

**DISASTER EQUITY:
PREPAREDNESS,
RESPONSE, AND
RECOVERY FOR
LGBTQIA+ PATIENTS
OF HEALTH CENTERS**



Emergency management assumes that the status quo is a non-emergency. But what about those who live life in a constant state of emergency?



Reverend Naomi Washington-Leapheart: Director for Faith-Based and Interfaith Affairs, City of Philadelphia; Senior Leader: The Fellowship of Affirming Minorities.³

INTRODUCTION

Lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexually and gender diverse (LGBTQIA+) people exist in all communities and are incredibly diverse in terms of race, ethnicity, sexual orientation, gender identity, socioeconomic status, ability, etc.¹ Importantly, LGBTQIA+ people are underrepresented in disaster and climate infrastructure and policies, yet are overrepresented in populations that are known to be the most impacted by natural disasters—such as those burdened with chronic illness, who are unhoused, or have limited access to healthcare.²

Climate change and natural disasters pose substantial threats to communities, the effects of which are exacerbated by inequalities in vulnerable populations—particularly those with intersectional marginalized identities (e.g., LGBTQIA+ people who are Black, Indigenous, and/or have a disability) and are disproportionately affected by chronic disease. Thus, it is vital that health centers pay special attention to the marginalized communities who have been historically forgotten in emergency preparedness and response plans. Social determinants of health such as stigma, discrimination, violence, neighborhood characteristics, transportation, and a lack of recognition of families and relationships in institutional policies dramatically impact the effects of natural disasters on LGBTQIA+ people.

How can we ensure equity for LGBTQIA+ communities throughout the disaster management lifecycle, from prevention and mitigation to post-disaster? This publication will summarize the issues at hand and provide strategies for health centers to promote disaster management equity for LGBTQIA+ patients.

DISASTER AND DISPLACEMENT RISK FOR LGBTQIA+ POPULATIONS

Determinants of health are factors that affect health outcomes in all people. These determinants occur at multiple levels: structural, social, and individual. Structural determinants of health for LGBTQIA+ people include a lack of policy protections in employment, housing, and health care. In addition, gaps in local and state-level data on sexual orientation and gender identity can render LGBTQIA+ people invisible in emergency management policies.^{2,4,5}

LGBTQIA+ people also experience considerable disparities in social and individual determinants of health. Specifically, a large evidence base has consistently found that LGBTQIA+ populations experience a higher prevalence of homelessness, substance use disorders, mental health challenges, and poverty, as well as increased exposure to pollution, which are all associated with chronic disease and poorer health outcomes.^{1,2,6-8} These challenges put LGBTQIA+ communities at higher risk of displacement in the face of disaster, reduce their overall capacity to respond to disasters, and make it more difficult to access necessary services.^{1,9} A recent study using US Census Bureau Household Pulse Survey data shows that the percentage of LGBTQIA+ people displaced from disaster is significantly higher than that of cisgender/heterosexual (i.e., non-LGBTQIA+) populations, and that race, ethnicity, and income are significant intersecting factors.⁹ Moreover, this study confirms that LGBTQIA+ people experience significantly higher rates of permanent displacement, food and water insecurity, unsanitary conditions, feelings of isolation, and fear of crime as a result of disaster.

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Based on interviews and analysis of government data, we saw that in the disaster policy from federal to state to local, that many LGBTQIA+ communities are rendered invisible in those disaster policies. They are not acknowledged, or their disparate vulnerabilities and impacts are not prioritized...

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Dr. Michael Méndez, Assistant Professor, University of California, Irvine; Justice, Equity, Diversity, and Sustainability Initiative.³

WHAT IS DISASTER EQUITY?

Recent emergencies, including natural disasters and the COVID-19 pandemic, have clearly demonstrated that structural, social, and individual determinants of health both exacerbate the effects of disasters on marginalized communities and result in poorer post-disaster outcomes.^{1,2,9} Although there are at least 20 million adults who identify as LGBTQIA+ in the U.S.¹⁰—nearly 8% of the adult population—LGBTQIA+ individuals are rarely mentioned as a key population in national or regional disaster policies.² This gap is particularly important because many LGBTQIA+ people experience social and structural inequalities in their everyday lives that are further amplified in times of disaster. Furthermore, data for LGBTQIA+ people experiencing natural disasters are virtually non-existent, resulting not only in disaster inequity, but also data inequity.^{1,3,9} *Thus, closing this data gap has become a priority for disaster and emergency management organizations at all levels.*

Key terms:

Equity is defined as “the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latin, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.”¹¹

Disaster Equity is defined as, “The provision of community-specific services and resources for disaster survivors that are accessible, and culturally and linguistically tailored to mitigate disparities in health and well-being and support resilience.”^{11,12}

Equity is Goal 1 in the 2022–2026 Federal Emergency Management Agency (FEMA) Strategic Plan.¹³

Goal 1: Instill equity as a foundation of emergency management

- 1** Cultivate a FEMA that prioritizes and harnesses a diverse workforce.
- 2** Remove barriers to FEMA programs through a “people first” approach.
- 3** Achieve equitable outcomes for those we serve.

DISASTER AND COMPOUNDED INEQUITIES

The magnified effects of disaster on marginalized or multiply marginalized individuals and populations deepen existing traumas. Notably, LGBTQIA+ people—especially those who are transgender and gender diverse—are significantly more likely to have PTSD; experience high levels of harassment, interpersonal violence, and discrimination; and perceive less social support than cisgender individuals.¹⁴⁻¹⁶ Transgender and gender diverse youth have significantly higher rates of depression, anxiety, suicidal ideation, and self-harm compared to their cisgender and sexual minority peers.^{17,18} Additionally, older LGBTQIA+ people—and most notably those who are Black and/or Latine^a—are more likely to live in poverty and isolation, report low levels of social support, have ‘chosen family’ (i.e., close friends serving as social supports and caregivers who are not biologically or legally related), have chronic illnesses, have difficulty accessing services, and are known to be at higher risk for poor health outcomes from climatic factors and disasters.¹⁹⁻²¹ Thus, it is important for health centers to consider how disasters can exacerbate these issues and incorporate this knowledge into disaster planning, response, and recovery.^{3,19,22}

The amplification of disaster on existing inequities has been referred to as the “Disaster Triple Whammy” (Dr. Daniel Dodgen, U.S. Department of Health and Human Services).¹⁹

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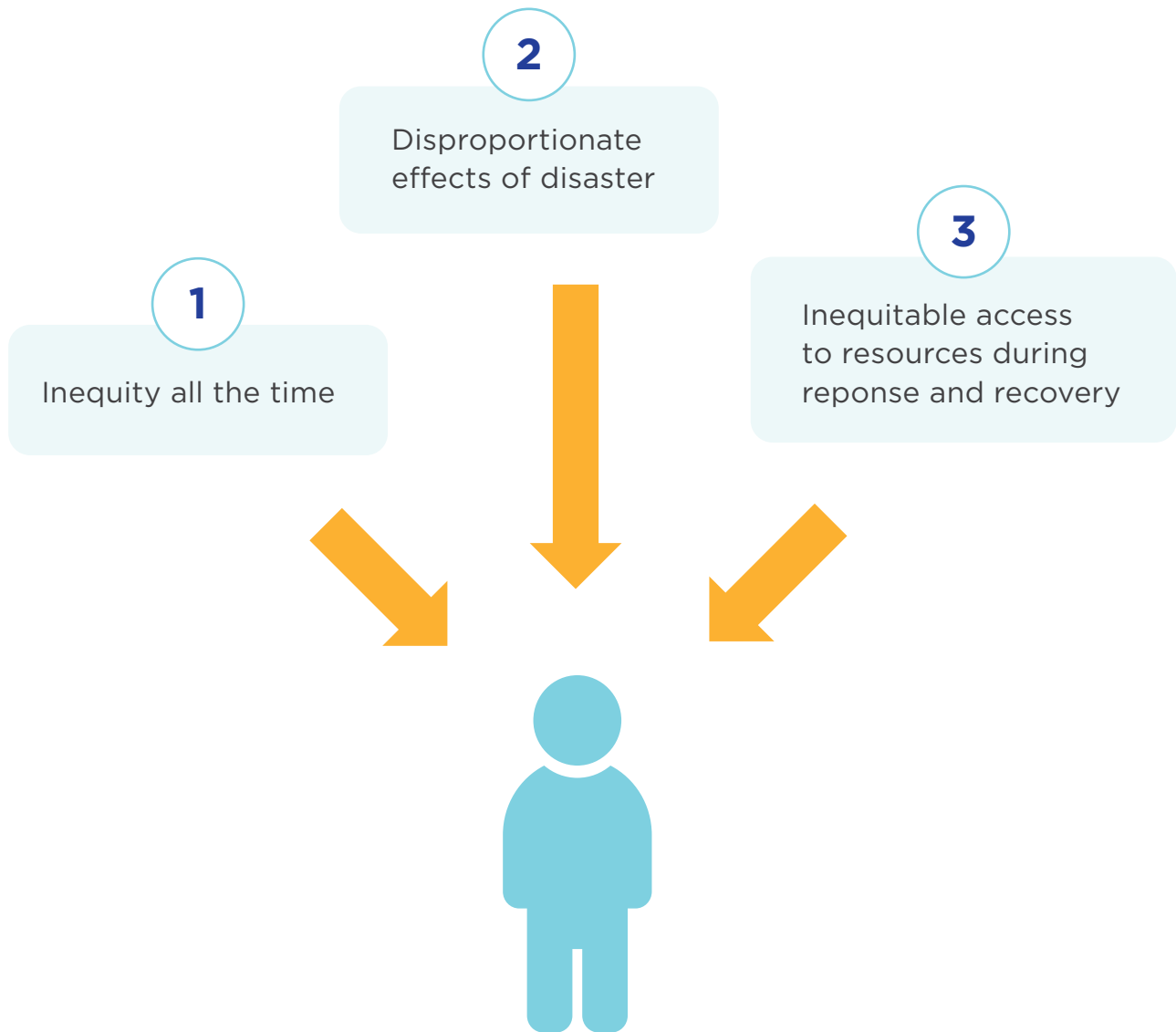
All disasters—whether it’s a natural disaster, extreme weather event, or a pandemic—expose underlying inequities in our communities.

”

Dr. Daniel Dodgen: Senior Advisor for Strategy, Policy, Planning, and Requirements and Assistant Secretary for Preparedness and Response at the U.S. Dept of Health and Human Services¹⁹

^a Latine is a gender-inclusive term that refers to people of Latin American origin or descent.

DISASTER TRIPLE WHAMMY OF INEQUITY



LGBTQIA+ people who experience daily inequities are disproportionately affected by climate and disaster, and experience inequities in accessing resources during response and recovery, compounding the effects of all three experiences. This reality underscores the importance of including LGBTQIA+ people in disaster management plans.

EXAMPLES OF DISASTER INEQUITY FOR LGBTQIA+ PEOPLE

The following real-world examples of disaster inequity underscore areas that need considerable improvement to ensure safe, humane, and equitable experiences for LGBTQIA+ populations during disaster and climate-related hazards.

A bisexual woman seeking employment in disaster work was hired as a temporary rather than permanent employee by an organization that discriminated in hiring practices and would not hire people who were openly LGBTQIA+.³

The number of LGBTQIA+ teens and youth experiencing homelessness in Houston, TX is disproportionately high, as they flee unaccepting homes in the south. During hurricane Harvey, which caused catastrophic flooding, ~20 teens and youth experiencing homelessness were able to pick up survival kits at a drop-in center that serves LGBTQIA+ youth. An advocate at the center was concerned that they would not go to shelters for fear of how they might be treated and might be sexually exploited for shelter.²⁴

Some community members and some news stations blamed hurricanes Harvey, Katrina, and Rita on the existence of LGBTQIA+ people and allies, deepening existing stigma, discrimination, and trauma in these vulnerable populations.²⁵

Black transgender women were arrested using the bathroom of their gender at emergency shelters in Houston, TX.³

During the Tubbs Fire in 2017, and more recent wildfires, transgender women farmworkers were at higher risk of exposure to poor air quality, as they had little to no income and experienced discrimination based on race and gender identity. They were undocumented and reticent to trust relief workers owing to previous experiences of stigma and discrimination.¹⁹

Two lesbians wanting safe passage in New Orleans, LA after a hurricane went to three shelters before finally stating that they were sisters so they could be put in the same room, indicating the need for broad considerations about how family is dealt with in the wake of disaster.³

Nearly one-third of transgender people have been rejected from an emergency shelter.²³



Use data stories and narratives to... take a human-centered approach to disaster policy.

Dr. Michael Méndez, Assistant Professor, University of California, Irvine; Justice, Equity, Diversity, and Sustainability Initiative.³



HEALTH CENTER STRATEGIES FOR PROMOTING DISASTER EQUITY

Before Disaster Strikes

- Create welcoming, affirming, and inclusive care environments for LGBTQIA+ patients so they will feel safe seeking assistance at your health center during a disaster or other emergency
- Educate and train staff on providing culturally responsive care and services for LGBTQIA+ people
- Develop nondiscrimination policies and equity statements that include sexual orientation, gender identity, and gender expression
- Use a trauma-informed approach to care and create an environment of diversity and inclusion in your health center
- Collect SOGI data from all patients using best practices guidelines,^{4,28} and analyze patient sexual orientation and gender identity (SOGI) data to better understand who is in your health center^{4,26}
- Use tools such as the [Disaster Equity Checklist](#) to advance disaster equity before, during, and after disaster²⁷
- Adopt a people-centered approach when creating disaster policies and emergency management plans³
- Become involved in community-level disaster preparation committees and advocate for all of your underrepresented patients and community members
- Establish relationships with local LGBTQIA+ organizations and become a trusted partner; often community health workers/peer health navigators are well-poised to build these relationships



- Recognize that although tightly-bonded communities such as LGBTQIA+ people have remarkable community resilience, they must still be included as partners in preparedness planning before disaster strikes³
- Include LGBTQIA+ community members in your disaster planning, for example:
 - » Meet with LGBTQIA+ community groups and leaders
 - » Form a community advisory board inclusive of LGBTQIA+ people, and ask for input and feedback on your plans
 - » Form an LGBTQIA+ staff resource group, and ask for input and feedback on your plans
- Consider that LGBTQIA+ people—particularly adolescents and older adults—may have a chosen family (i.e., family consisting of friends and partners) owing to estrangement from birth families; despite the importance of social networks in LGBTQIA+ communities, consideration of chosen family is largely absent from disaster planning
- Enable patients to self-determine who their emergency contacts should be, who is granted access to health information, and who can help in making medical decisions
- Talk with emergency shelter providers about sheltering LGBTQIA+ couples and families and transgender and gender diverse people; providers may not recognize same-gender couples, or may have policies that require people to shelter according to their sex assigned at birth, without regard for gender identity, and thus put transgender and gender diverse people at risk of harassment and violent attacks
- Encourage LGBTQIA+ patients to be prepared for emergencies, as with other patients, and to have ready access to important documents when they need them
- Counsel LGBTQIA+ patients to have enough medication doses (e.g., hormone therapy, HIV medications) to carry them through disasters



If the word hospitality works more for your folks than social justice or inclusion, focus this work on hospitality...that's at the heart of this work. Welcoming others as they want to be welcomed. Treating others as they wish to be treated Connect this work of LGBTQIA+ inclusion to the good work your folks are already doing.



Pastor Lindsey Bell Kerr: Christ Church United Methodist.

During Disaster

- Strive to understand that LGBTQIA+ people exist in all communities and that there is not one single set of criteria that define them (e.g., they can be unhoused, disabled, undocumented, in rural communities, people of color, disabled, etc.); be aware of ALL risk factors so you can respond to those needs during disaster^{3,19}
- Reach out to LGBTQIA+ allies and organizations to support and coordinate in the midst of disaster
- Ensure that your communications during disasters go through media/social media sources that are trusted by the LGBTQIA+ community; mention in your media announcements that you welcome the LGBTQIA+ community
- Extend support to any staff who may be members of marginalized communities: How can you ensure that they can still operate?¹⁹
- Recruit LGBTQIA+ staff members and community volunteers to assist during times of emergency; encourage LGBTQIA+ people to work and volunteer at your health center by advertising in LGBTQIA+ media and by being visible at local LGBTQIA+ events
- Recognize, affirm, and support non-traditional family structures (e.g., chosen families; families wherein one spouse or partner may not have legal guardianship of the children) and understand that during an emergency, people may not have had time to gather legal documents, such as powers of attorney or adoption decrees
- Recognize that hate crimes and other acts of anti-LGBTQIA+ violence may become exacerbated during times of crisis, creating the need for emergency health services and mental health support
- Recognize that social services supplied to communities in response to disasters may be provided by faith-based organizations that are legally allowed to refuse service to LGBTQIA+ people^{2,3}
- Provide equitable access to shelter, services, and resources during disasters regardless of race, ethnicity, sexual orientation, gender identity, family constellation, ability, or any intersection of these identities

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If we're thinking about it when disaster strikes,
it's too late.

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Anne Bink, Director of Mitigation and Resilience, IEM; former Associate Administrator of the Office of Response and Recovery, FEMA

After Disaster

- In mass care or recovery settings, be mindful of how you talk about people when they are not in your presence, as the culture of organization is often translated into policies and practice³
- Embrace the role of art in disaster recovery; for example, health centers can participate in community-based art projects such as murals to help people heal from disaster¹⁹
- Perform post-disaster assessments to evaluate the impact of disaster on members of your community and advance and promote equity in disaster recovery (e.g., [Equitable Disaster Recovery Assessment Guide & Checklist: Advancing Equity in Post-Disaster Recovery Operations](#))
- Collaborate with research partners to capture stories and experiences for vulnerable peoples through data, interviews, and narratives to refine human-centered approaches



In the city of New York, with its great cosmopolitan population, there is no greater danger to the health, morals, safety and welfare of the city and its inhabitants than the existence of groups prejudiced against one another and antagonistic to each other because of their actual or perceived differences.



The New York City Administrative Code, Title 8: Civil Rights.
Chapter 1 - Commission on Human Rights. § 8-101. Policy. 22778502.2

Systems-Level Considerations

- Shift beyond utilitarian principles of what will have the most impact for the majority of people; prioritize equity in disaster management²⁹
- Shift away from historical norms in disaster relief; ensure that aid in the wake of disaster is not biased towards people with assets and also reaches people at the margins.^{3,29}
- Keep in mind that Emergency Management degree programs are increasing in educational systems nationwide; thus, there is currently a unique opportunity to raise awareness of LGBTQIA+ needs among future emergency managers³⁰
- Recognize that changes taking place at the institutional level (e.g., amending policies) can cascade down and have substantial impacts and elicit real changes at all levels^{3,19}

KEY TAKEAWAYS FOR HEALTH CENTERS

- 1 Utilize tools such as the Diversity Equity Checklist in disaster planning, response, and recovery
- 2 Build trust through partnerships with LGBTQIA+ organizations and leaders
- 3 Include LGBTQIA+ people in disaster planning, response, and recovery
- 4 Identify emergency shelters and service providers that welcome LGBTQIA+ families and individuals
- 5 Recognize, affirm, and support chosen families and other non-traditional family structures
- 6 Conduct post-disaster assessments inclusive of LGBTQIA+ respondents and identify interventions for improving future outcomes

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Be familiar with laws that protect against discrimination. Any activity covered under the Affordable Care Act cannot discriminate. Be bolder about sharing that there are protections in the law, sometimes people just don't know. This is where technical assistance can be helpful. We don't just plan for response; we plan for recovery and mitigation.

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Dr. Daniel Dodgen: Senior Advisor for Strategy, Policy, Planning, and Requirements and Assistant Secretary for Preparedness and Response at the U.S. Dept of Health and Human Services¹⁹

TOOLS AND RESOURCES

LGBTQIA+ Health Education Center

Visit the National LGBTQIA+ Health Education Center for information on providing culturally affirming care environments and collecting SOGI data

FEMA Webinars

[Helping the LGBTQ+ Community Before Disasters: Preparedness and Mitigation Considerations](#)

[Helping LGBTQ+ Survivors After Disasters: Response and Recovery Considerations](#)

[Understanding the Impacts of Disasters on LGBTQ+ Individuals Using Census Data Agenda](#)

More Resources

[Out for Sustainability Report: Inclusive and Equitable Emergency Management for LGBTQIA+ Communities](#)

[Amplified Harm: LGBTQ+ Displacement](#)

[Representing Lived Experience in the Climate and Economic Justice Screening Tool: Proceedings of a Workshop in Brief \(2023\)](#)

[Racial Justice & Equity – New York City VOAD](#)

[Movement Advancement Project | Snapshot: LGBTQ Equality by State](#)

[Disaster Equity Checklist](#)

[Equitable Disaster Recovery Assessment Guide & Checklist: Advancing Equity in Post-Disaster Recovery Operations](#)

[Community Lifelines Implementation Toolkit](#)

[Recommendations on the Best Practices for the Collection of Sexual Orientation and Gender Identity Data on Federal Statistical Surveys](#)

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Disasters expand and make visible community injustices. Disasters are not equally experienced across our communities, and at the same time, our response to community in disasters brings new relationships...new alliances, new experiences of shared identity, and shared hope for a better future.

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Maggie Jarry, Senior Advisor of Trauma and Behavioral Health,
Substance Abuse and Mental Health Services Administration,
U.S. Department of Health and Human Services

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