Disasters are inevitable. Discrimination is not.

A Data-Driven Case for State and Local Compliance with Disability Rights in Emergency Management

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Executive Summary

Disasters are often framed as unavoidable acts of nature. While hazards themselves may be inevitable, the inequitable outcomes that follow disasters are not. The impacts experienced by communities are shaped not only by the hazard but by the systems designed to anticipate, prepare for, respond to, and recover from those events. Five years after Winter Storm Uri (DR-4586-TX), quantitative data from federal, state, and independent sources demonstrate persistent disparities in disaster response and recovery outcomes for Texans with disabilities. These disparities are measurable, recurring, and associated with identifiable structural and programmatic deficiencies in emergency management planning and implementation.

Disasters do not discriminate. The event itself, does not delineate between those that are unhoused or dwelling in a specific type of residence, how many zeroes you have in the bank account, what side of the aisle you stand on or what religious affiliation you associate with. The event itself does not avoid an individual, a city block or a zip code because of certain characteristics. The event is the risk and has foreseeable consequences and disruptions to communities. Disparities and inequities which exist in response and recovery measures are because we do not acknowledge or prioritize preparedness capacities and resulting impacts of the risks is different from person to person and residence to residence.

Despite federal and state disability rights laws and mandates, increasing frequency and severity of disasters, and expanded state emergency management funding; plans, policies and procedures designed, reviewed and implemented by state and local emergency systems have:

- Insufficient integration of disability considerations across Emergency Support Functions (ESFs)
- Inadequate allocation of accessibility resources
- Limited mandatory training on the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act compliance in emergency/disaster contexts
- Inconsistent whole-community education regarding disability inclusion
- Inadequate transparency to create appropriate levels of awareness
- Minimal compliance auditing and enforcement mechanisms

The result is predictable, noncompliance is producing measurable civil rights violations resulting in inequitable recovery for individuals with disabilities: higher rates of displacement, longer displacement periods, greater food and utility insecurity, increased institutionalization risk, lack of awareness and inclusive education to properly plan, increased destabilization of continuity of care and preventable mortality and injury.

This paper examines how structural weaknesses in emergency management systems contribute to disproportionate harm experienced by people with disabilities. Using an analytical framework that evaluates risk, vulnerability, exposure, capacity, and governance, the paper demonstrates how gaps in planning and compliance can transform a hazard event into a cascading series of failures that ultimately result in inequitable recovery outcomes and potential civil rights violations.

Winter Storm Uri in 2021 provides a critical case study. The event exposed deep vulnerabilities in infrastructure, emergency planning, and social systems across Texas. These failures disproportionately affected people with disabilities and other vulnerable populations, revealing systemic deficiencies in preparedness, coordination, and accountability.

Together, these findings demonstrate that disaster inequities are not random or unavoidable. They are the foreseeable consequence of governance decisions, planning failures, and inconsistent compliance with established civil rights obligations.

Addressing these gaps requires a shift in how emergency management systems understand and operationalize disability inclusion—not as a supplemental consideration, but as a core component of resilience and public safety.

The solution is not theoretical. It is measurable, enforceable, and overdue.

Analytical Framework

Understanding disaster outcomes requires examining not only the hazard itself but also the structural conditions that determine how communities experience risk, respond to emergencies, and recover afterward. This paper uses a five-part analytical framework commonly applied in disaster risk science and emergency management to evaluate how disability intersects with disaster outcomes across Texas.

Risk

Risk refers to the probability and potential severity of a hazardous event and its consequences for communities. In the disaster context, risk is shaped by the interaction of hazards (such as natural events like winter storms, hurricanes, floods, or drought, but also man-made events and public health emergencies), the built environment, and the populations exposed to those hazards. Tools such as the Federal Emergency Management Agency's (FEMA) National Risk Index evaluate risk by combining expected hazard impacts with social vulnerability and community resilience indicators.

Vulnerability

Vulnerability describes the characteristics that increase the likelihood that individuals or communities will experience harm when a disaster occurs. Vulnerability can be social, economic, physical, or institutional. Disability intersects with many of these dimensions, including healthcare reliance, transportation access, income disparities, housing stability, and dependence on support services. These factors can increase the likelihood that disaster disruptions and destabilizations, such as sustained power loss, evacuation barriers, or service interruptions, will lead to disproportionate impacts.

Exposure

Exposure refers to the extent to which people, infrastructure, and systems are located in areas where hazards may occur. Geographic factors such as climate zones, infrastructure resilience, population distribution, and rural isolation influence exposure levels. In Texas, regional differences in climate hazards, infrastructure capacity, broadband access, access to justice and population density create varying exposure conditions that affect disaster response and recovery outcomes.

Capacity

Capacity refers to the resources, infrastructure, and institutional ability of governments, organizations, and communities to prepare for, respond to, and recover from disasters. This includes emergency planning systems, public education and outreach, accessible sheltering and evacuation resources, healthcare continuity planning, and disaster recovery programs. Capacity also includes the ability of individuals and households to prepare for disasters, which is shaped by economic resources, access to information, and availability of support networks.

Governance

Governance refers to the legal, policy, and administrative structures that guide institutional coordination, disaster planning, response, and recovery. At the state and local levels, governance includes emergency management statutes, agency responsibilities, funding allocations, planning requirements, compliance oversight, resource allocation and coordination among emergency support functions. Governance frameworks determine whether disaster systems incorporate civil rights obligations, including compliance with the ADA and Section 504.

Applying the Framework

Disasters do not affect all communities equally. When these five dimensions—risk, vulnerability, exposure, capacity, and governance—interact, they shape disaster outcomes. Disparities in disaster impacts do not arise solely from the hazard itself but from how these structural factors combine within emergency management systems.

The analysis that follows applies this framework to examine disaster outcomes for Texans with disabilities, drawing on federal disaster recovery data, social vulnerability metrics, and state emergency management structures to evaluate whether current systems are producing equitable outcomes.

System Failure Model: From Hazard to Civil Rights Violations

Disaster outcomes are often framed as unavoidable consequences of extreme events. However, the evidence demonstrates that inequitable outcomes for people with disabilities typically arise from a sequence of preventable system failures rather than from the hazard itself.

To understand how these disparities occur, this paper applies a System Failure Model that illustrates how structural breakdowns in emergency management planning translate into measurable civil rights harms.

Hazard

A hazard is the initiating event that disrupts communities, such as a winter storm, hurricane, flood, wildfire, or other emergency. Hazards themselves are nondiscriminatory natural or technological phenomena; they affect geographic areas without regard to income, disability status, or demographic characteristics. The hazard creates the initial stress on infrastructure and community systems.

Infrastructure Failure

When hazards exceed the resilience of infrastructure systems, cascading failures can occur. These may include disruptions to electricity, water systems, transportation networks, telecommunications, healthcare infrastructure, and supply chains. Infrastructure disruptions are particularly consequential for individuals who rely on electricity-dependent durable medical equipment (DME), home-based healthcare services, transportation assistance, or assistive technologies.

Emergency Management Planning Gaps

Infrastructure disruptions alone do not determine outcomes. The degree to which communities experience harm depends heavily on the adequacy of emergency management planning. Planning gaps may include:

- Limited integration or absence of disability considerations across ESFs
- Insufficient accessible sheltering and evacuation resources and programming
- Lack of disability-inclusive training and operational guidance
- Inadequate public communication accessibility and transparency
- Limited stakeholder engagement with disability communities during planning processes

When these gaps exist, emergency response systems are less able to adapt to the diverse needs present within the population.

Disability Exclusion

Planning gaps often result in the exclusion of people with disabilities from emergency response systems. This exclusion can manifest in several ways:

- Barriers and denials to response and recovery programs, across all ESF's
- Ad hoc accommodations — emergency plans that rely on reactive accommodation rather than proactive inclusion
- Failure to recognize foreseeable harms in planning assumptions

Lack of inclusive planning or exclusion of disability-related needs prevents equitable opportunities to participate in and benefit from emergency programs and services.

Recovery Inequities

When exclusion occurs during the response phase, disparities continue and often intensify during recovery. Data consistently demonstrate that people with disabilities experience:

- Higher rates of displacement
- Longer periods of displacement
- Greater likelihood of living in unsafe or uninhabitable housing
- Increased risk of food, water, and utility insecurity
- Reduced access to disaster recovery programs and services

These inequities destabilize long-term housing, employment, healthcare access, and community integration.

Civil Rights Violations

When public emergency and disaster programs fail to provide equitable access to services, the resulting disparities may constitute violations of federal civil rights law. Title II of the ADA and Section 504 require that individuals with disabilities receive meaningful access to public programs, services, and activities—including those provided before, during and after disasters and emergencies.

When emergency management systems rely on ad hoc accommodations rather than inclusive planning, they fail to meet these legal obligations. In this context, disparities in disaster outcomes are not simply indicators of vulnerability; they reflect systemic noncompliance with civil rights protections.

Conceptual Model

Hazard
↓
Infrastructure Failure
↓
Emergency Management Planning Gaps
↓
Disability Exclusion
↓
Recovery Inequities
↓
Civil Rights Violations

This model illustrates that inequitable disaster outcomes are not unknown or unforeseeable. They are the result of identifiable structural failures that occur within emergency management systems. By addressing planning gaps, strengthening inclusive governance, and integrating disability considerations into disaster preparedness and response, these failures and the disparities they produce can be prevented.

Winter Storm URI: A Compliance Failure, Compounding Risks and Not Just a Weather Event

In February 2021, a historical winter event, Winter Strom Uri occurred that set many records and placed all 254 Texas counties under disaster declaration. Every county in the state as far south as the Rio Grande River and northeastern Mexico was placed under a Winter Storm Warning, with many experiencing wind chill values below zero. It was the coldest winter storm for Texas since December 1989. The Great Freeze lasted 8 days, 23 hours, and 23 minutes, with the last Hard Freeze Warning expiring on Saturday, February 20 at 9 a.m.

Though power outages occurred throughout the South, they were mostly concentrated in Texas. At the peak of the outage, nearly 10 million people were in the dark, lacking warmth and the ability to cook food. The freeze also caused infrastructure failures and disruptions such as water pipes to burst, water systems became inoperable and boil water advisories were issued in many counties.

The Department of State Health Services (DSHS) confirmed 246 deaths statewide in their official disaster related mortality surveillance report.[i] The cause of deaths: “exacerbation of pre-existing illness” (10%), motor vehicle accidents (9%), carbon monoxide poisoning (8%), fires (4%) and falls (4%). The report included both direct and indirect cause of death linked to the disaster and the timeline: most deaths occurred between February 11 and February 24, 2021, with some deaths reported as late as June 4, 2021, due to injuries sustained during the storm or delayed discovery of bodies. However, according to other statistical research the number of deaths is more likely between 500-700 deaths when accounting for anomalies compared to historical data.

With over 268,000 square miles, Texas is BIG. We have four physical regions from Gulf Coast Plains, North Central Plains, Great Plains and Basin Range and Province and eight climate zones ranging from Hot Desert, Cold Desert, Hot semi-arid, Cold Semi-arid, Humid Subtropical, Temperate Oceanic, Hot-summer Mediterranean, Warm-summer Mediterranean. Parts of Texas (people and infrastructure) are used to handling cold temperatures and winter weather.

Grid failure and cascading infrastructure disruptions compounded the meteorological event and significantly destabilized critical community lifelines, including electricity, potable water, heating systems, and healthcare continuity.

DRTx's post-Uri survey, *The forgotten faces of Winter Storm Uri*[ii] documented:

- Over 75% lost power
- Nearly 60% lost water
- Only 6% were registered in STEAR
- 70% reported inaccessible emergency notifications
- Individuals reliant on electricity for life-sustaining equipment were left without support

These outcomes are foreseeable and the product of emergency plans that failed to:

- Ensure accessible sheltering both architecturally and programmatic
- Provide accessible evacuation and transportation accommodations
- Pre-position medical equipment and assets to support autonomy and independence
- Integrate disability data into operational planning
- Engage disability stakeholders in mitigation and preparation

The ADA requires meaningful access to public programs and services, including emergency management. Yet, local emergency operation plans, for all types of disasters and risks across Texas routinely treat disability as an afterthought or limit planning to "special needs registries" that activate after harm has occurred.

The event illustrates a recurring structural issue: reactive or ad hoc accommodation models do not satisfy the proactive planning obligations required under Title II of the ADA and Section 504.

The Data: Disparities Are Quantifiable and Persistent

Census Pulse Survey data[iii]

Displacement

- Non-disabled displacement: ~1.5%
- Individuals unable to perform mobility tasks displacement: ~7.4%

People with disabilities are up to **5× more likely to be displaced.** More troubling:

- Non-disabled never returning home: 5.9%
- People with disabilities never returning home: 19.7%

That is a **3–11× increased risk of permanent displacement**. Permanent displacement is not merely housing instability. For many, it means: institutionalization, loss of community integration (Olmstead-relevant harm), long-term poverty entrenchment.

Utilities & Habitability

One-month post-disaster:

- Non-disabled utility loss: ~48%
- Individuals with significant functional limitations: up to 75–80%

Unsanitary housing:

- Non-disabled: ~13%
- Severe disability: 40%+

Uninhabitable housing:

- Non-disabled: ~5%
- Severe disability: 25–30%

That represents a **5–6× increased risk of living in uninhabitable housing**

Food & Economic Instability

People with disabilities are:

- 1.2–1.7× more likely to experience food shortages
- 1.3–1.5× more likely to experience water shortages
- ~2.5× more likely to experience post-disaster consumer exploitation

Texas Social Vulnerability

Disability disparities are also compounded by geography and other risks. Geography is a variable that matters in disasters because associated risks or hazards look different from area to area, as well as available resources and networks for supports.

Social Vulnerability Index (SVI) tools are datasets which aggregate specific metrics to identify communities most at risk for needing support before, during, and after hazardous events.[iv] It ranks U.S. Census tracts and counties based on 15-16 social factors and helps emergency planners and officials identify communities needing resources, reducing, and preventing human suffering and financial loss. The index utilizes U.S. Census data based on 15-16 social factors, organized into four primary themes: Socioeconomic Status (poverty, unemployment, income, education), Household Composition & Disability (elderly, children, disabled, single-parent households), Minority Status & Language (minority populations, English language proficiency), and Housing & Transportation (multi-unit structures, mobile homes, crowding, no vehicle, group quarters).

Another tool, FEMA's National Risk Index (NRI)[v] is designed to help identify U.S. communities most at risk from 18 natural hazards, such as floods, earthquakes, and wildfires. It calculates a baseline risk score for counties and census tracts by combining expected annual losses, social vulnerability, and community resilience. The tool assists with proactive hazard mitigation planning, enhancing resilience, and emergency management. Includes 18 hazards, including coastal flooding, drought, hurricanes, tornadoes, and wildfires. It integrates social vulnerability (SVI), community resilience (BRIC), and Expected Annual Loss datasets. It is used for identifying high-risk areas, informing mitigation strategies, and supporting grant applications.

In regions where broadband is limited, legal access is scarce, population density is low, and disability rates are high, post-disaster recovery delays become structural. Disability vulnerability does not operate in isolation. It intersects with poverty, rural isolation, aging populations, and housing instability.

Social Vulnerability Table

Region	# Counties	Pop/% of total	Pop. density (people/ mi^2)	Sq. mileage/% of TX	SVI Risk	Broadband Gap	Justice Access Risk
North Texas	30	8.3 million/ 32%	~307	27k/~10%	Moderate	Low-Moderate	Medium
Upper Gulf Coast	13	7.3 million/ 25%	~695	10.5k/~4%	Moderate	Low-Moderate	Medium
South Texas	47	2.4 million/ 8.3%	~53	45k/~17%	High	High	High
Central Texas	30	1.3 million/ 4.3%	~72	18k/~7%	High	High	High
East Texas	38	1.9 million/ 8%	~63	30k/~11%	High	High	High
West Texas	70	662,439/ 2.3%	~6	105k/~39%	Very High	Very High	Very High
Panhandle	26	434,358/1.7%	~17	26k/~10%	High	High	Very High
Statewide	254	31,290,831	n/a	n/a	n/a	n/a	n/a

Structural Risk Modeling: Disability, Disaster Risk, and Social Vulnerability

A mixed-methods analysis of Texas counties found statistically significant associations between disability prevalence, socioeconomic vulnerability, and disaster risk.[vi] Using cross-tabulation, chi-square testing, and regression modeling across federal datasets (U.S. Census disability prevalence, CDC Social Vulnerability Index, and FEMA National Risk Index), researchers identified that more than one-third of Texas counties exhibit overlapping high disability prevalence and high economic vulnerability. Counties with higher disability prevalence were also significantly more likely to experience elevated disaster risk scores, confirming that disability vulnerability and hazard exposure are structurally correlated.

- **33.46% of Texas counties** have both high disability prevalence and high economic vulnerability.
- **19.29% of counties** have high disability prevalence and high disaster risk.
- **Statistically significant relationships** exist between disability prevalence, economic vulnerability, and disaster risk ($p < .05$).

The data exists. The integration does not. These patterns are not episodic. They are systemic.

State Program

In order to receive a federal disaster declaration, certain fiscal thresholds must be met to show that capacity has been reached and the jurisdiction is in need of additional supports both for local and state governments, as well as unmet needs of the disaster survivors.

In Texas it starts with damage assessments. The Texas Division of Emergency Management (TDEM) conducts the Initial Damage Assessments (IDA), which could lead to Preliminary Damage Assessments (PDA) (with FEMA) for reporting for potential Individual Assistance (IA) and Public Assistance (PA) requests under the FEMA framework. These assessments include a public facing tool, Individual State of Texas Assessment Tool (iSTAT), typically focus on: structural damage categories (Affected, Minor, Major, Destroyed), infrastructure impacts, economic thresholds, insurance coverage, displacement counts, unmet needs estimates.[vii]

The core damage assessment templates align with FEMA's guidance and standards and threshold methodology, which is property-centric, not population-centric and prioritize structural and economic loss metrics. Population-level vulnerability metrics, including disability prevalence and functional needs, are not systematically embedded within threshold methodologies for declaration requests.

TDEM Data Table

Winter Storm Uri DR 4586 TDEM[viii]	Number
Total Structural Damage reported	32,540
Owner/Renter	27,091/5,143
Insurance coverage/none	21,600/5,400
Personal Property Damage-Frozen Pipes	72.8%
Personal Property-No Running Water	52.7%

Federal Programs

Under a Federal or Major Disaster Declaration (MDD), approved by the President, additional programs become available such as FEMA Public and Individual Assistance Programs, Small Business Administration (SBA) Disaster Loan Program, and Housing and Urban Development (HUD) Community Development Block Grant-Disaster Recovery (CDBG-DR)*. All programs assist both survivors and the communities to recover and rebuild. While state agencies work in conjunction with these programs, administration and oversight, as well as nondiscriminatory obligations lies with the federal agencies.

*Supplemental appropriations are approved by congressional authority for allocations per MDD.

Data provided below from these federal programs reiterates the overall need in communities after Winter Storm Uri in 2021.

FEMA IA Data Table

Winter Storm Uri DR 4586[ix] FEMA-Individual Assistance (IA)	Amount
Total Housing Assistance (HA) - Dollars Approved	$182,111,272.91
Total Other Needs Assistance (ONA) - Dollars Approved	$20,831,580.90
Total Individuals & Households Program Dollars Approved	$202,942,853.81
Individual Assistance Applications Approved	60329
Total Applications-IA	303,449

80% denial rate for FEMA IA, applicants with disabilities data not reported

SBA Disaster Loans Data Table

Winter Storm Uri SBA[x] Disaster loans-homeowners	Amount
Total Housing Loans- Dollars Approved	$154,777,102
Total Loss Verified-TX	$311,541,811
Average Loan	$142,520
Average Loss	$249,633
Total Applications	1,478

26.5% denial rate, applicants with disabilities not reported

HUD CDBG-DR Data Table

Winter Storm Uri HUD CDBG-DR	Amount
General Land Office (GLO) Disaster Recovery[xi]	$43,632,000
City of Houston	$50,095,000
City of Dallas	$27,472,000
Average rehabilitation/reconstruct cost caps	$100,000/$300,000
Total Applications	Still live

Some programs still currently active and accepting applications

This data is critical because people with disabilities are disproportionately denied equal participation in, and benefit from, federal recovery programs, further deepening existing disparities. Examining data from FEMA, SBA, and HUD is essential because it illustrates the resources made available to communities for recovery and underscores the importance of resilience built through inclusive planning and mitigation.

As federal disaster policy continues to evolve, with increasing emphasis on state and local responsibility for disaster planning, implementation, and compliance, the need for clear and consistent statewide guidance becomes even more critical. Proactive leadership at the state level will help ensure that Texas communities are prepared to meet emerging expectations while protecting the whole community and supporting local governments in fulfilling their responsibilities.

State-Level Capacity Without Disability Integration

State law, Texas Disaster Act, creates statutory duties and a governance structure for emergency management; it makes clear that both the governor and local authorities have responsibilities to plan for and respond to disasters.[xii] Disaster declarations allow for emergency powers at local, state and federal levels and activates emergency operation plans in response to an event. The Stafford Act, a federal law, governs how the federal government responds when state and local capacity is overwhelmed.[xiii] The duties, obligations and responsibilities of emergency management at all levels is to organize, plan, prepare and provide efficient and equitable response and recovery measures.

TDEM is the state agency responsible for carrying out Texas' emergency management program under the framework established in Texas Government Code Chapter 418 (the Texas Disaster Act of 1975). It operates within the Texas A&M University System, but its statutory authority flows directly from state law and the Governor. TDEM's statutory authority is not advisory nor regulatory, it is operational authority.

While disasters start and end locally, TDEM implements the State emergency operation plan (EOP) and all ESFs during events to support and coordinate mobilization of resources and assets with local jurisdictions. TDEM also maintains authority and oversight of compliance of all local plans; provides planning guidance, standards and technical assistance; conducts training and exercises, administers mutual aid systems and is the liaison and joint operational officers with FEMA for federal declared disasters.

TDEM:

- Operates with approximately $80 million in general revenue
- Receives nearly $2 billion in FEMA funding (for specific disasters, mitigation, preparation, and recovery grants)
- Received additional appropriations under SB 30, 88th Texas Legislative Session (Keeping Texas Prepared)
- Increased full time employee (FTE) by nearly 30% within the last two years[xiv]

Yet:

- Texas Emergency Management Advisory Council (TEMAC) no longer supports the Disability Task Force, previously operating as a working group to the council
- No dedicated disability integration division or staff within TDEM
- No robust disability-specific training, research or education on inclusive planning, preparation or community lifelines for disability community within TDEM's guidance, Texas A&M AgriLife Extension (AgriLife), Texas A&M Engineering Extension Services (TEEX) publications or course catalog[xv]
- The State of Texas Emergency Assistance Registry (STEAR) appears to function primarily as a post-event contact list rather than a mitigation planning tool
- After SB 968 turned into state law under Ch. 418, Wellness Checks are now required for those identified as medically fragile in STEAR[xvi]. However there remains little guidance from TDEM on inclusive planning best practices and standards.

Absent structured disability integration mechanisms and expertise, expanded funding and staffing capacity may not translate into improved compliance outcomes and perpetuates structural inequity and noncompliance. The absence of disability expertise in statewide coordination means local jurisdictions receive inconsistent or minimal guidance on compliance obligations under the ADA and Section 504 and best practice for whole community planning and mitigation.

Preparedness Gaps: The Burden Is Shifted to Individuals

We all have obligations to be prepared for ourselves and those we are responsible for. What that looks like will depend on individual capacity, and the environment in which you are preparing. Disasters can happen anywhere, while on the job, at school, home or in the community, so it is critical to understand who is and who will be providing what, based on the environment you or others are in.

A sample of the 25 highest-risk counties identified through the previously referenced risk modeling data was reviewed. An evaluation of county websites revealed significant gaps in the public transparency and accessibility of emergency planning documents, particularly for residents with disabilities.

Only 28% of counties (7 of 25) provided a publicly accessible disaster preparedness plan or guide on their website. The remaining 72% of counties either did not publish a plan online or did not make it readily locatable by the public. Access to the Emergency Operations Plan (EOP) itself was even more limited: only 20%

of counties (5 of 25) made the EOP available or downloadable online, while 80% provided no publicly accessible EOP.

Accessibility of disability-related planning materials was especially limited. Only 8% of counties (2 of 25) provided accessible annexes or planning documents addressing disability or functional needs. Similarly, only 28% of counties included any direct website information addressing disability, access and functional needs (AFN), or functional needs support services (FNSS). Across the counties reviewed, no jurisdiction consistently demonstrated inclusive disability language or accessible communication practices across disaster planning materials.

These findings suggest that most counties do not currently provide residents with transparent or accessible access to emergency planning information, creating barriers for community preparedness and participation.

The lack of publicly available and accessible plans raises concerns regarding ADA compliance, whole-community planning expectations, and the ability of residents, particularly individuals with disabilities, to meaningfully understand and prepare for local disaster procedures.

DRTx's 2023–2025 Disaster Resilience Survey, an informal survey of the disability community, reveal a consistent pattern over the past several years and reinforce lack of preparedness in the disability community:

- 45-55% of respondents reported being not prepared
- 64-74% do not have evacuation/shelter plans
- 80-89% do not know how to refill prescriptions during disasters
- 70% lack backup power
- 77% lack backup for in-home healthcare/support
- The most cited barrier: money (62%), followed by lack of knowledge and disability-related barriers

Preparedness messaging that places responsibility and burdens solely on individuals ignores:

- Poverty disparities
- Preparedness and capacity inequities
- Infrastructure inaccessibility
- Lack of inclusive education and outreach
- Forced institutionalizations, ignoring autonomy and independence for individuals with disabilities
- Government planning failures

Preparedness strategies that rely primarily on individual self-sufficiency without ensuring systemic accessibility to information and education for better preparedness, inclusive planning and mitigation processes, shifts burdens to populations with reduced capacity and ignores lawful and moral obligations to protected individuals.

Litigation as a Catalyst: The San Antonio Example

State law does not, by itself, establish an individual enforceable right (e.g., a cause of action) for members of the public to demand specific protective actions or compensation based solely on the existence of a disaster. The obligations are to organize, plan, prepare, and act through emergency plans and declarations, not a guarantee of specific outcomes. The enforcement of statutes and regulations typically occurs through administrative compliance, not direct private lawsuits for failure to act. However, the ADA and Section 504 ensure meaningful access to public programs and a private right of action for discriminatory barriers.

The legal imperative, Federal disability law does not pause during emergencies. Title II of the ADA/504 require:

- meaningful access to programs, services, and activities;
- reasonable modifications;
- effective communication; and
- integration mandate compliance.

The National Council on Disability and the U.S. Commission on Civil Rights have documented repeated failures in emergency management to uphold these obligations.[xvii] When people with disabilities are: excluded from evacuation, segregated in shelters, unable to access distribution sites, disproportionately displaced that is not vulnerability. That is discrimination. Ad hoc accommodations in disasters are unlawful because it isn't reasonable in the situation. The reasonable accommodation is to modify the program/policy/procedure and have an inclusive planning process to recognize and accommodate the disability related needs to afford equitable opportunities in response and recovery measures.

Following Winter Storm Uri, Disability Rights Texas filed suit against the City of San Antonio under the ADA. After filing the lawsuit, a procedural avenue was afforded for a collaborative corrective action. The case resulted in:

- revised Emergency Operations Plan,
- dedicated disability planning staff,
- accessible emergency support functions, and
- an inclusive planning process and formalized stakeholder engagement.

Unfortunately, this demonstrates what voluntary compliance often fails to achieve. Litigation should not be the primary driver of inclusive planning. But where compliance is absent, it becomes necessary.

The Path Forward: Structural Reforms

To move from reactive accommodation to systemic compliance, Texas must:

Establish statewide disability integration infrastructure

- Dedicated disability integration staff and expertise across state agencies with responsibilities in disaster response and recovery.
- Curriculum development on best practices and standards for inclusive planning and mandatory disability compliance training for all emergency management and emergency support function personnel.
- Integration of disability metrics into planning and hazard mitigation funding.
- Training/education on best practices and standards for horizontal and vertical planning integration across ESFs.

Integrate disability data into planning

- Use SVI and disability data and prevalence in mitigation prioritization and baseline assumptions in planning.
- Engage Disability Subject Matter Expertise in Threat Hazard and Identification of Risk Assessment/Stakeholder Preparedness Review (THIRA/SPR) process to address impact of events and integrate with mitigating impacts and disruptions to community lifelines.

- Require local jurisdictions to document ADA compliance in EOPs, ESF/Annexes.
- Track disability-specific outcome metrics post-disaster.

Replace registry-dependent planning

- Eliminate reliance on special needs registries as primary planning tools, shift to whole-community inclusion embedded in all ESFs with reliance on inclusive planning process.
- Ensure disability community has representation and opportunity to engage in planning and development process.

Strengthen governance and oversight, accountability and expertise

- State-level audits of local EOP disability compliance.
- Clear corrective action requirements.
- Public transparency of accessibility measures.
- Whole Community Engagement-Inclusive Education and Training on Preparedness.

Conclusion

Disasters are often described as unpredictable events beyond human control. However, the outcomes of disasters are deeply influenced by the systems designed to manage them. Disasters are increasing in severity and frequency. The question is whether Texas will continue to accept predictable, preventable disparities for 25% of its population.

For people with disabilities, these failures can translate into barriers to safety, delayed recovery, and exclusion from critical services and programs. Available data demonstrate recurring and continuing disparities for Texans with disabilities. The persistence of disparities indicates the need for systematic integration of disability compliance into statewide emergency management structures. By integrating disability inclusion into the core of emergency management systems, communities can strengthen resilience, reduce disaster impacts, and uphold the fundamental principle that public safety must be accessible to all.

Twenty years after Katrina and Rita, eight years after Harvey and five years after Winter Storm Uri, disability inclusion remains inconsistent, underprioritized, and under-enforced in Texas. Disasters are inevitable. Discriminatory outcomes are not.

[i] Department of State Health Services (DSHS) disaster-related mortality surveillance-*February 2021 Winter Storm-Related Deaths*, Dec. 2021.

[ii] Disability Rights Texas (DRTx)-*The Forgotten Faces of Winter Storm URI: The Impact on Texans with Disabilities When We Fail to Conduct Inclusive Disaster Planning and Preparedness*, April 2021.

[iii] United States Census Bureau-Census Data-*Household Pulse Survey*, October 2024.

[iv]Center for Disease Control (CDC) Geospatial Research Analysis and Service Program-*Social Vulnerability Index (SVI)*, May 2024

[v] Federal Emergency Management Agency (FEMA), National Risk Index (NRI)-Resilience Analysis and Planning Tool, Dec. 2025

[vi] Marsh, A. *Enhancing Inclusive Disaster Planning for Persons with Disabilities in Texas* , University of Colorado Denver School of Public Affairs (2024).

[vii] TDEM Individual State of Texas Assessment Tool (iSTAT)

[viii] TDEM iSTAT results as reported March 2021.

[ix] FEMA, *DR 4586*, last visited Feb. 2026.

[x] Small Business Administration (SBA) Disaster Assistance data, last visited Feb. 2026.

[xi] Texas General Land Office (GLO) Disaster Recovery, last visited Feb. 2026.

[xii] Texas Disaster Act, Texas Government Code CH. 418 et seq.

[xiii] The Stafford Act, 42 U.S.C. Ch. 68 § 5121 et seq.

[xiv] Texas Legislative Budget Board (LBB) TDEM Budget 2023 and TDEM Budget 2025, last visited Feb. 2026.

[xv] TDEM training, TEEX course, AgriLife Extension, last visited Feb. 2026.

[xvi] TX Gov't Code- Subchapter i. Wellness checks for medically fragile individuals during certain emergencies CH. 418.251-257.

[xvii] US Commission on Civil Rights-*CIVIL RIGHTS AND PROTECTIONS During the Federal Response to Hurricanes Harvey and María*, Statutory Report 2022 and Nation Council on Disability *The Impact of Extreme Weather events on People with Disabilities*, May 2023.