

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

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BROOKLYN CENTER FOR	:
INDEPENDENCE OF THE DISABLED,	:
a nonprofit organization, CENTER FOR	:
INDEPENDENCE OF THE DISABLED,	:
NEW YORK, a nonprofit organization,	:
GREGORY BELL, an individual, and	:
TANIA MORALES, an individual,	:
	:
	:
Plaintiffs,	:
	:
-against-	:
	:
MICHAEL R. BLOOMBERG, in his	:
official capacity as Mayor of the City of	:
New York, and the CITY OF NEW	:
YORK,	:
	:
	:
Defendants.	:
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Case No. 11-cv-6690 (JFM)

**DECLARATION OF
SUSAN DOOHA**

I, Susan Dooha, declare:

1. I submit this declaration in support of Plaintiffs motion for Class Certification, and in support of the Center for the Independence of the Disabled, New York (CIDNY), serving as a representative organizational plaintiff.

2. I have personal knowledge of the facts contained in this Declaration and, if called as a witness, am competent to testify as to those facts, except as to matters expressly stated to be upon opinion and belief, and as to those, I believe them to be true.

3. I am the executive director of CIDNY. I have been the executive director of CIDNY for 10 years, starting in 2002. In my capacity as Executive Director, I am accountable to the Board of Directors for the management of the organization. I am charged with implementing the board's policies and decisions, aiding it with strategic

planning, stewardship of resources, fund raising, oversight of personnel, quality assurance, information systems, contract compliance, advocacy, public policy development, and community education.

4. I am aware that as a putative representative plaintiff in this lawsuit, CIDNY seeks to represent a class of: all persons with disabilities in the City of New York who have been and are being denied the benefits and advantages of New York City's emergency preparedness program because of Mayor Bloomberg and New York City's continuing failure to address the unique need of this population in the City's emergency planning and preparations. I am aware that CIDNY's duty as a class representative in this case is to do what is in the best interests of the class. As CIDNY's Executive Director, on behalf of the Board of Directors of CIDNY, I can emphatically say that CIDNY is fully prepared to vigorously represent the class in this case

Organizational Background of CIDNY

5. The Center for Independence of the Disabled, New York ("CIDNY") is an independent living center serving persons with disabilities throughout New York City. CIDNY was founded in 1976. It is a non-profit organization that provides services and advocacy that promotes independent living for individuals with disabilities.

6. CIDNY's mission is to ensure full integration, independence and equal opportunity for all people with disabilities by removing barriers to the social, economic, cultural, and civic life of the community.

7. Currently CIDNY serves about 14,000 persons who have all kinds of disabilities, as well as families and partners of persons with disabilities in New York City. Over half

of CIDNY's board members and over seventy percent of CIDNY's staff are persons with disabilities.

8. Every day persons with disabilities contact CIDNY by telephone, in person, and over email, to seek CIDNY's help, advice, and/or advocacy on disability related issues. CIDNY's purpose as an organization is to respond to these requests and serve this community of New Yorkers with disabilities. The hardships faced by New Yorkers with disabilities directly determine what advocacy actions CIDNY undertakes.

Why CIDNY is Involved in Emergency Preparedness

9. In the event of a major emergency our consumers would need accommodations, assistance, and services.

10. There are many common needs that span across the disability spectrum that we see in our consumers. For example, many people with disabilities rely on medication on a daily basis and would need access to that medication and/or services to address their medication needs. Some medications need to be refrigerated. Even though many people with disabilities try to store as much medication as possible, many people, especially low income men and women with disabilities, cannot store up significant amounts of medication because they cannot afford the medication, or because their insurance will not pay for it. Moreover, when evacuating, many persons with disabilities may not be near their supply of medicine when a disaster strikes, or may not be able to carry much as they evacuate.

11. Many of our consumers will need accommodations and services related to their disabilities. For example, in the event of an evacuation many people with disabilities may need assistance in leaving their homes, both in the sense of physically leaving their

dwelling and also accessible transportation to leave the area. The transportation would need to be accessible because many of our consumers use wheelchairs. If evacuated to a shelter, many people would need shelters that are physically accessible, including such things as accessible restrooms, entrances, and cots.

12. Many people with disabilities also have needs for electricity in a shelter setting. This group includes persons who use motorized rechargeable wheelchairs who are unable to use manual wheelchairs, as well as persons who rely on ventilation equipment to breathe. Many batteries on durable medical equipment, like ventilators and electric wheelchairs, last for approximately twenty four hours, but no more. Thus, after 24 hours, many people will need to recharge equipment which is crucial for their ability to live, and function. In an emergency, an emergency generator at shelters is necessary for many people to survive, as well as policies and procedures, for example, regarding priority access to electricity for certain people with disabilities.

13. Many people with disabilities also need accessible forms of communication. This might entail alternate formats for people who have vision or hearing disabilities, like having emergency announcements and instructions on television accompanied by a sign language interpreter. This might also include simplified language for people with intellectual disabilities, or other cognitive disabilities.

14. CIDNY board members, as well as the persons with disabilities that CIDNY serves, are affected by New York City's incomplete emergency plans. Because CIDNY board members and constituents are persons with disabilities – including mobility, sensory, and intellectual and other disabilities – the lack of adequate planning denies CIDNY's board members and constituents meaningful access to New York's emergency

planning and preparedness program. I believe based on my extensive work in the field and with CIDNY's constituents, that the failure to address the needs of people with disabilities in emergency planning harms each board member and constituent with a disability.

15. CIDNY is also directly harmed by New York City's failure to adequately plan for the needs of persons with disabilities during emergencies. Because of the City's failure to address the needs of people with disabilities in its emergency planning, CIDNY must expend time and resources preparing its constituents for emergencies and advocating for its constituents before, during and after emergencies. CIDNY is forced to provide direct assistance to individuals with disabilities when government entities fail to do so. A favorable decision in this case would directly redress these injuries.

CIDNY's Ongoing Emergency Preparedness Advocacy Work

16. Because the emergency needs of persons with disabilities are critical for our consumers, board members, and staffs' survival, CIDNY makes it a priority to take an active role in emergency planning advocacy.

17. CIDNY has expended extensive time and resources in addressing emergency preparedness for persons with disabilities. CIDNY helps persons with disabilities prepare themselves for emergencies, including emergencies like Irene. This includes educating New Yorkers with disabilities about what they might need in an emergency, participating in community meetings, and holding workshops on emergency preparation for the persons with disabilities that CIDNY serves.

18. CIDNY has worked with OEM on the Special Needs Advisory Committee which OEM convenes at regular intervals. CIDNY representatives participating in the

committee have consistently felt that their concerns about disability emergency planning have been ignored. CIDNY personnel on this committee reviewed a portion of a Coastal plan and made comments. However, we were never informed whether our comments resulted in any amendment of the plan.

19. During the many years I have worked on emergency planning advocacy, I have learned that when planning for an emergency, it is very important that the disability community have a real and meaningful voice in the development of emergency preparedness programs and services. This is because it is the disability community that is often best situated to inform local authorities as to the needs and possible solutions for men and women with disabilities.

20. Persons with disabilities have not had any meaningful input into New York City's emergency plans or planning process. Although the City has made some attempts to reach out to the disability community, it has not taken the disability communities feedback into account when drafting its plans.

21. I am extremely concerned about what would happen to my consumers in the event of a serious emergency. I believe that having plans in place for persons with disabilities ahead of time is especially important for authorities to be able to effectively help persons with disabilities during a disaster.

CIDNY'S Advocacy Work Following 9/11

22. Immediately following the September 11th attack, CIDNY stepped into the role the City should have already been prepared to play. CIDNY rapidly developed a Disaster Relief Services program which provided (1) direct services to persons with disabilities directly affected by the emergency, (2) education, training and technical assistance to

relief and other service providing agencies and (3) outreach to persons with disabilities who did not come forward seeking help in the first weeks after the attack.

23. During and directly after 9/11, CIDNY observed that people with disabilities were not able to evacuate the high-rise buildings, were unable to obtain accessible transportation, and were unable to obtain accessible shelter. CIDNY observed that during and after 9/11 persons with disabilities had difficulty due to lost medical equipment, medications, hearing aids, glasses and other such equipment and that they had great difficulty finding replacements for these items. CIDNY also observed that the shelters used during 9/11 had signs and materials that were not readable by people with limited vision, there were no American Sign Language interpreters for people with hearing loss, and people whose aids and attendants did not come back for them were left behind without assistance.

24. Three years after September 11th, CIDNY issued a report entitled "*Lessons Learned from the World Trade Center: Emergency Preparedness for People with Disabilities in New York.*" The report analyzed the importance of emergency responders, as well as relief and other service agencies, incorporating into their planning and operations an appropriate strategy for ensuring equitable access to response and recovery services for people with disabilities. The report also discussed why relief agencies cannot wait until they are in the middle of a disaster to start training their staff in disability awareness. [Attached as Exh. A]

CIDNY'S Advocacy Work Related to Hurricane Irene

25. CIDNY was very active in advising persons with disabilities in New York during Irene. For example, I participated in telephone calls with OEM at 1:00pm on Friday,

Saturday, and Sunday August 26th – 28th, 2011 to get information on preparations, if any, being made by NYC and OEM for the disability community leading up to and during Hurricane Irene and to make them aware of the disability community's concerns and to advocate for accessible transportation, accessible shelters, accessible cots, accessible bathrooms and other provisions. On the strength of OEM's assurance that shelters were accessible, CIDNY personnel made individual outreach calls to advise persons with disabilities in affected zones on the location of shelters in their immediate vicinity.

26. During Hurricane Irene, CIDNY staff members, under the direction of Margi Trapani, called persons with disabilities they identified as residents of evacuation zones. During these phone calls, CIDNY staff asked if these New Yorkers with disabilities knew where to evacuate and many did not. CIDNY also discovered from individuals with disabilities that persons with vision loss or blindness were not able to use a screen reader to read the website where shelters were listed because that website was not screen reader accessible.

27. During Hurricane Irene I visited several shelters and at those shelters I observed locked gates and locked doors that foreclosed an accessible entrance. I also observed inaccessible ramps at the shelters used by the City during that emergency.

28. I visited six shelters on Saturday the 27th of August, 2011 in three of the five boroughs (Manhattan, Brooklyn, and Queens). I found that the ramps at several of these locations were dangerous, and several lead to locked doors. I also found debris in the curb cut on the block of one of these shelters making the path of travel to the shelter inaccessible. I also found that at more than one shelter food and cots had been set up

either up or down stairs such that they were inaccessible to a person using a wheelchair. I also took photographs of several of these barriers including shelter entrances that were inaccessible, universal access signage leading to an inaccessible entrance, and transportation offered by the city which was not accessible. [Exh. A]

29. I also spoke with shelter volunteers and found them to lack fundamental knowledge about accessibility. Volunteers did not know that they needed to advise people that they could request reasonable accommodations or that they would have to provide them. They did not know that they might have to communicate with people who are deaf. They did not know that food distribution and sleeping areas should be in accessible places in the building and not up a flight of stairs. They did not know that their print materials would be unusable by people with vision impairment. They did not know how to accommodate people with cognitive disabilities. They did not know how to request accessible equipment if they did not have it. For example, one shelter worker told me that they did not know how to get accessible cots.

30. When I spoke to shelter volunteers at the shelters with locked doors, volunteers responded in a variety of ways. One told me the door was locked because the volunteers had not thought about the accessible entrance. Another said that they did not know where the key to the accessible entrance was located, or who had the key. Yet another said that they did not want to unlock the accessible entrance because they did not want people to come in that door.

31. I believe that with Hurricane Irene the City essentially dodged a bullet. Irene turned out to be not as bad as was initially predicted. Based on what I observed during Hurricane Irene, I believe that people with disabilities would face significant barriers to

accessing the emergency procedures and provisions in the event of a major emergency in New York City.

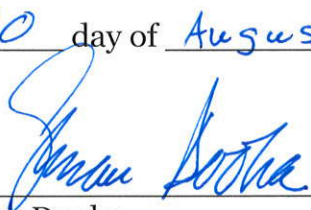
Deficiencies in Emergency Planning

32. Through its extensive work on emergency preparedness issues for persons with disabilities, and through its active participation in serving the disability community during disasters, CIDNY has experienced various problems with the City's emergency plans. These include, but are not limited to: public transportation is relied on heavily for evacuations and public transportation is overwhelmingly inaccessible; shelters are physically inaccessible because the ramps at many of the buildings used as shelters are too steep, unstable, or lead to locked doors, there are sometimes no curb cuts in front of shelter buildings making getting to the shelter building impossible for a wheelchair user, signage to accessible entrances is often missing or inadequate, bathrooms inside shelters are sometimes not accessible, and sheltering services like food distribution or a sleeping area are often administered on upper levels of a building which would trap people with disabilities on an upper floor in the event of a power outage; the methods of notification are not fully accessible, live public announcements are not live captioned or presented with an American Sign Language (ASL) interpreter, people who use screen readers are not able to access the Office of Emergency Management website listings of shelter locations.

33. In sum, through the extensive work that CIDNY has done on the issue of emergency preparedness for people with disabilities in the City of New York, I personally, and CIDNY generally, continue to have serious concerns about the state of the City's preparedness for people with disabilities in all the major areas of emergency

remediation and recovery. I believe that these deficiencies put the lives of many New Yorkers with disabilities at risk in the event of a major emergency.

I Declare under penalty of perjury under the laws of the State of New York, that the foregoing is true and correct. Executed this the 30 day of August, 2012 in New York, New York.



Susan Dooha