

Testimony of Danielle Koerner  
U.S. Senate Special Committee on Aging  
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Chairmen Casey, Ranking member Scott, and members of the Committee, my name is Danielle Koerner, and I will be speaking today as an advocate, former unpaid caregiver, and as a first responder and emergency planner. Thank you for this invitation to share both my professional and personal lived perspectives on the topics of inclusive Disaster Planning, Response and Recovery.

I sit before you as a circumstantial expert. For the past 20 years I have volunteered and worked in the field of emergency services in Pennsylvania, first as an EMT and paramedic providing direct patient care and advocacy, and then in education and regulatory compliance. In 2012, my husband and I were blessed with the arrival of our first son, Joseph. He was born healthy, but with multiple deformities and congenital amputations in his extremities requiring surgical intervention, ongoing therapy, and adaptive equipment. In 2015, my 54-year-old mother was diagnosed with early onset Alzheimer's and Dementia, and my husband and I became her primary live-in caregivers while my father continued to travel for work, and my sister supported us from afar.

I became an expert at anticipating needs, adapting everyday situations and tasks to the physical needs of my son and cognitive and behavioral needs of my mother. I had binders of bills, tabulated with notes about insurance coverage and payment plans, and calendars full of appointments with therapists, doctors, specialists, and support staff. I gained a new vocabulary and set of skills specific to advocacy for my child and mother and began to think 10 steps ahead for every task to assure that the needs of my loved ones would be met in everything we did, both in non-emergency 'Blue Sky' situations, and 'Dark Sky' emergencies. I built contingency plans for care, kept outgrown medical equipment in case something broke, and kept extra comfort items in strategic areas to sooth fears and calm erratic behavior.

After my mother's passing, I still do all these things, but only by half. To say that I received a crash course in accessibility and advocacy would be an understatement. I became a survivor before an emergency had occurred.

In 2018 my mother lost her fight. I was both devastated, and grateful that she had found peace. It was that same year that I was offered the job of Outreach and AFN (Access and Functional Needs) Coordinator for the Delaware County Department of Emergency Services. I leapt at the opportunity, hoping to integrate my lived experience with professional knowledge of emergency services both to honor my mother and assure that people like my son were considered before, during and after disasters and emergencies happened.

Very quickly I learned that my primary function in this new professional role was to be the voice in the room reminding planners and responders that one size never fits all, that access means more than wheelchair ramps, that not all disabilities are physical, and that all of us will likely have an access need at some point in our lives, either by disease, accident, or simply from aging.

I also found myself regularly educating planners and responders that individuals who live every day with disabilities, seniors who have access needs, and individuals who are unpaid caregivers are survivors (a good way to describe them is “pre-survivors”) even before the emergency has occurred. Often, they are surviving against the odds, outliving expectations, and resources, making do with inadequate services, living situations, or equipment, aging out of services, and recovering from medical, financial, or emotional setbacks because of their personal normal.

We as responders, as planners, as emergency managers, and as policy makers cannot begin to plan for the Whole Community without first embracing this knowledge.

The reality is that if we want to be successful in disaster mitigation, the work must also be done in the fields that operate independent of emergency management, the “everyday” ‘Blue Sky’ supports. We must focus on assuring that the circumstances that make individuals pre-survivors are addressed well before the disaster occurs and stop limiting our conversations on inclusive disaster practices to the disaster itself.

Working to enhance accessibility to government services by streamlining technologic and paper platforms used for resources and applications, simplifying processes and terminology, expanding regular operation hours for services, and assuring that resources are known to those who most need them through multi-outlet and media messaging are all just as important as assuring physical accessibility to buildings.

Investing in workforce development and support for direct care and medical professionals, as well as case managers and social workers is another critical piece of the puzzle. Addressing our nation’s housing crisis through the lens of accessibility, and bolstering programs designed to increase independent and supported living for individuals who need it most, expanding the criteria for Medicaid and Medicare reimbursements and coverage, assuring financial support to unpaid caregivers, and increasing programs that offer respite services will help.

These examples only begin to scratch the surface of this topic. The best way to ensure optimal outcomes for pre-emergency survivors is to ensure that they have unobstructed access to the supports they require daily, and to include individuals with personal knowledge of these requirements to guide the process.

The frequency and intensity of natural disasters are increasing, and the emergency response workforce is decreasing. Paid and volunteer workers are harder than ever to find in my field of work. If we can improve the lives of individuals with disabilities, seniors with access needs, and unpaid caregivers before the emergency happens, we will exponentially increase their resiliency when it does.

Thank you for your time today.