homes, assisted living facilities, hospitals, and, of course, individual homes.

After Hurricane Irma struck, aid rushed in from Puerto Rico, St. Croix, and the U.S. mainland. 100% of electricity was out, impacting individuals who are energy dependent. Cellular communications were 100% impacted as well. And that really impacted the ability of people to contact loved ones and to request assistance for emergencies, to communicate their needs, things like that.

The communications and the power issues on the island continue to fluctuate for months. My understanding is that they continue to go up and down. There were a number of ways that people did obtain things like generators and other ways to get power. The island really worked very quickly to try to restore as much of the power as they could.

HHS medically evacuated 531 people, many of whom were dialysis dependent and would not be able to receive care if the center went down. The forward thinking of the territory and HHS to evacuate these individuals saved their lives. Not only was the dialysis center taken down by the storm on all islands, it was impacted heavily enough that those centers are still non-operational at this time.

There were 4,800 self-evacuated that were tracked on Mercy Flights and Mercy Cruises to the U.S. Mainland. Again, the number of individuals, not the number who registered for the flights and cruises, but doesn't include individuals who independently evacuated by purchasing flights or seats on planes and ships. The individuals were only provided transportation to the U.S. mainland and had to be self-sufficient once they reached the
mainland, keeping in mind the priority was given on these Mercy Flights and cruises to individuals with disabilities and access and functional needs to those who were older, and individuals who were power dependent due to the long-term outlook for repairing power.

So if you think about all of these individuals evacuating the island on their own, nearly 5,000 people, and priority being given to individuals with access and functional needs and disabilities but they weren't receiving services on the other end readily right away. So we'll talk more about evacuation realities down the road a little bit.

As of March 1, there were 38,408 total household registrations with FEMA. The total population of the Virgin Islands is 104,910, so about 105,000 people. So with the numbers tracking households, it's essentially the entire population that was directly impacted or impacted in one way or another.

A delicate balance -- so, there was a delicate balance pre-disaster with long waiting lists for assisted living and nursing homes and home healthcare was at a premium. Many people relied on neighbors and family and natural support systems and daily rituals to maintain a quality of life and to maintain their independence. The disaster threw a lot of that into upheaval as families and friends and neighbors were separated through evacuations both voluntary and HHS evacuations.

And those natural systems that were in place suddenly were gone. Public transportation interruption and specifically paratransit operations interruptions took away the ability of many to provide for and care for themselves. People who had been able to survive because their homes and lives were a set of routines and well-orchestrated were suddenly not able to be in their homes or their homes were damaged to the point that they couldn't get around in them effectively or find their way.

We worked with a number of individuals who were blind and living through their ability to navigate their homes and familiar territory but debris and damage to their homes, lack of transportation, and pre-disaster support systems made independence nearly impossible. So you take that into account along with a delicate balance previously with full assisted living facilities and nursing homes and a waiting list and now adding a number of people to that system, they had to come up with some creative solutions.

Access to durable medical equipment was very challenging pre-disaster. There was nowhere on the island for people using -- unit leading Medicaid or Medicare to obtain or replace durable medical equipment. And that will be going on for years leading up to the disaster. And near the end of the presentation we'll talk more some of the incredible ways that the national community stepped up to assist in obtaining durable medical equipment.

Evacuation realities. Here's where we're going to get real about evacuation. We talked about the number of dialysis patients that left the island. And those patients were taken to the Greater Atlanta area. So even in a large metropolitan area like Atlanta, dialysis service locations had difficulty supporting a large influx of new patients. These systems are already stretched to the max and they have their own patients that they're attending to on a daily basis. They may not seem like huge numbers of people, but even if you think of the capabilities of the center where people had been evacuated to, to support that number of people when they have their own clients to serve -- in a lot of locations they could only take a few.

And dialysis centers aren't necessarily located next door to each other. So you've got this kind of juxtaposition of trying to create communities for the evacuated patients so that there's some sense of familiarity and consolidate the services which created challenges for the hotels which were filled with Virgin island residents and put a stress on limited number of
dialysis centers near the areas of the individuals were being housed.

If you think how big a stress that was on a system as large as Atlanta, you can imagine that a lot of frontier and rural communities that might evacuate someone might not be able to evacuate them to a large metropolitan area. It may just be a city or a town but not something as large as Atlanta. So having those plans in place ahead of time can have a huge impact and knowing where people are going to go, there's not a long time to make those decisions they're pretty immediate.

Having a limited number of stretched resources also meant the federal family assisting evacuees and support services like FEMA registration, organizations like FODAC working to assist people in increasing their independence, replacing lost damage and left behind durable medical equipment and other coordinated services had to be spread out to many locations where people were staying in in order to accommodate their medical and economical needs.

Transportation of evacuees was stressed in an already stressed system. We hear it all the time. The business issues facing individuals with disabilities and access and functional needs are facing on a daily basis are lack of housing, accessible housing, and lack of accessible transportation. So if that's already a challenge and you add another couple hundred people to a system, it leaves survivors having to live very regimented lives and sometimes meant hiccups in getting to and from appointments and other necessary excursions.

Feeding was challenging as there's a difference in what survivors are used to eating. The feeding throughout the metropolitan area was also challenging. Feeding meant needing to have cooking facilities in hotel rooms. It also means needing transportation to stores or external eateries. There's a lot that goes into evacuating individuals. And a lot of the realities that aren't just moving people but also providing those wraparound services for individuals in making sure they have access to these things.

Mental health and emotional care is so important for evacuees. There's a lot of focus on mental and emotional well-being of individuals at the disaster location. Those who are separated from their lives, families, friends, homes, can't get overlooked.

We need to think about how would support and flux of people if they were to evacuate to your area and how to prepare your clients, your friends, family, your participants, your citizens for the potential that they may someday need to be evacuated on a long or short-term kind of thing, what services would they need, what services would they require.

Self-evacuees presented their own challenges in that they were not concentrated in one metropolitan area but still need support for things like FEMA registration, daily life, housing, feeding, durable income equipment, mental and emotional self-care.

There's a lot that goes into evacuation that's not just a movement of people but a requirement for services and support. There were local groups and successful collaborations. I think it's important to recognize that every group, no matter how big or small, in a rural community in a territory, in a frontier community, they have the ability to change people's lives to save lives.

The University Centers for Excellence in Developmental Disabilities, Independent Living Centers, Disability Rights Centers and other local groups in the U.S. Virgin Islands came together and worked with FEMA to positively impact the response and recovery for survivors. You may not see how important your role is but these individuals in the U.S. Virgin Islands changed and saved lives. The director, the executive director of the UCEDD, was heavily involved in representing people with disabilities and access and functional needs in
correspondence with Red Cross, with FEMA early on in the disaster. She played a big role in getting supplies from St. Croix to Saint Thomas immediately after the first Hurricane struck. And that was one of the bigger challenges, that people didn't see the second Hurricane coming. So the first Hurricane struck and aid rushed in from Puerto Rico and aid rushed in from St. Croix and from the mainland to Saint Thomas and St. John and then two weeks later those location that had just sent their supplies were impacted by yet another category five Hurricane. So these individuals played a huge role in the support after the disaster.

The directors of the Independent Living Centers kept in regular touch with their clients and relayed immediate and unmet needs to the territories and to FEMA staff allowing for support to get to people who need it the most and who were unable to get to points of distribution due to a lack of accessible transportation or support services. These directors went as far as to go into the field with FEMA and disability integration and disaster survivor assistance staff to go to homes of their clients to do wellness checks and to get them registered with FEMA, to identify specific immediate needs and get those relayed correctly so that they were able to get the assistance they needed.

The Disability Rights Centers hosted weekly disability focused registration events and weekly deaf focused registration events with interpreters present to work with each person individually and to identify critical, immediate, and unmet needs. And the Territory ADA Coordinator coordinated disability focused registration events and worked to call attention to immediate issues. She was able to coordinate with external resources to obtain needed supplies like generators and to get those supplies to the people who needed it the most. And we're not talking about a large group of people here. These are individuals. Some of these independent living centers have one to three staff members who were really making a difference in people's lives because they cared and because they were working to bring attention to what people needed.

There's no group too small to partner with. Those partnerships make a huge difference. All of these individuals and groups came together on weekly calls and coordinated their resources and worked together to find solutions for complex issues. They worked together to make sure they weren't duplicating efforts; that if someone was working on a project, another person would either support them or work on something different. You know, they all came together to assist the individuals there. And the hope is that they will continue coming together after the disaster and after the recovery is over to talk about and plan for ways forward. And we'll talk more about that a little bit later in the presentation.

The AUCD is currently working with Portlight Strategies to do research and create recommendations for response and recovery for the territories. And that's one of those forward things to say it's not if but when these things will happen again and how can we come together to make a difference.

All right. I'm going to pass it to Mike.

>> Michael Houston: Hello. This is Mike. Hopefully everybody can hear me.

First of all, thanks for letting me be a part of this and thank you all for taking time to join us and listening to this conversation.

Briefly, what have we learned from previous disasters? Before we get to that, I just wanted to expound on something both Danielle and Roxann covered, and what we do on a day-to-day jobs. I'm going to talk a little bit about isolated communities, but it's bigger than that. Many of you may remember the landslide in Oso. Roxy, I think you were deployed
there. Roxy and I were both [Indiscernible] in our current positions so a lot of these disasters were able to participate in. The isolated communities in Washington, basically it was a landslide and there was a certain community that lived in the mountainous area and the landslide knocked out one main road that made things easier for people to get to a urban area. But because of the landslide they actually had to go further. They had to drive further. So that in itself created a lot of challenges for folks that were out in the frontier, country as it were, isolated, mountain regions, what have you. Anything from a wildfire to heavy rainfall, mudslides, washed-out roads and can usually cut off people with and without disabilities.

Skipping to the next slide, that route that I was telling you about, there’s a little map that talks about how far people had to go to work around getting to --

I just want to go back. So when we talk about isolated communities so in Washington, so back in March 22, 2014, a massive landslide engulfed the Steel Haven community in Oso, Washington. So in about a matter of seconds 43 people lost their lives, a number of folks were rescued from the debris. And what you see in this picture here is the debris that's covering a major route for this community, a state Route 530. So in this picture you see a number of first responders and so forth responding to that scene.

The next slide here is basically a map to show you when we think about isolated communities. If you look at the bottom, a red square, that square is where the landslide occurred. So you see two communities, Arlington to the left and then Darrington to the right. Early on in this disaster, rightfully so, the focus was solely on the folks who were directly impacted by that landslide. It wasn't until a few days later that we started to hear about Darrington. So this was a community completely cut off. The folks living in Darrington were not affected by the landslide directly but what we found, and both Roxann and I were deployed to this disaster, and once we connected with the Center for Independent Living in the area, she was able to go into Darrington, talk to folks, talk to the tribe that was located in the area, and she started to hear a theme and that theme was people were not receiving medical services due to the lack of medical transport.

Because if we go back to this map, what was between Darrington and I-5, that's about a 30-minute, 40-minute commute and I-5 is the primary highway going through the states of Oregon and Washington but now that that road was closed off completely, folks from Darrington were having to take mountain road up north and that was adding about three hours to their daily commute. So, when we worked with our partners around the Center For Independent Living, they were able to get information from those -- from individuals in the Darrington area and what we were hearing is that there was a lack of medical transportation. People were not able to access dialysis services. They were seeing a delay in getting prescriptions or consumable medical supplies, durable medical supplies, care providers who provided in-home supports to people, individuals were not getting those services.

I think what we want to emphasize in this is that Darrington, as a community, probably never expected that they would be cut off like that. A landslide was somewhat -- of
that magnitude was not in anybody’s radar or anybody's plans so it’s this idea that we do need to plan for these things. And how this came about is when the Center for Independence came in, investigated, talked to people, pulled stories, eventually there was a multi-agency task force developed made up of Snohomish County and outside the county to work through these problems.

The lesson learned here is that there was a big delay for that to happen. So I would say that didn't happen until two to three weeks into the disaster before that multi-agency task force stood up. But thankfully we worked with our local partners who were able to navigate, talk to folks directly, and get that information and start to kind of develop plans and so forth around finding other entities to provide that transportation.

One more lessons learned from Alaska. This is a picture -- so in May of 2013, every year in Alaska they call it the spring breakup. So the rivers in Alaska in the interior of Alaska freeze and then they begin to thaw in the spring months this was in May 2013, along the Yukon River. And what you're seeing here is the town Galina which experienced the worst of the flooding of that area. So this whole town was submerged. The river freezing, ice break-up every year is a common occurrence. These communities are used to that, so they evacuated nearly everyone out of the community, about 200, 300 people evacuated to more populated settings, near Fairbanks, Alaska.

What I want to emphasize in this particular disaster and kind of the of the lessons learned here, and Roxy touched upon this in evacuations, we have people evacuated. And what we see typically are people with disabilities, tribal elders and older adults, children, being evacuated from their home base. And then what happens then is that as that community begins to recover, it is difficult for those individuals to participate in that recovery process. We may see people not able to return due to socioeconomic factors. But a big thing, and Roxy talked about this, is wraparound services. She talked about the wraparound services in Atlanta. They are also important to get folks back into the community. So if some people cannot go back until they have those supports, whether they're medical supports or in-home supports, that those are back in place first.

What we saw in this community is not a lot of opportunity for people with disabilities affected by this flooding to participate in the rebuilding of their community. So we know that these are pictures of home elevations in that area. So as you can see from the picture, the significance of these homes being elevated into the air is pretty major. And so what are the impacts to people with disabilities as they recover and if they're not part of this discussion, that is the concept of visibility. So it's dark, cold in Alaska. People want to spend time with each other. So the ease of people to independently go see others in their community, spend times in their homes, may not be as feasible.

The idea of aging in place. We have individuals who are connected to this land, connected to that area. They want to stay there. They want to age there. They don't want to live in Anchorage or Fairbanks. They want to live in this area and they want to age there. So how could we have improved that conversation? How could we have used our local disability agencies, our state agencies, national partners to encourage that conversation to include some of these factors?

And I think also in a steady state -- Roxy also talked about some of the things that they were doing to rebuild territories and some of that recovery process. So we need to think and work with disability agencies and organizations about what home elevation is in colder climates, harsher environments. How can we improve disability access? And what does that
look like?
And the last slide, just to kind of show, this is in Circle, Alaska, the rebuild. This was a home that actually did include an accessible ramp for the house.
And now we’ll pass it on to Mike and he can talk about isolated communities in Colorado.
Go ahead, Mike.
>> Michael Houston: Thank you, Danielle.
So what I meant to say earlier, and this is going to segue better, one of the jobs that we -- one of our primary goals [Indiscernible].
One of the tasks since arriving in Colorado 2016 was to establish counterparts at the state emergency management level. And in developing those partners with the state we were able to work together to help them address some of the hazard planning. And then together with the state taking the lead, we then took it out to the local community, counties, cities, several neighborhoods.
So that being said, Colorado, [Indiscernible] we were the first to arrive in -- Colorado had what basically Harvey presented in Houston. There was a slow-moving storm that stalled in the mountains and basically collided with the monsoons of the south, from the northwest. It collided and dumped about 25 to 30-inches of rain up on the mountain communities. And four major watersheds overflooded. So in the mountains it went all the way down, some reaching almost all the way to the eastern Colorado border, impacting towns near and around rivers and water.
What was interesting in Colorado, a lot of the communities that live up in the mountains, just like in Darrington, with the Oso slide, there's only so many roads to get in and around certain places. And these watersheds that flooded, washed out roads with isolated communities. In some areas in Colorado, some private roads were washed out and people weren't necessarily impacted by the disaster but because the roads they take to get in and out of their communities was washed away, they became isolated. So Colorado had to, along with FEMA, use resources to try to -- supplies and what not to those on the other side.
Just like in Alaska, people don't want to leave their homes. They want to stay in and around their homes. People don't want to leave that area. So it was a big challenge for Colorado. Again, these people weren't necessarily impacted but still had a need.
Interestingly enough, when we talk about community partners and being involved and getting everyone involved from the state all the way down to neighborhoods, homeowners associations, and things of that nature --I just came from a briefing with the emergency services PIO of Colorado. There are different types of emergency services, public information officers, and we were talking about the message of reaching those in the community with breaking news and updated weather, updated reports and how they can't seem to reach everyone.
The main thing from that meeting today, I think it kind of comes from 2013 in Colorado -- when I came to Colorado, [Indiscernible] towards the end of my deployment here I was invited some representatives from the disability community to come and meet with the Colorado emergency managers and have a sit-down on best practices you know, what worked what didn't during the September response. And they learned quite a bit. They heard directly from those in the communities that were impacted. So they were able to take some notes.
Now, that was 2013. Leading up to now, 2017 and 2018, a lot of focus is on how do we improve our capability what we don't know. It all boils down to two things. One, those in the
community, Independent Living Centers, those that provide assisted care facilities, you name electronic, they need to get engaged with emergency managers.

I'm going to switch slides here.

Just following these slides real quick, the DSA, as I mentioned, we had to work with [Indiscernible] we were understanding [Indiscernible].

The lessons learned, second bullet, there's so many examples. I'm sure we could take up a lot of time and we're running out of time. But the main thing is when you look at Harvey, Corpus Christi, 2017, Texas -- Rockport, one of the direct hit towns, only had one dialysis center and it was destroyed. So a lot of folks, they didn't have a lot of capability. The next dialysis center was three, four hours' drive away each way. So people met with a real challenge just to maintain independence.

People who evacuated from Texas, people that left Houston, Dallas, whatever, they may have evacuated from Houston during that rain storming but they had difficulty getting back. Just like in Florida, people evacuated. They had people getting back. People getting off the islands, they had difficulty getting back. So all of the stuff that Roxann and Roxy and Danielle mentioned, throughout -- really important. And it requires discussing understanding what you don't know and that is including and engaging the disability community that can help you with what you need to add to the overall plan.

Facebook, a lot of resources -- I just want to say messaging is critical to everyone, disabilities or not. And there was a lot of challenges both in Texas and in Colorado and in Florida and other places. It's just really important that you think clearly about what your resources are, shortfalls are, working with your disability, managing resources in your community. A lot of these organizations have resources that can support those that are responsible for planning and preparing for response to and recovery. They become great partners. And they become great partners to spread the message to others about where to go, what to do to maybe corral and collect unmet needs and issues from those in the community including disabilities. It gives you a situation, tactic you might use to.

So going to the next slide, lessons learned, the plans for evacuation. I would say briefly we had a [Indiscernible] in Salt Lake City last August. During the week Harvey hit, we had a lot of great discussions about Salt Lake City having a 7.0 earthquake and what does that look like? 54,000 people having to be [Indiscernible]. People left the area. A good number, high percentage, of Salt Lake City was taking water. So an earthquake scenario wouldn't stand very well.

So one of the discussions -- I reach out to areas. A lot of people -- a lot of the surrounding communities are small and have a certain capability and they depend on a [Indiscernible] to get the resources so if people are relocating away from Salt Lake City where resources are gained and they're going into these communities away from Salt Lake City who also gets their resources from Salt Lake City, as you can see, both communities that are doing good work, taking people from the islands, Atlanta and other places, their capacity to absorb that needs to be discussed. What is your true capacity? What is your capability? That way the states can understand [Indiscernible].

Second bullet, remember that emergency management and response people don't know what they don't know. That is so true. It's so hard to make plans for everyone [Indiscernible]. We have a lot of tourists that come to the Rocky Mountain area in our states. There's no real telling who or what is going to be in an area. For example, one of the areas impacted in the Colorado flooding has over 100 different languages represented. A lot of
immigration there. There's a lot of language needs this meeting this morning, one of the questions they had is how do I prepare for that many foreign languages? Well, you need to build partnerships with the communities. You need to bring them in. Help you spread that message.

It's very important. You need to know medical equipment, transportation capabilities all of the things on these slides, all of those capabilities and what is your capacity. And at some point you start to realize this is where I had a breakthrough. I can't do anything beyond this. That's when the state needs to learn about that. [Indiscernible] start to collect that data. So [Indiscernible] bring the right resources in.

Working with clients, last bullet. South Dakota, 2015, had flooding that impacted the tribes. Last year, thankfully last year, South Dakota learned from 2015 and established an advisory group. They've had meetings, had great dialogue and improvement to the planning. This year they're going to conduct an exercise to see [Indiscernible] and also including the tribe representatives, disability representatives from the tribe as well. So great collaboration there. And, of course, Colorado, five years later, they're doing the same thing. They're getting legislative money to help them with acquiring resources and capability to be more self-sufficient and less dependent on the federal government.

Moving on to the next slide, all exercises and drills, including disabilities. That makes sense. You want to understand what those are and the emergency management, emergency services communities definitely needs to be involved with that. You can't unsee some of the things you learn in the field. That gets added to the plan. Working with the state and locals, working on the mutual aids, that's so critical, neighborhoods. We had a fire in Denver, downtown, certain neighborhoods come together to support.

That's where it ends and begins, at the local level. Working with the state and building the state-led core advisory group, they can then become more granular in a regional area. Like Colorado has [Indiscernible] advisory groups, one in Colorado Springs and three in the Denver area. And they all work great together but they're not all together. So I was working with the state to make sure that they get the best of the best of all four groups so that they can capture that. Those local groups need to continue doing the local work but the state [Indiscernible].

And then -- I have quite a bit of frontier counties. So out in the rural areas and you're a long ways away -- you have limited access to resources, whatever that may be mental health, dialysis, medical, what have you. And any disruption to that could be [Indiscernible]. So resources and capabilities in this area.

Then, of course, the next slide, you don't have to do this alone. I'm passing this back over to you, Roxy. Or is this mine, too? I can talk about this.

>> Danielle Bailey: We just want to emphasize that people don't have to do this alone, especially when you are in remote rural areas who don't have a lot of resources. So this is the importance of the developmental disability core advisory groups. You may not have the capacity to do that in your remote area but there may be a group at the state level that you can tap into or at a neighboring county or borough or whatever that situation is. You can focus on individual preparedness for people with disabilities, the agency preparedness. So if you are a disability agency that provides resources and supports, what's your plan in disasters? And then the idea of how are these agencies, organizations, advocates integrating with their local state emergency management. How are they communicating those shortfalls?

And we encourage folks -- you have to seek opportunities to gain experience. Don't
wait to be invited. Bring your capabilities to the table. Explain what you do. Explain shortfalls. And then most importantly, identify your disability networks identify those national partners, your state partners. Look for resources and entities outside your area.

And now Roxy will talk about national partners.

>> Roxann Crawford: Hey, everybody. So like Danielle was indicating, this is something -- what we're trying to highlight here is that there's so many different options of people that you can work with to help increase your capacity and to assist you in building those community advisory groups and in building your ability to assist people in your communities to prepare for and respond to disasters and other events.

Before I move into the national partners specifically, I wanted to touch back on some things that Mike and Danielle were both talking about. Any community can become isolated at any time. Even in urban center, you know, if the roads are cut off in San Francisco from a big earthquake, that city/center could become isolated from other areas and from the ability to support its population if there's no way for things to get in and out. So it's just something to think about. Regardless of whether you're in a big urban area or a rural area or frontier or territory, it's so important to reach out to whoever you wish to reach out with, the local, county, state, national, or all of them to find out how you can be supported by these groups and let the differences they can make in your planning process.

So national partnerships, these are just some of the national partnerships that have worked with in recent times and FEMA actively partners with on a regular basis.

The Pass It On Center, they provide coordination and support in the event of natural disasters to ensure that reutilized assistive technology can reach those who need it quickly. They provide telephone and e-mail technical assistance through the Rapid Response Solutions Desk. Through that telephone and e-mail technical assistance we were able to coordinate things like transportation and shipping of durable medical equipment.

The Pass It On Center assisted connecting with other groups like FODAC, who is the next group on the slide. And they established national transportation, electronic networks, well-coordinated distribution of reutilized AT.

FODAC, specifically, Friends Of Disabled Adults And Children, at the time I left in December, FODAC had sent 35 pallets by the time I left U.S. Virgin Islands in December, sent 35 pallets with hundreds of pieces of durable medical equipment to the U.S. Virgin Islands. And each piece of equipment was individually marked and suited for each survivor's specific request. On top of sending the equipment, they sent staff all the way out to the islands to assist with distribution and fit and capability.

This particular partnership changed so many lives. It allowed survivors to live independently through their recovery. But it really does highlight the relationships that you establish during blue sky times have a huge impact in what happens during disasters and impactful times. When you need a friend, it's too late to make one. Establishing those norms and expectations and agreements before you need the services even if those norms and expectations aren't perfect. If the incident is well beyond what you thought an incident would be, at least you have a starting off point to build from during high-impact situations because you have an established relationship with an organization.

Portlight, they focus on disaster response relief. They direct funds to support local organizations to be able to restore or expand their functions an exam appealing would be the development of the portal created to support the organization and tracking of durable medical equipment requests to disaster areas. They have the ability to send staff and financial support
to shore up operations, not to lead or take over but to support and allow impacted employees and organizations time to recover.

Let's face it. In the Virgin Islands everyone was impacted including the people who run and support these organizations. So having someone to come in either physically -- Portlight sends an individual out to Saint Thomas to assist in shoring up those organizations. There was an incredible time in a past disaster where Portlight was able to get a much needed communication device in the form of a cell phone with service and activated to a survivor which was out of state from where the organization is in under 24 hours. They provide support both big and small.

So down to the individual all the way up to providing support to other national level organizations to enhance their functions and effectiveness. Again, these are just examples of organizations. But it is important to remember that you don't have to do this alone and to know that you can reach out, you know, to your local centers to your emergency management functions, all the way up to these national partnerships, and that you will be responded to, that you'll be supported.

Partnerships for inclusive disaster strategies, focused on convening, collaborating, and supporting through technical assistance and problem solving and community engagement. They work a lot with community partners during steady state times to plan for disaster times. And they created a national hotline for disaster response and immediate needs. They were able to respond to high-level, time-sensitive requests like their partnership with the Cajun Navy. And also individually they were getting consumable medical supplies to individuals at the same time they were working with the national hotline to provide connections for immediate rescue; they were also working with individuals for consumable medical supplies and other immediate needs.

National partnerships, the National Council on Independent Living, Emergency Preparedness Subcommittee, they're working with the Agency on Community Living and Independent Living Administration on Policy for Independent Living Centers involvement in emergency planning, response, and recovery.

Memorandums of Understanding or Memorandums of Agreement with American Red Cross, FEMA, Portlight, PIDS, in negotiations with others. So they are building that capacity to work with different organizations, big-level organizations, federal level organizations, all way down to smaller groups that you can coordinate with through the Independent Living Centers.

They are documenting disaster outcomes and after action on impacts to people with disabilities and others with being a yes and functional needs. And they're maintaining dialogue with DHS Office of Civil Rights and Civil Liberties in regards to disability rights.

Working together is so important from the local level and individual organizations, engaging their clients to local, county, engaging states, engaging national and up through the federal level. There's no place where it's too high or you should stop that communication. It's important to engage at all levels and engage early. Commit to roles and responsibilities through those Memorandums of Agreement and other types of agreement. That commitment can help you identify gaps and shortfalls and seek answers to those issues before they become life and death.

If you're working on Memorandums of Agreement and you're trying to assist in coordinating paratransit and you've identified a level of emergency evacuation transportation needed and then you identify the level of what you're able to get commitment for or what there
is available, you know, if you see a gap there, you can try to fill the gap. You can work with emergency management to notify them that you found a gap in these types of things, again before they become life and death.

It's not the government's role to speak for the community. It can become a conflict of interest. But the advocacy role is led from the bottom up and through consistent work and partnerships we can reach a place where issues are identified and able to be addressed at the lowest possible level through preexisting arrangements and relationships before things get really high level before they become life and death.

Government through training and partnerships with all levels of community organizations can help to teach the system of response and recovery and give tools for success. It's the role of the government to provide that level of support. So working all together is how we can reach a place where the plans are consistent and effective and where we can push forward to make life better for individuals during response and recovery.

I think I'm going to pass it back. Is this Mike?

>> Michael Houston: I'm happy to -- yes.

Strengths of rural, frontier and territory communities, as I mentioned before and has been mentioned, those that plan for the communities, they have a tremendous burden. They have to plan for everybody. And they don't know everything. So there's some relationships that are starting to happen. It's taking time. It's taking disasters, taking lessons learned. And currently even here in Denver, in Colorado, Denver and the City of Denver, the County of Denver basically, they got [Indiscernible]. They now have to go through the process of rectifying some shortfalls passed on to them. So as a result of that, they are now starting to take a really hard, serious look at their partnership and how do they close those gaps.

Strong relationships between people and organizations is one of those strategies. We engage in the community is another one. Rural and more frontier, the willingness or ableness to help neighbors, volunteer. Like we mentioned earlier, the Cajun Navy, that's so important. But one thing to make sure, people who volunteer, make sure you get situational updates, whether they may be evacuating people, things of that sort.

The other thing is the natural support systems. A small town in Wyoming, that's all they have. The next town might be 60, 100 miles away so they need each other but they only have certain capabilities.

These communities are also very resilient. There's a history of preparedness but still these relationship and partnerships that the states and most emergency managers and others is to need to help them identify their true capability and true gaps and shortfalls are. That's how we can work together to mitigate some of the shortfalls.

What can we do? We've been very involved in presentations last week, Civil Rights and Civil Liberties, we gave a joint presentation at the Colorado Emergency Management Conference educating people about different things like ADA and the Rehab Act and what are the differences and things of that nature.

Understanding and increasing people's wariness of what their responsibilities are, especially those who are tasked with planning for everyone. They have to make sure they have the capabilities. It improves relationships, needs for services. The organizations themselves can take a hard look at their own emergency plans and so forth. That can be learned between them and the emergency managers sharing lessons learned.

Expanding partnerships that just gives everybody better awareness. It gives the planners what they don't know and the disability community an opportunity to participate in
their own response in recovery planning.

To the next slide, these are all resources. The main thing is you want to point people to these resources and give them a variety of strategies. We want to make sure with our new administration [Indiscernible] to develop a culture of preparedness. Preparedness is everybody's responsibility. So therefore we should all come together and talk about that. By doing so, we identify gaps which also increases resiliency.

Getting to that last -- next slide, resources on the ADA National Networks. I should pass this to Lewis.

>> Lewis Kraus: That's fine. This is just to let people know that, of course, any -- there's all manner of resources available at our websites and at our TA lines. And the information is there on the slide. If you download the slides, you can link to us and get -- there's probably 50, 100 different kinds of publications on our adapresentations.org website if you need assistance with any of this information.

>> Michael Houston: I think that's it for me. I pass it back over you, Lewis, Roxy, Danielle.

>> Lewis Kraus: All right. I'll take it from here.

Thank you guys, so much. That was a great presentation. For those of you who are out there listening, do remember to submit your questions in the chat window and we'll get to those in a moment.

I wanted to point out a couple of things in the presentation that I thought were particularly new and interesting and maybe we haven't heard before and those were, like, the issues of Atlanta being a little bit even overwhelmed by the need to take things on. I will say that I've even been on some calls where Florida is experiencing some of the same things when people came there.

Also, when Mike was talking about if a disaster happens to a large city that is kind of the supplier for the surrounding smaller cities, that's also something to plan for. So a lot of these planning issues, you know, this is also something that needs to be thought about, how do we take on people when there is an emergency elsewhere and also if there's a small city, a rural area, dependent on a larger area if that larger area has a problem, how do we plan for that.

All right. I'm going to move us into some of these questions for you guys.

One of the first things -- I think you answered this question but here's one.

During a disaster event, what sources are available at your EOC to assist clients with disabilities?

Anybody want to take that one?

>> Michael Houston: This is Mike. Can you repeat that one more time, please?

>> Lewis Kraus: Sure. During a disaster event, what sources are available at your EOC to assist clients with disabilities?

>> Michael Houston: Even in Florida, for instance -- let me start with Texas. Texas has a lot of resources, getting connected with Texas because of emergency management. But we had to work that. So any EOC at that state level, you have the ability to reach out to the local jurisdiction and also the organizations that are within your state and jurisdiction. So, again, if you're doing the partnerships, all of these resources could, in fact, become part of that state's annex of resources that they put in support of disabilities. That's one option.

Any others?

>> Lewis Kraus: Ok. Hearing none, I will move along.

I do want to remind people because people are starting to ask, this is being
Another question for you all: Did Independent Living Centers assist response and relief personnel to locate and support people with disabilities or access and functional needs in the U.S. Virgin Islands and Puerto Rico?

>> You cut out in the beginning. Could you give the first part of that question one more time?

>> Lewis Kraus: Did Independent Living Centers assist research response and relief personnel to locate and support people with disabilities or access and functional needs in the U.S. Virgin Islands and Puerto Rico?

>> Roxann Crawford: I can speak for the U.S. Virgin Islands. The Independent Living Centers worked very closely with both the territory, other disability organizations, and FEMA Disability Integration staff, and staff to go out into the field with them.

I know in St. Croix specifically, the director of the Independent Living Center went out multiple times into the communities to each and every client's home to ensure that each client was heard from, had access to resources, and had the ability to register with FEMA in a comfortable and accessible environment. So, yes, we did -- the Independent Living Center did play a huge role in the Virgin Islands specifically for impacting survivors during that response and during the recovery phase.

I apologize I can't speak for Puerto Rico.

>> Michael Houston: This is Mike. In Florida, during the initial response after Irma's landfall, Independent Living Centers, there was quite a bit -- there was a daily Disability Coordination call. The American Red Cross, the state programs, Health and Human Services, all of them, Independent Living Centers, they were all on this call because they all had concerns about not having resources for folks and people who couldn't get to the resources, maybe stuck at their homes and stuff. They -- Florida utilized the Independent Living Centers for information. They were able to get eyewitness accounts on what some of the shortfalls were and they were able to report that back, able to establish some plans to meet those needs.

And then further on, PODs, points of distribution, of water, food, and other supplies. The state actually started giving these supplies on pallets to deliver to the Independent Living Centers in some of the affected areas and allowed them to go to their clients and provide them with resources. It was very convoluted but yet Independent Living Centers in Florida was very engaged from the beginning and it was great to see but the complexity of that disaster. Irma, was -- impacted the entire width of the state up through the state. So I don't think that state had seen a Hurricane impact in that wide of an area. So it was really good to see -- troubling but very good to see that they all came together and worked together to utilize their resources.

>> Lewis Kraus: And I'm going to add also that I have been part of calls in California where Independent Living Centers and other resources have been getting together periodically to discuss planning and preparation and where things are happening when there are disasters. And that has been ongoing under the first proddings by the Partnership for Inclusive Disaster Strategies. I think that's what Mike is referring to that happened in Florida and Texas. So I think that those are going to be starting to be established. And if you're an Independent Living Center out there, you may want to get involved in some of those calls.

Next question, which is very interesting to get the juxtaposition: What type of assistance did the Red Cross offer during these emergencies?

>> Roxann Crawford: I can give you some examples but I wouldn't take what I have to say in totality.

The Red Cross did a lot of work in the U.S. Virgin Islands specifically in sheltering
and in the feeding process at the shelters. I did have the opportunity in U.S. Virgin Islands to work specifically with some Red Cross individuals who were actually going on and doing wellness checks and working to ensure that people who were unable to get people with distribution in shelters were able to still receive resources and goods in order to ensure that they were able to continue living independently throughout the recovery and response.

I know that Red Cross has a number of resources and programs that they participate in. During the evacuation we were at the Air Force Base, Dobbin Air Force Base in Atlanta, Georgia, and Red Cross was there and provided gift cards to individuals who had been medically evacuated by HHS to ensure that they would have the ability to procure clothing, needed resources in the Atlanta area, as they had been evacuated with minimal or no luggage.

Does anyone have anything to add on Red Cross?

>> Michael Houston: Go ahead, Danielle.

>> Danielle Bailey: I think both with Oso and Alaska, the primary role of Red Cross was with sheltering and feeding. Although I can't recall -- like in Oso they offered kind of support for those individuals who lost individuals and gave them a space to do that and then as well as gas cards and other resources for individuals.

So, Roxy, I don't know if you can remember the name of those support centers for people in Oso.

>> Michael Houston: The one thing I will say, Red Cross has a big burden. They have a lot on their plate. But I will shout-out to them that they have established integration advisors that are helping Red Cross with extra stuff they do. They have a lot that they're required to do. Especially in Texas and Florida, we had -- the American Red Cross had their own disability integration involved.

Now, they have a ways to go. We now have two Disability Integration Advisors from the Red Cross that I'm aware of in Colorado and Wyoming and partnering with other regional American Red Cross representatives as well. So I think a shout-out to American Red Cross as far as what they are doing with trying to build their own capabilities.

>> Lewis Kraus: Ok. I'm going to give you the next question here. We'll try to do this as rapid fire as we can. We're coming up on the end. Someone asked if you could speak to the issues related to providing transportation service in the recovery phase of disasters.

>> Michael Houston: One scenario in 2016, the flooding of Baton Rouge and Louisiana, you know, they have public transportation but [Indiscernible]. A lot of shelters, some of those public transportations were shut down. They started to think outside the box and used Uber and Lyft and other types of resources, partnerships like that, to help people get to medical appointments or to pharmacy and so forth. So they are starting to think outside the box.

>> Danielle Bailey: I think just on a smaller scale, in Oso I think it took the collaboration of a multi-agency task force. I think sometimes transportation providers may not know where the need is. So I think it is that communication of the community. We worked a lot with the Center for Independence and they brought that to the attention. I think at one point the transportation system there did offer a temporary spot, a temporary bus spot, for folks to kind of improve transportation in that smaller community.

>> Lewis Kraus: Ok.

Last question. I don't know if any of you have been there, whether this question will be answered or not. Somebody raised the question of Puerto Rico, lessons learned, what to do or not.

>> Roxann Crawford: I apologize but I can't speak to Puerto Rico as I was not -- I was not
involved in that response at all. And just because they’re still very busy -- to engage in this presentation -- potentially in the future there could be something with her but I can't speak to that. Apologies.

>> Lewis Kraus: Ok. Great.

Well, we realize many of you may still have questions for our speakers and apologize if you didn't get a chance to ask your question. If you have general questions, you can contact your regional ADA Center at 1-800-949-4232 or right there on your screen are the contact information for our speakers for today.

You will receive an e-mail with a link to an online session evaluation for today. Please complete that evaluation as we value your input and want to show our funder the value of the sessions.

We want to thank Mike, Roxy, and Danielle for sharing their time and knowledge with us. A reminder that today's session was recorded. It will be available for viewing next week at www.adapresentations.org/archives.php. We hope to have a couple of very different types of webinars coming in the next couple of months. So watch for your e-mail for those announcements.

Thank you all for attending today's session. Thanks again, Danielle, Roxy, and Michael.

Everyone, have a good day.

Bye-bye.