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the Dialogue

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LGBTQIA+ Communities and Disasters

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The Dialogue is a quarterly technical assistance journal on disaster behavioral health which is produced by the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC). Through the pages of *The Dialogue*, disaster behavioral health professionals share information and resources while examining the disaster behavioral health preparedness and response issues that are important to the field. *The Dialogue* also provides a comprehensive look at the disaster training and technical assistance services SAMHSA DTAC provides to prepare states, territories, tribes, and local entities so they can deliver an effective disaster behavioral health response.

SAMHSA DTAC provides disaster technical assistance, training, consultation, resources, information exchange, and knowledge brokering to help disaster behavioral health professionals plan for and respond effectively to mental health and substance misuse needs following a disaster.

To learn more or receive *The Dialogue*, please call 1-800-308-3515, email dtac@samhsa.hhs.gov, or visit the SAMHSA DTAC website at <https://www.samhsa.gov/dtac>.

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In This Issue

In recent years, communities of people who are LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, and part of other gender identity and sexual orientation minority populations) have gained visibility, accompanied by significant advancements in civil rights, legal protections, and social acceptance. However, despite these positive strides, these communities face challenges, including those stemming from natural or human-caused disasters. Disasters not only amplify preexisting inequalities but also expose unique vulnerabilities within LGBTQIA+ populations, significantly impacting mental health and overall well-being.

Understanding how to best serve LGBTQIA+ communities' disaster behavioral health needs requires a multidisciplinary approach that draws upon insights from fields such as psychology, sociology, public health, emergency management, and social work, and most importantly, from LGBTQIA+ individuals and communities. Such an approach allows for a better understanding of the factors that shape the experiences of LGBTQIA+ individuals before, during, and after disasters, as well as the specific challenges they face when accessing and receiving adequate mental health and substance use support and care.

This issue of *The Dialogue* seeks to shed light on the unique challenges LGBTQIA+ individuals face during disasters and strategies for improvement. We aim to advance knowledge and promote evidence-based practices that can better address the needs of LGBTQIA+ individuals in disaster situations, ultimately contributing to more inclusive and effective disaster response and recovery efforts.

The issues impacting behavioral health disparities and vulnerabilities among LGBTQIA+ individuals in disaster contexts include discrimination, stigma, and prejudice; intersectionality and the compounding effects of being part of multiple marginalized groups during



disasters; and lack of access to health care and support services in disaster-affected areas. Inclusive disaster preparedness, response, and recovery planning for LGBTQIA+ populations examines and acknowledges these issues and seeks to serve LGBTQIA+ communities and address their needs while developing strategies for promoting resilience, coping, and post-disaster recovery.

In the following pages, contributing authors explore the disaster behavioral health needs of LGBTQIA+ disaster survivors. The first article features experts from the SAMHSA Tribal Training and Technical Assistance Center sharing information about Native American LGBTQIA+ populations and the unique challenges of serving these intersectional communities. The second feature is a glossary of currently accepted terms pertaining to sexual orientation, gender identity, and gender expression. In the third article, thought leaders delve into recent research and recommendations for equitable LGBTQIA+ disaster behavioral health planning and response. The final article summarizes new federal resources focused on enhancing equity for LGBTQIA+ people and fostering health, well-being, and overall quality of life for sexual orientation and gender identity minority populations.

If you have experience with LGBTQIA+ disaster behavioral health planning, other planners and responders can learn from your efforts and experience. Please contact us to share your stories and lessons learned. ■

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A note about language: In this issue of *The Dialogue*, we use various acronyms in referring to diverse sexual orientations, gender identities, and gender expressions. In doing so, we are following the language used by the authors and data sources.

Contributors



Leo Goldsmith (he/they) serves as a Senior Climate and Health Specialist for ICF, where he coordinates the Interagency Crosscutting Group on Climate Change and Human Health and several chapters of the

Fifth National Climate Assessment (NCA5). They have significant experience in working with community organizations, nonprofits, and subnational governments on environmental justice activities.

Outside of ICF, his research focuses on climate change impacts on the health of LGBTQ+ populations and those with intersecting marginalized identities. They have published two articles related to the subject in leading journals. He has given many professional talks and lectures to federal agencies, academic institutions, scientific institutions, and nongovernmental organizations on the subject. His subject matter expertise has led to him being invited as a technical contributor on sexual and gender minorities for the NCA5 and to provide recommendations to the National Academy of Medicine Action Collaborative on Decarbonizing the U.S. Health Sector on frontline

communities. They are also a board member for OUT for Sustainability where they will be publishing a first-of-its-kind report on LGBTQ+ considerations for emergency managers.

Goldsmith holds a master of environmental management from the Yale School of the Environment and a B.A. in environmental studies from Oberlin College. He will be pursuing his Ph.D. at the Yale School of the Environment, starting in fall 2023, to continue his research.



Kate Hough, M.A. (she/her) manages materials development for the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC). She manages

production of *The Dialogue* and the *Supplemental Research Bulletin*, as well as development and updates to the [SAMHSA Disaster Behavioral Health Information Series](#) resource collection. She also supports development and production of other SAMHSA DTAC

materials, including tip sheets, posters, and guides. She has done work for SAMHSA DTAC since 2010, with contributions ranging from editing to writing to research. She holds an M.A. in professional writing from Carnegie Mellon University.



Sarah Lake, M.A. (she/her) is a Communication Coordinator and Technical Writer for the SAMHSA Tribal Training and Technical Assistance Center. Lake earned her B.A. in writing, rhetoric, and

technical communication and M.A. in communication and advocacy from James Madison University. She enjoys advocacy and previously worked with paralyzed veterans before supporting prevention of suicide and substance use in tribal communities. She lives in Richmond, Virginia, with her dog, Cedar, and they enjoy hiking around the James River.



Michael Méndez, Ph.D. (he/him) is an Assistant Professor of Environmental Policy and Planning at the University of California, Irvine; an Andrew Carnegie Fellow; and Visiting Scientist at the National Center

for Atmospheric Research (through a National Science Foundation Early Faculty Career Award). He previously was the Pinchot Faculty Fellow in Sustainability Studies at the Yale School of the Environment. Méndez has more than a decade of senior-level experience in the public and private sectors, where he consulted and actively engaged in the policymaking process.

His first book, *Climate Change from the Streets*, published through Yale University Press (2020), is an urgent and timely story of the contentious politics of incorporating environmental justice into global climate change policy. The book was the winner of

the Harold and Margaret Sprout Award, sponsored by the International Studies Association, and the Betty and Alfred McClung Lee Award by the Association for Humanist Sociology. In 2021, he became the first Latinx scholar to receive the National Academies of Sciences' Henry and Bryna David Endowment Award for his wildfire and migrant research. The David Endowment makes an annual award (research grant) to a "leading researcher who has drawn insights from the behavioral and social sciences to inform public policy." In addition, he was awarded the 2023 William R. and June Dale Scholar Prize. The Dale Prize honors scholars and practitioners for excellence in urban planning and environmental justice work and research.



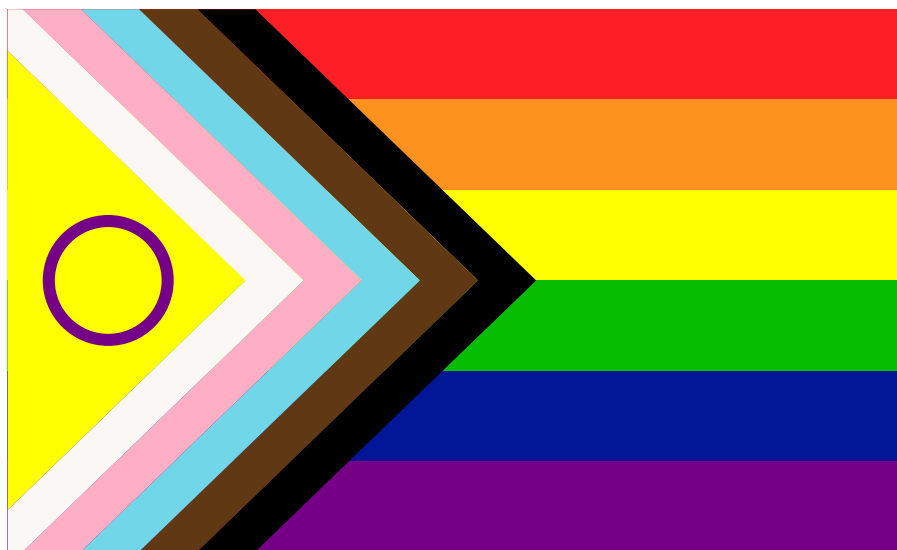
Gary Neumann has over 30 years of experience in the fields of prevention and human resource development. Neumann has worked successfully with a variety of tribal, state, and federal

agencies on program design, implementation, and evaluation focusing on at-risk youth, their families, and communities. Neumann served as the Project Manager of the Rocky Mountain Tribal Access to Recovery III program and as the Training and Technical Assistance Director of the Native American Center for Excellence. Having developed and conducted Affordable Care Act (ACA) trainings for Montana/Wyoming tribes, Neumann's work experience includes extensive knowledge of the ACA and of the Tribal Law and Order Act and how they apply to American Indians and Alaska Natives. Neumann is skilled in assessment, capacity building, prevention specialization, marketing, grant writing, methamphetamine prevention, youth violence, bullying and suicide prevention, and sustainability. Neumann has developed several culturally appropriate training curricula and community-based organizing modules and presented and trained at many national and international conferences throughout the United States, Alaska, and Canada. *Neumann is an enrolled member of the Confederated Salish & Kootenai Tribes of the Flathead Indian Nation.*

Two-Spirit and LGBT+ Disaster Vulnerabilities

By **Gary Neumann**, Salish and Pend d'Oreille, SAMHSA Tribal Training and Technical Assistance Center; **Sarah Lake, M.A.**, SAMHSA Tribal Training and Technical Assistance Center

The coronavirus disease, or COVID-19, pandemic was declared a nationwide emergency in 2020. It was and continues to be the largest national disaster in recent history. Many were sick and emergency response was needed around the clock. For those who were not sick, quarantine efforts kept them isolated from family, friends, and the rest of the world in hopes of keeping the virus at bay. These experiences brought to the forefront the impact disasters have on two-spirit, lesbian, gay, bisexual, transgender, and queer (TSLGBTQ+) communities. According to a survey conducted by the Wabanaki Two-Spirit Alliance, the pandemic caused an increase in mental health concern, racism, domestic or family violence, depression, suicidal thoughts, transphobia, and queerphobia (Sylliboy et al., 2022). TSLGBTQ+



Pride flag for TSLGBTQ+ communities.

individuals have unique needs, and many emergency response systems do not have the resources and capabilities to meet these needs during an emergency. Even worse, some experienced an outright refusal or lack of help because of

discrimination based on their Native and two-spirit identity.

Factors Impacting Disaster Recovery for TSLGBTQ+ Individuals

Disasters are nondiscriminatory and affect all ages, races, genders, and sexualities. However, someone's identity influences the rate or success of their recovery after a disaster. According to the [Center for Disaster Philanthropy](#) (CDP), some factors increase vulnerabilities for TSLGBTQ+ communities during or after a disaster. These factors include isolation, distrust, disrespect, lack of medications, non-affirmation of gender, harassment, and violence. TSLGBTQ+ seniors or older people experience high

“Traditionally, Native American two-spirit people were male, female, and sometimes intersex individuals who combined activities of both men and women with traits unique to their status as two-spirit people. In most tribes, they were considered neither men nor women; they occupied a distinct, alternative gender status.”

—[Indian Health Service](#)

“Two Spirit [is] a term used in a number of Native American cultures to describe a third gender that is embraced by some non-heterosexuals.”

—*Indian Country Today*

rates of isolation, meaning they are more likely to be alone during an emergency. They are less likely to have friends or family providing care or aid during a disaster. A bleak history of emergency responders and healthcare systems discriminating against the TSLGBTQ+ population compounds the issue. Rightfully, TSLGBTQ+ people have a lack of trust from past experiences, such as emergency or recovery services disrespecting nontraditional families. This results in families becoming separated or unable to access appropriate resources. During emergency situations, access to HIV medication or hormones is sometimes limited as providers are unavailable or the importance of maintaining a regimen is undervalued. For two-spirit individuals living on reservations or in rural areas, emergency or recovery services are frequently delayed. When they do receive assistance, they may encounter discrimination based on their Native identity, as well as their gender and sexual orientation.

Emergency shelter accommodations are not always welcoming or accepting of gender identity for

TSLGBTQ+ individuals and, often, cultural understanding is absent. Access to bathrooms, showers, or safe sleeping places presents problems in shelters. People can be forced to stay in a shelter not matched to their gender identity and/or expression because of the gender listed on their identification. TSLGBTQ+ people experience harassment or physical violence in

congregate living settings. These factors, along with Native identity, impede ability to recover after a disaster. This struggle to return to “normal” life and mental well-being creates more trauma for TSLGBTQ+ individuals.

Stigma, discrimination, and overrepresentation among people experiencing homelessness are other key areas noted by the CDP as issues in disaster response and recovery for the TSLGBTQ+ population. The [Williams Institute](#) shares that as of March 2023, TSLGBTQ+ people comprise about 4.5 percent of the total U.S. population. However, that statistic is recognized as being underreported by TSLGBTQ+ communities for various reasons,

“‘Two-Spirit’ is an intertribal umbrella term that serves as an English-language placeholder for tribally specific gender and sexual orientation identities that are centered in tribal worldviews, practices, and knowledges. Tribes have their own specific term for gender statuses (e.g., in Navajo, *Nádleehí* refers to one who is transformed), and many go beyond the binary construct of male or female and are part of a holistic view of personhood that encompasses not only gender or sexual orientation identity, but also a social and cultural position that shapes and defines all aspects of one’s life.”

—[National Academies of Sciences, Engineering, and Medicine](#)



including mistreatment people may face upon identifying themselves as part of TSLGBTQ+ communities or fear of relationships worsening or ending with acquaintances, coworkers, friends, or loved ones who do not accept TSLGBTQ+ identities. Additionally, “At least 25-40 percent of homeless youth are members of the LGBTQ+ community” (CDP). The ability of youth experiencing homelessness to access emergency information is reduced, and they lack the resources to prepare or evacuate effectively. After a disaster, prices for safe living options typically increase, causing an additional complexity for unhoused TSLGBTQ+ communities.

Disaster Responders Can Support TSLGBTQ+ Individuals During Recovery

Timely, useful, and inclusive emergency responses can help in the physical and mental well-being of TSLGBTQ+ individuals after a disaster. As CDP highlighted, TSLGBTQ+ communities experience many factors that delay aid or cause additional harm. Communities and disaster responders can take steps to help foster inclusion and improve post-disaster experiences for TSLGBTQ+ people:

- The general population can help combat the additional barriers TSLGBTQ+ people

face in disasters by showing support for TSLGBTQ+ issues in their community, including using pronouns in their own introductions, and using the pronouns each person identifies as their own.

- Disaster responders, emergency managers, and public health professionals can include TSLGBTQ+ issues in discrimination policies and include responses to TSLGBTQ+ community needs in disaster planning. Inclusive response and care for marginalized identities can and should be a part of all disaster planning and response.

For more information on issues

around the impact of disasters on TSLGBTQ+ communities, visit the CDP website at <https://disasterphilanthropy.org/resources/lgbtq-communities-and-disasters>.

The National Disaster Interfaiths Network has a tip sheet for

TSLGBTQ+ needs and disaster response for religious leaders. It is available in the SAMHSA Disaster Behavioral Health Information Series online resource collection at <https://www.samhsa.gov/resource/dbhis/lgbt-lesbian-gay-bisexual-transgender-needs-disaster>. ■

About the SAMHSA Tribal Training and Technical Assistance (TTA) Center

The [SAMHSA Tribal TTA Center](#) offers products and services to help American Indian and Alaska Native communities to prevent mental and substance use disorders and promote mental health. Services include curriculum development, capacity building, and training. The SAMHSA Tribal TTA Center can be reached by toll-free phone at 1-800-953-1379, via email at ta-request@tribaltechllc.com, or through a [contact page](#) on their website.

IN PRACTICE

Supporting TSLGBTQ+ People Around Disasters



Show support for TSLGBTQ+ issues in your community.



Use pronouns in your introductions, and use the pronouns people identify as their own.



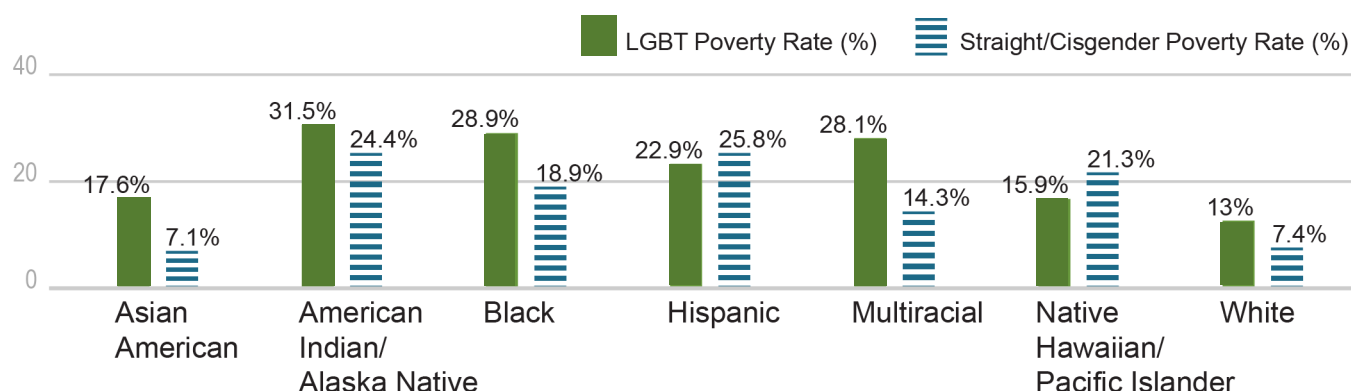
Include protections for TSLGBTQ+ people in discrimination policies.



Include responses to the needs of TSLGBTQ+ communities in disaster planning.

BY THE NUMBERS

U.S. Poverty Rates by Race and Ethnicity, 2021—LGBT and Straight/Cisgender



Source: Wilson et al., 2022, p. 9

Glossary of Terms: Sexual Orientation, Gender Identity, and Gender Expression

By the SAMHSA Disaster Technical Assistance Center

This glossary has been created to provide disaster behavioral health practitioners with important information to help them support people who are lesbian, gay, bisexual, transgender, queer, questioning, intersex, two-spirit, or people with other sexual orientations, gender identities, or gender expressions with minority demographic status (LGBTQ+).

Language related to LGBTQ+ communities, like all of language, is always changing. This glossary is intended to capture language use at a specific moment in time; it is not exhaustive or final.

Definitions in this glossary come primarily from three sources:

- The SAMHSA Disaster Technical Assistance Center's [Key Diversity, Equity, and Inclusion Terms web page](#)
- [Measuring Sex, Gender Identity, and Sexual Orientation](#), a report by the National Academies of Sciences, Engineering, and Medicine
- *SOGIE Glossary of Terms*, available from the [Resources page of the website of the SAMHSA Center of Excellence on LGBTQ+ Behavioral Health Equity](#) for

download in [English](#), [Spanish](#), or [Portuguese](#), and encompassing terms related to sexual orientation and gender identity and expression (SOGIE)

Agender is used to describe an individual who identifies without gender or who does not identify with any gender.

Allosexual describes anyone who feels sexual attraction toward other people but may or may not engage in romantic relationships or experience romantic attraction.

An **ally** is a person, group, or organization that supports people

in LGBTQ+ communities or a particular issue in LGBTQ+ communities.

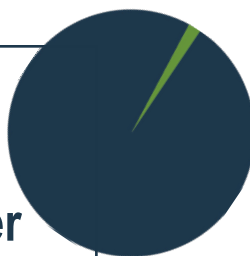
Androgynous describes an expression of gender that has both feminine and masculine characteristics.

Aromantic is used to describe a person who experiences little or no romantic attraction and who may or may not experience sexual attraction or have sexual relationships.

Asexual describes a person who experiences little to no sexual desire or attraction and who may or may not experience romantic attraction

“The U.S. Census Bureau in July [2021] began asking Americans about their sexual orientation and gender identity [through the Census Bureau’s Household Pulse Survey. This [is] the first time the federal government has tried to capture data on LGBTQ+ Americans in its large real-time national surveys” (Carrazana & Rummler, 2021).

The Pew Research Center has estimated that **1.6 percent** of **U.S. adults** are transgender or nonbinary (Brown, 2022).



or have romantic relationships. People sometimes shorten this term to “ace.”

Bi+/Bisexual+ is a term for a person who experiences any type of attraction to more than one gender.

Bisexual describes a person sexually oriented toward their own gender as well as other genders.

Cisgender means a person whose gender identity is the same as the sex they were assigned at birth.

Coming out is the process of accepting personal sexual orientation or gender identity to yourself and/or other people. This can be a lifelong and daily event which is often incorrectly assumed to be a one-time event.

Cross dress describes when a person wears clothing associated with another gender within their culture and historical timeframe. It is not an expression of gender identity or sexual orientation.

Deadname (noun) describes the birth name of a trans person that the individual no longer uses. Deadname (verb) is the act of calling a trans person by the name they no longer use.

Drag queen/king is not a description of a person’s sexual orientation or gender identity but describes a person who dresses and performs as another gender in a theatrical and often exaggerated manner for entertainment.

Endosex is a term used for a person whose sex characteristics match medical and social expectations of their sex documented at birth.

Feminine is a gender expression for the socially constructed, culturally specific gender behaviors expected of women by society.

Gay describes a person attracted to the same sex. It most commonly describes men attracted to other men. It may also describe and be used by people who are attracted to the same gender as themselves.

Gender is a constellation of characteristics, behaviors, sex traits, gender expressions, gender identities, and cultural expectations around status, behavior, and other attributes associated with sex traits. It includes behaviors and norms related to being androgynous, other, feminine, or masculine. Gender is not a biological construct but is a social one.

Genderqueer is an umbrella term to describe anyone whose gender identity does not fit with the binary of man or woman.

Gender identity is a key component of an individual’s sense of self, a person’s internal sense of being a woman, a man, nonbinary, agender, or another gender. It exists on a spectrum and may change over the course of a person’s life.

Gender role is a term for the social and cultural expectations regarding attitudes and behaviors that are expected of a person based on their perceived or assigned sex at birth.

Heteronormativity is the belief that being heterosexual is superior or

About **1.3 million U.S. adults** (about **0.5 percent**) identify as **transgender**. Among youth ages **13 to 17**, about **300,000**, or **1.4 percent**, identify as transgender (Herman et al., 2022).

ideal in comparison to other sexual preferences and that it is natural.

Heterosexual (straight) describes a person sexually oriented toward people of a gender other than their own.

Hormone replacement therapy (HRT) is the process of using hormone treatment to match a person's secondary sex characteristics with their gender identity.

Homosexual describes a person sexually, emotionally, or romantically oriented toward people of the same gender. This term is discouraged from use unless an individual uses it to self-identify, as it has a history of stigma and past categorization as a mental illness.

Intersex describes people with sex traits that do not all match a single sex.

Lesbian is a sexual orientation most often used to describe women who are only attracted to other women. It may also be used by people of other genders who are exclusively attracted to women.

LGBTQI+ is an abbreviation used to refer to individuals who are lesbian, gay, bisexual, transgender, queer, questioning, intersex, or part of other sexual orientation and gender identity minority populations.

Masculine refers to the socially determined and culturally specific behaviors expected of men.

Misgendering is the use of language to describe a person in a way that doesn't match with that person's gender identity.

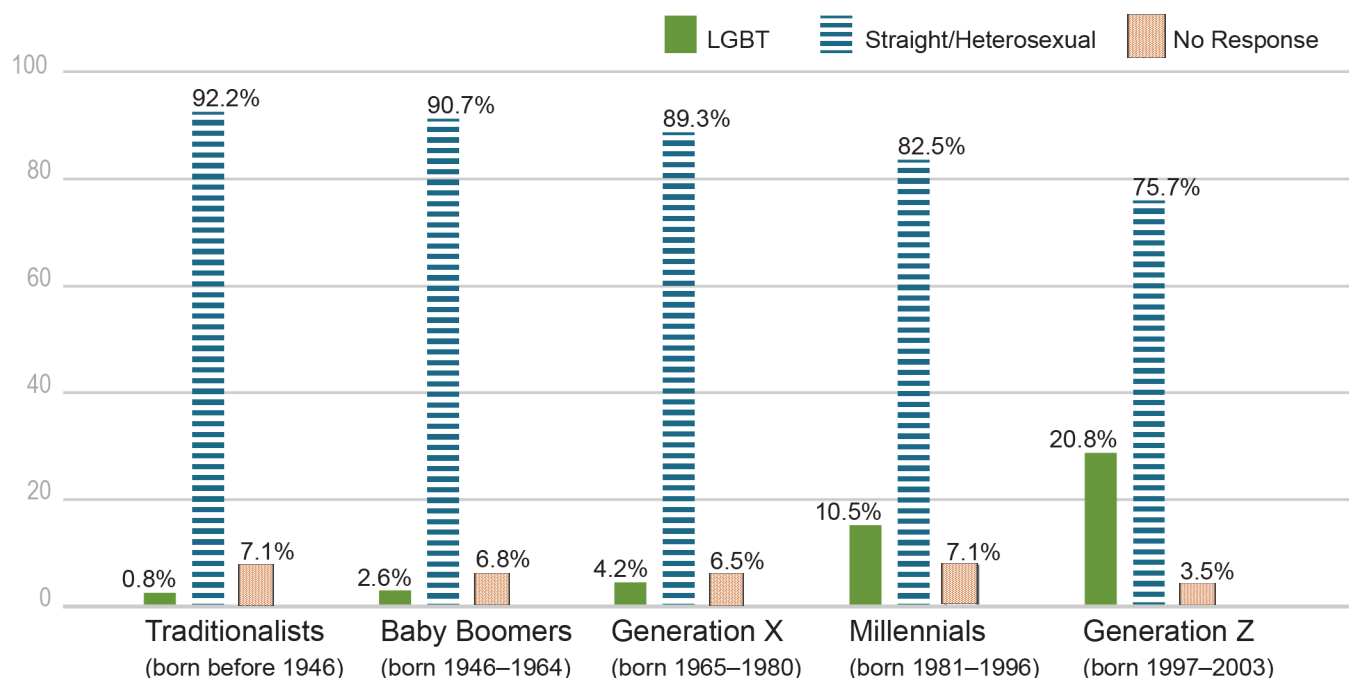
Nonbinary is a term for gender identities outside of binary gender; a person whose gender is not only boy or girl, or man or woman.

Pansexual describes a person attracted to others of any sex, gender identity, or gender expression.

Pronouns are words used in place of other words. People often like others to use specific personal pronouns that align with their gender but may also use no pronouns or any pronouns. Examples of personal pronouns include "she/her," "he/him," "they/them," and other

BY THE NUMBERS

Americans' Self-Identification as LGBT by Generation



Source: Jones, 2022

gender-neutral pronouns such as “ze/hir.”

Queer is a term that refers to people sexually oriented to multiple genders; it also refers to a person belonging to LGBTQI+ communities. It embraces the spectrum of sexuality and gender. Historically, this word was used as a slur. It is now used by choice by some members of LGBTQI+ communities. This term should not be used to describe someone unless permission is granted to do so by that person.

Questioning describes a person unsure about or exploring their sexual orientation or identity.

Same gender loving (SGL) is a term that describes sexual orientation that was created and is used by African American and Black people who view “gay” and “lesbian” as words connected to whiteness.

“Some 5.1 percent of adults younger than 30 are trans or nonbinary This compares with 1.6 percent of 30– to 49–year-olds and 0.3 percent of those 50 and older who are trans or nonbinary” (Brown, 2022).

Sex is defined by physiological and anatomical traits such as gonads, chromosomes, genitalia, hormones, and secondary sex characteristics.

Sex assigned at birth is the documented biological category (male, female, or intersex) assigned at birth based on the biological characteristics (anatomy, hormones, etc.) of an individual.

Sexual orientation is a person’s sense of their own sexual attraction to others, and of those they are and are not attracted to. Examples include gay, straight, bisexual, pansexual, lesbian, queer, and asexual.

Transgender is a broad term used to refer to a person whose gender identity or gender expression is different than the sex they were assigned at birth.

Transition describes the process of changing from one gender or sex to a different one. This may include telling family and friends, using a new name, using new personal pronouns, hormone therapy, dressing differently, surgery, and changing names and/or sex on legal documents. This is not an exhaustive list, and actual steps involved are up to the individual who is transitioning.

Two-spirit is used by some Native American communities to describe a person who has the qualities or role of both men and women. These individuals are often recognized and respected as healers, peacemakers, and shamans. Some tribes may not recognize this term, while others may have other definitions. ■



INTERVIEW

LGBTQ+ Communities and Disasters: Supporting Resilience and Improving Outcomes

By **Leo Goldsmith, M.E.M.**, ICF, OUT for Sustainability, **Michael Méndez, Ph.D.**, University of California, Irvine, and **Kate Hough, M.A.**, SAMHSA DTAC

When “[Queer and Present Danger: Understanding the Disparate Impacts of Disasters on LGBTQ+ Communities](#)” was published in 2021, it was among the first of its kind: a peer-reviewed journal article focusing on the unique issues LGBTQ+ communities in the United States face in disasters. Co-authors Goldsmith, Raditz, and Méndez have also released their findings and recommendations in a [webinar](#) and [policy brief](#). Their work has already inspired more investigations—a trend they hope will continue. *The*

Dialogue spoke with Goldsmith and Méndez about how their article came to be, vulnerabilities and strengths of LGBTQ+ communities, and recommendations to foster LGBTQ+ disaster resilience.

What was the genesis of your Queer and Present Danger paper? How did you start pursuing these areas of research?

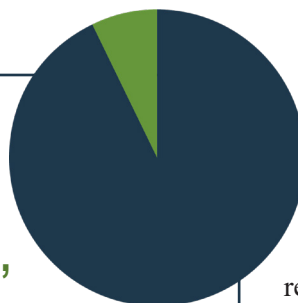
Leo Goldsmith: The work began through my lived experience as somebody who grew up low-income

and with a parent who is Colombian and is a woman of color. Growing up I saw a lot of disparities across race and class, and so I’ve always thought about who is missing from the conversation. I came out as queer and transmasculine, before I attended grad school at the Yale School of the Environment, where I focused on climate and health and environmental justice. As I was attending courses and reading through climate and health literature, I noticed that sexual orientation and gender identity weren’t included. I was taking an environmental justice course Mike [Michael Méndez] was teaching at the time and for my final paper, I decided to explore that topic to see what literature existed. What I found was that it was all primarily internationally based. A group of Australian researchers was doing some of this work, and there were a few articles on Hurricane Katrina and the impacts on lesbian, gay, and bisexual individuals. Mike approached me and suggested we work on a paper on LGBTQ+ people in disasters. He also invited [Vanessa Raditz](#), a Ph.D. student at the University of Georgia who is working on a [docuseries](#) and has interviewed over 30 queer and trans



According to a recent Gallup poll, **7.1 percent of U.S. adults identify as lesbian, gay, bisexual, transgender, or something other than heterosexual and cisgender (LGBT+).**

This percentage more than doubled within a decade (from 2012 to 2021) (Jones, 2022).



Michael Méndez: Disparities of disaster impacts on LGBTQ+ communities could be a very uncomfortable issue for some, and controversial in some regions of the country. However, it's an important issue that needs to be discussed, particularly in the anti-LGBTQ climate sweeping the nation, in particular anti-transgender legislation. Hundreds of bills are being tracked by the Human Rights Campaign and other organizations that highlight how this trend is creating inequitable and discriminatory state policies for LGBTQ communities. Some of these states also have religious and moral exemptions that allow faith-based organizations and other service providers to withhold services, including health care, to LGBTQ communities. So we question in our research, both in the journal article and [our recent essay in *Issues in Science and Technology*](#), what is to happen if a disaster strikes? Will those discriminatory practices carry over into a disaster context? For many people, regardless of gender, sexuality, or gender identity, disasters may be among the worst times in their lives. So if they are confronted in the disaster response and recovery process, either at a shelter or through the process of applying for assistance, with discriminatory practices—the impact of the already difficult disaster experiences could be amplified. Through our research, we are trying to highlight how these individuals before a disaster have

folks who survived Hurricanes Maria and Irma (2017), as well as the Tubbs Fire in California in 2017, to learn about their experiences, mutual-aid efforts, and services they would have liked to have better access to.

That's how the paper came to be. We published it in 2021 in the journal *Disasters*, and from there it's taken off. A lot of folks from academic institutions, federal agencies, and other areas have been interested in it. Recently FEMA [the Federal Emergency Management Agency] co-hosted a [webinar on mitigation and preparedness for LGBTQ+ individuals](#) with the U.S. Department of Homeland Security's Center for Faith-Based and Neighborhood Partnerships and OUT for Sustainability, an organization working to achieve climate resilience and environmental justice for LGBTQ+ communities. Mike was one of the panelists. A [webinar on response and recovery](#) on April 25 had another set of speakers. OUT for Sustainability

will be publishing a report based on the input from these two webinars in June 2023.

What are some of your high-level findings?

Goldsmith: LGBTQ+ individuals exist in all populations that may be affected by disasters. They are also overrepresented in populations at higher risk for negative disaster impacts, including those who are unhoused, are experiencing poverty, have a mental illness, have a chronic illness, lack access to health care, or are incarcerated. And also, LGBTQ+ individuals are invisible within disaster- and climate-related policies and infrastructure. For example, the Stafford Act, which covers all disaster services across federal agencies, includes only the term “sex,” which means that depending on who the administration is in office at the time can interpret this how they like. In previous administrations, “sex” meant that there were only two genders and did not cover sexual orientation.

the social vulnerabilities that Leo mentioned—housing insecurity, as well as health disparities—and when a disaster strikes, these socioeconomic and health disparities are exacerbated in what some are calling a hyper-marginalization of this population. We also want to move away from the idea that LGBTQ individuals are all White, wealthy, and male. Lots of people have seen television and movies where queer people are almost always wealthy and White. So we don't think of them as being vulnerable and lacking resources to prepare themselves for disasters.

Goldsmith: Also, regarding mental health, LGBTQ+ individuals are much more likely to experience anxiety, depression, PTSD [posttraumatic stress disorder], and other conditions, as well as ecoanxiety, compared to cisgender heterosexual individuals. These

Younger adults in the United States are likelier than older ones to identify as LGBT+ (Jones, 2022).

disparities relate to the minority stress model created by [Ilan Meyer](#) in the 1990s that built on a theory focused on race and class and added in sexual orientation and, eventually, gender identity. He basically said that in addition to all the general stressors people face every day, LGBTQ+ individuals also experience unique external and internal stressors that then lead to negative mental health outcomes. External stressors

include violence, discrimination, and bias. Internal stressors include concealment of identity, expectation of being discriminated against, and internalized homophobia and transphobia. These additional stressors then can lead to issues and conditions, but the pathway can be modified by community and social support, which is really key.

When thinking about disasters as well, a lot of research says that having community and social support is really critical for resilience. Some LGBTQ+ individuals are not accepted by their parents or their biological family and may be disowned, so they often have to find other folks that they consider “chosen family,” which is not biologically or legally based. A lot of the policies in place do not acknowledge those different types of family structures and other relationships people have. Not being

BY THE NUMBERS

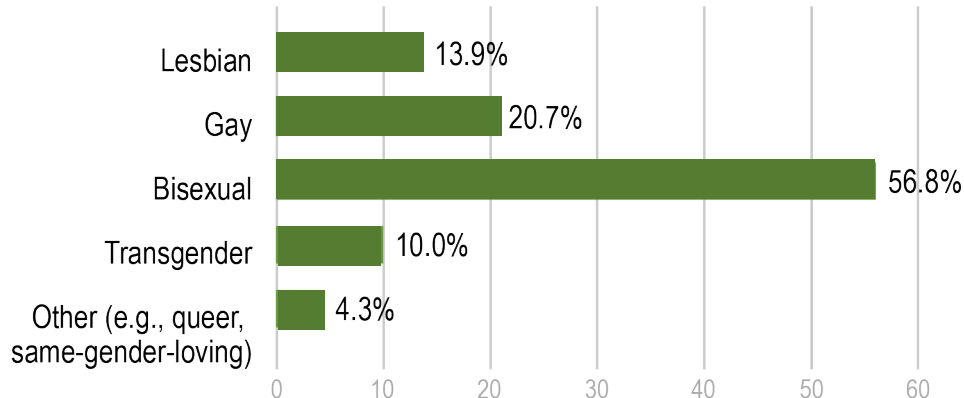
Americans' Self-identified Sexual Orientation or Gender Identity

Among All U.S. Adults (%)

Among LGBT U.S. Adults (%)

Lesbian	1.0
Gay	1.5
Bisexual	4.0
Transgender	0.7
Other (e.g., queer, same-gender-loving)	0.3

Source: Jones, 2022



Source: Jones, 2022

Note: Percentages total more than 100% because respondents may choose more than one category.

supported by your family or those around you increases mental health issues, and, as Mike was saying, the proliferation of anti-trans and anti-LGBTQ+ bills is creating a space where people are allowed to discriminate and have a justification for not providing services people need, especially health care.

So you have all of these compounding impacts before disasters hit, and then once the disasters occur, the spaces LGBTQ+ individuals have may be destroyed or made inaccessible. So you have all of these folks who don't have any place where they can feel affirmed or safe, and they're going into temporary emergency shelters that aren't considering their unique needs.

Méndez: Our research seeks to connect our changing environment with an environmental justice lens to better safeguard LGBTQ communities, especially LGBTQ people of color. [Forty-two percent of LGBTQ people identify as people of color](#), and that's a much larger number than most people think. More LGBTQ youth than their non-LGBTQ peers are unhoused, and within that population of unhoused LGBTQ youth, people of color are dramatically overrepresented. This includes teenage youth that are more likely to be unhoused because of religious dogma or unsupportive parents and cultural issues that mean they are likelier to be kicked out by their parents than their peers are. This is an inequitable situation, and

we're using an environmental justice framework in how we approach and research it.

Can you provide examples for our readers of LGBTQ+ people being excluded from sheltering, and generally from disaster preparedness, response, and recovery?

Goldsmith: There are so many. One example that is widely used happened during Hurricane Katrina (2005), when two Black transgender women in Texas went to use the bathroom of their gender at a temporary emergency shelter and got arrested for doing that. One was a minor and was able to have a family member pick them up, but the other person who was an adult was told they would have to wait up to 6 months before they could even get a hearing, though the Human Rights Campaign got her out within 6 days. That story shows the compounding impacts of policing on Black individuals, as well as policing of transgender women who are just trying to use the bathroom.

LGBTQ+ individuals have been found to have lied about their relationships and pretended to be siblings in order to receive services. There have been documented cases of families being separated from one another, particularly those with parents who are not married but have a child that they adopted especially before same-sex marriage was legalized in 2015. Many individuals have experienced verbal, physical,



"In the aftermath of [Hurricane] Harvey, the Montrose Center in Houston raised over a million dollars to provide direct support to the over 35,000 people served by their core programs. And they collaborated with other groups, such as Organización Latina Trans in Texas, who provided emergency shelter to trans Latinas including those who are undocumented. The queer disaster literature highlights that throughout histories of marginalization, **LGBTQ+ communities have crafted collective strategies for resistance and resilience in the face of pervasive structural oppressions, and these strategies are important resources during times of disaster**" (Goldsmith et al., Queer and Present Danger webinar, 2021).

According to a Williams Institute report, “A higher percentage of LGBT than non-LGBT people have incomes below the federal poverty level” (Wilson et al., 2023, p. 1). In 2021, 12 percent of straight cisgender people were experiencing poverty, whereas 17 percent of LGBT people were experiencing poverty.

or sexual violence within shelters on the basis of sexual orientation and gender identity.

Also, many places that provide services after disasters tend to be faith-based, and for very good reason—they support community and provide shelter, food, and other services like childcare. However, there is a long history of discrimination and bias from religious organizations and also distrust that has developed over time between LGBTQ+ individuals and faith-based communities, even though there are also plenty of LGBTQ+ religious organizations and religious LGBTQ+ individuals. There are still LGBTQ+ individuals who would not want to go to a faith-based organization to get services because they think they might face discrimination.

During Hurricane Fiona (2022), people lost access to medications, services, and affirming spaces. About 70 percent of Puerto Rico was without power, and 40 percent

was without running water. These impacts disproportionately affected queer and transgender individuals as well as those living with HIV, due to the stigma. Hurricanes can also affect water quality, and somebody living with HIV is immunocompromised, so not having access to clean and safe water can be life threatening. Without power, folks who are queer or transgender or both, who are disproportionately affected by chronic illness, would not be able to maintain medications that need to be refrigerated.

Also after a disaster, transgender people sometimes can’t access hormones, which is extremely important for their physical and mental health. People who are transgender may also lose identification records corresponding to their gender.

Could you say more about the minority stress model? That’s a fascinating idea.

Méndez: The theory could be

applied in general to LGBTQ communities, but it’s important to think about [intersectionality](#). For example, for people who are LGBTQ as well as African American or Latino and transgender, we should acknowledge that they will experience multiple forms of harm during a disaster because of who they are and where they’re situated in our society.

Do you have specific recommendations for people involved in emergency management and disaster planning and preparedness, response, and recovery?

Méndez: One of the three biggest, first and foremost, is that more data should be collected, and tracking done on these issues. Across federal data collection, only the Household Pulse Survey asks about LGBTQ status and disaster experience. One of our major recommendations is the creation of a national task force by FEMA and other related agencies to better study this issue, because

again, there are few very robust studies, let alone government data. Having a data equity initiative that's consistent with [Biden's executive order on data equity](#) is important. If you can put some of the best minds in federal agencies with community advocates together to talk about this, I think something robust can come out.

Another key issue is ensuring that FEMA and any grants or programs that provide funding to state and local governments require those entities to have anti-discriminatory policies that cover people with the full range of gender identities as well as lesbian, gay, and bisexual individuals.

Goldsmith: Just to add onto the data and tracking discussion, there's an equitable data working group at the White House level that has a subcommittee on sexual orientation and gender identity, and they recently put out a [federal evidence agenda on LGBTQI+ equity](#). When you search for the terms "climate" or "disaster" in it, they appear only once in the text. I'm very, very glad these concepts are included. But it's important to have those individuals also working with those who are doing emergency management within the federal government to really identify how and where we can get that data; that will be really key.

Another recommendation is, if local or state governments are writing up emergency management plans or preparedness plans, they should reach out to LGBTQ+ organizations and

There are about
13 million
LGBT people
in the United
States (The
Williams Institute,
n.d.).

leaders to ensure that plan language is correct, affirming, and designed to address LGBTQ+ needs effectively and thoroughly.

We also recommend having more resources from federal, local, and state governments to help LGBTQ+ organizations be able to provide emergency services and relief to their own communities. Another recommendation is really emphasizing behavioral health services, particularly during disasters, for LGBTQ+ folks.

Méndez: Leo, you touched on this a little bit, but I wanted to circle back about providing funding to community-based organizations that serve LGBTQ+ populations. It is important for them to have preparedness knowledge and training, but also to be ready to serve as disaster shelters. Increasingly and for good reason, state and local governments are relying on faith-based organizations and churches to provide shelter and aid. They fill important resource gaps, but at the same time it's imperative to

understand that not all of these faith-based organizations are welcoming, or may have a history of being anti-LGBTQ+. An LGBTQ+ individual could face additional trauma when they're seeking assistance, so it's crucial to ensure that there are secular disaster resource providers as well. We're not advocating that there shouldn't be faith-based disaster resource providers—they absolutely should be there. But there also should be secular providers, and funding offered specifically to LGBTQ+ organizations or LGBTQ+-serving organizations.

Are there particular examples of resilience from within the LGBTQIA+ communities that our readers should know about?

Méndez: There are many examples. Specifically, we're recently seeing in the field lots of examples of how LGBTQIA+ communities and organizations are adapting to the changing climate, like heat waves. Organizations are adapting the services that they provide. For example, in California there have been increasing episodes of extreme heat, and LGBTQ+ community centers have reached out specifically to LGBTQ+ youth and older adults with low incomes. They have served as cooling centers for members of their communities. These centers are having to literally adapt to the changing environment, but they are also changing their services to include disasters and be service providers as well as welcoming spaces. ■

LGBTQIA+ People and Disasters: New Government Resources

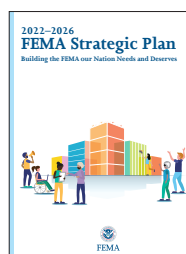
By SAMHSA DTAC staff

In keeping with several recent executive orders, federal departments have been taking steps to enhance equity for LGBTQIA+ people and to foster health, well-being, and overall quality of life for sexual orientation and gender identity minorities. Part of this work has included creating online information and resource hubs. The U.S. Department of Labor, for example, has set up a [website highlighting executive orders and other actions by President Biden to advance LGBTQI+ equity, as well as resources in support of LGBTQI+ equity in the workplace](#). The U.S. Department of Health and Human Services has gathered [information and resources about LGBTQI+ health issues and disparities, civil rights, and LGBTQI+ youth, as well as recent news](#). Departments have also assembled resource collections for specific populations, including, for the U.S. Department of Education, [LGBTQI+ students](#), and, for the U.S. Department of Veterans Affairs (VA), [LGBTQ+ veterans accessing VA healthcare services](#).

FEMA Resources

Individual agencies have also been making strides and producing and collecting materials in support of LGBTQIA+ people, including materials related to disasters and

behavioral health. For example, the [Federal Emergency Management Agency's \(FEMA's\) Equity web page](#) discusses work FEMA has been



doing toward greater equity for a range of communities that may be underserved in and after disaster, including LGBTQIA+ individuals and communities. And for the first time in 2020, FEMA specifically mentioned LGBTQIA+ communities in its annual National Preparedness

Recent Executive Orders Regarding LGBTQIA+ Individuals and Communities

- Executive Order (EO) 13985, [Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#), January 2021
- EO 13988, [Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation](#), January 2021
- EO 14004, [Enabling All Qualified Americans To Serve Their Country in Uniform](#), January 2021
- EO 14020, [Establishment of the White House Gender Policy Council](#), March 2021
- EO 14021, [Guaranteeing an Educational Environment Free From Discrimination on the Basis of Sex, Including Sexual Orientation or Gender Identity](#), March 2021
- EO 14035, [Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce](#), June 2021
- EO 14075, [Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals](#), June 2022
- EO 14091, [Further Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#), February 2023

Report as among those who may not have the resources to combat the effects of disaster (Frank, 2020). Also, in FEMA's [strategic plan for 2022–2026](#), the agency identifies as one of its three main goals instilling equity as a foundation of emergency management, citing a definition of equity from [Executive Order 13985](#) 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,” including “lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons” (FEMA, 2022, p. 9).

FEMA has also produced several webinars about LGBTQIA+ communities in disaster planning and preparedness, response, and recovery. The Region 2 National Preparedness Division hosted a [webinar about U.S. LGBTQ+ communities, their diversity, and ways for emergency managers and disaster responders to ensure inclusion of LGBTQ+ people in disaster response](#) and provision of equitable services to LGBTQ+ individuals. FEMA also co-hosted two webinars for emergency management and faith-based organizations that enlisted expert panels in exploring how to ensure better preparedness, mitigation, response, and recovery for LGBTQ+ individuals. The first of these webinars, [Helping the LGBTQIA+ Community Before Disasters: Preparedness and Mitigation](#)



[Considerations](#), was produced by the U.S. Department of Homeland Security Center for Faith-Based and Neighborhood



Partnerships and OUT for Sustainability, as well as FEMA. Held on March 28, 2023, this webinar was an expert roundtable on ways LGBTQ+ communities are incorporated into disaster preparedness, gaps in incorporation and inclusion, and ways to address the gaps. A [recording of the preparedness and mitigation webinar](#) is available. The companion webinar, held on April 25, was titled [Helping LGBTQ+ Survivors After Disasters: Response and Recovery Considerations](#), and [the response and recovery webinar recording](#) is also now available.

SAMHSA Resources

SAMHSA has produced a wealth of materials for and about LGBTQIA+ individuals and communities. One such item is a [web page focused on LGBTQI+ behavioral health equity](#). This page highlights programs and initiatives to enhance LGBTQI+ behavioral health equity and related



resources from SAMHSA, including the SAMHSA-funded [LGBTQ+ Behavioral Health Equity Center of Excellence](#), and resources from other organizations and sectors. The [LGBTQ+ Behavioral Health Center of Excellence](#) offers many great resources, including a [tip sheet with steps organizational leadership](#)

In the United States, there are 700,000 cohabiting same-sex couples, 357,000 of whom are married (The Williams Institute, n.d.).

Of these same-sex couples, 114,000 are raising children. Twenty-four percent are raising foster or adopted children (The Williams Institute, n.d.).



of behavioral healthcare facilities [can take to establish policies and practices to affirm LGBTQ+ people](#) and create a welcoming and inclusive environment in their facility. A [tip sheet about Black LGBTQ+ mental health](#) describes experiences for Black LGBTQ+ people that are shaped by both Black and LGBTQ+ parts of their identity. It explains that these experiences can be positive as well as negative and offers tips for mental health professionals to support and foster resilience and well-being in Black LGBTQ+ people. Another resource

about [minority stress and coping among LGBTQ+ adolescents](#) presents a table of stressors and “conversation starters” for behavioral healthcare professionals to use to help adolescents cope with stressors and build therapeutic rapport.

SAMHSA funds several Mental Health Technology Transfer Centers (MHTTCs), one of which, the Northwest MHTTC, has put together a [resource collection for LGBTQIA+ people, their loved ones, and behavioral health](#)

[professionals who serve LGBTQIA+ individuals](#). Resources in the collection include organizations, educational tools, research, articles, webinars, and podcasts. The SAMHSA Center for Substance Abuse Prevention recently released [Moving Beyond Change Efforts: Evidence and Action to Support and Affirm LGBTQI+ Youth](#), a report for behavioral health professionals, school personnel, policymakers, researchers, and families about research on the impacts of efforts to change the sexual orientation and gender identity of young people, therapeutic and other care approaches that evidence has shown may work well with LGBTQI+ youth and their families, and policy recommendations to improve LGBTQI+ youth’s behavioral health and well-being. The SAMHSA Disaster Technical Assistance Center [has added resources for and about LGBTQIA+ individuals in relation to disaster](#) to its SAMHSA Disaster Behavioral Health Information Series resource collection. ■

LGBTQ+ people are more likely to be part of the following populations, which are also more vulnerable to disaster and climate change:

- People with **low incomes/people experiencing poverty**
- People experiencing **homelessness**
- People with a **mental illness**
- People with **chronic illness**
- People with **limited or no access to health care**
- People who are **incarcerated** (Goldsmith et al., Queer and Present Danger webinar, 2021)

RECOMMENDED RESOURCES

Moving Beyond Change Efforts: Evidence and Action to Support and Affirm LGBTQI+ Youth

Designed for audiences including behavioral health professionals, researchers, policymakers, and educators, this report from SAMHSA describes behavioral health concerns and appropriate care for lesbian, gay, bisexual, transgender, queer, questioning, and intersex youth and other sexual- and gender-diverse children and adolescents (LGBTQI+ youth). It covers which approaches and interventions are most helpful for these populations in various settings, as well as policy approaches to support LGBTQI+ youth health and well-being.

<https://store.samhsa.gov/product/moving-beyond-change-efforts/pep22-03-12-001>

Emergency Preparedness and Lesbian, Gay, Bisexual & Transgender (LGBT) People: What Health Centers Need to Know

Developed by the National LGBT Health Education Center, this guide stresses the importance of health centers' considering the unique needs and vulnerabilities of LGBT individuals and families during an emergency. It offers tips for health centers prior to disasters, as part of emergency preparedness, to help ensure that LGBT people feel welcome in their facilities, are included in planning and preparedness processes, and have medical needs met during and after disasters.

<https://lgbtqihealtheducation.org/wp-content/uploads/Emergency-Preparedness-for-LGBT-People-Final.pdf>

LGBTQIA+ People & Disasters

This 25-page report from DRR Dynamics goes over the impacts disasters may have on people in LGBTQIA+ communities and the importance of considering these populations in disaster preparedness, response, and recovery. It covers the vulnerabilities LGBTQIA+

people often have that should be considered when developing policy regarding disaster preparedness. The report concludes with recommendations and case studies highlighting real-world examples of organizations effectively meeting the needs of LGBTQIA+ populations after disasters.

<https://irp.cdn-website.com/cde3424c/files/uploaded/LGBTQIA%2Breport-3.pdf>

Meeting the Needs of Transgender People in Disaster Situations

Louisiana Trans Advocates created this tip sheet to help disaster aid workers make sure transgender people can safely access shelters and receive emergency care without fear of discrimination. This sheet provides tips for interacting with transgender evacuees after a disaster, providing safety and security, and reporting mistreatment or discrimination.

[https://transequality.org/sites/default/files/docs/blog/Meeting the Needs of Trans People in Disaster Situations-2.pdf](https://transequality.org/sites/default/files/docs/blog/Meeting%20the%20Needs%20of%20Trans%20People%20in%20Disaster%20Situations-2.pdf)

Working With the Lesbian, Gay, Bisexual and Transgender Community: A Cultural Competence Guide for Emergency Responders and Volunteers

This guide was developed by the Human Rights Campaign for local, state, and federal government and community organizations that assist disaster survivors. It provides direction on how to develop culturally sensitive policies and train anyone who communicates with survivors to do so in a manner that respects LGBT communities. The guide covers different definitions and how to provide a welcoming environment for individuals and families.

[https://assets2.hrc.org/files/assets/resources/EmergencyResponders - LGBT Competency.pdf](https://assets2.hrc.org/files/assets/resources/EmergencyResponders_-_LGBT_Competency.pdf)

Recent Technical Assistance Requests

In this section, read about responses SAMHSA DTAC staff have provided to recent technical assistance (TA) requests. Send your questions and comments to dtac@samhsa.hhs.gov.

Request: SAMHSA DTAC received a request to compile resources for crisis counselors experiencing compassion fatigue and in need of tips for self-care.

Response: SAMHSA DTAC produced a list of resources specific to compassion fatigue and self-care for crisis counselors and disaster responders. A sample of the resources provided is included below:

- [Compassion Fatigue and Self-care for Crisis Counselors](#)—Part of the Crisis Counseling Assistance and Training Program (CCP) toolkit, this web page provides information for both crisis counselors and CCP leadership. The web page is designed to further understanding of compassion fatigue and responding to signs and symptoms. The web page also provides information about and strategies for self-care.
- [Professional Well-Being: The Adult Resilience Curriculum \(ARC\)](#)—Provided by the SAMHSA Mid-America Mental Health Technology Transfer Center, this web page presents the ARC, a research-based approach to address stress, burnout, and compassion fatigue for healthcare workers and service professionals. While the curriculum was developed specifically for coping with the COVID-19 pandemic, it is applicable to health care and education professionals at any time who are coping with stressors at work. The curriculum features 10 modules for implementing self-care and coping to enhance resilience, as well as a podcast and interactive workbook.
- [Stress Management Techniques, Healthy Coping Strategies, Breathing Exercise](#)—This 8-minute video provides CCP crisis counselors, or anyone working with disaster survivors, with techniques for stress management and self-care. The video explains that providing support for disaster survivors, while important and rewarding, can cause distress;

offers concrete tips for self-care; and includes a demonstration of a breathing exercise to reduce stress.

- [Tips for Disaster Responders: Understanding Compassion Fatigue](#)—This SAMHSA tip sheet describes compassion fatigue and its components: burnout and secondary traumatic stress. It offers tips for coping with compassion fatigue, and it also describes compassion satisfaction and notes ways to foster compassion satisfaction among members of your response team.

Request: SAMHSA DTAC received a voicemail from a program director at a nonprofit organization seeking videos or PowerPoint slides about suicide awareness. The person was seeking this content for a newly created program for families of children with disabilities and other functional and access needs.

Response: SAMHSA DTAC returned the program director's call to discuss resources to distribute for the program, as well as possibly adding the program's resources to SAMHSA DTAC's resource collection. SAMHSA DTAC also followed up with the director via email to share resources from two installments of the SAMHSA Disaster Behavioral Health Information Series (DBHIS). Below are some of the resources shared:

- [SAMHSA DBHIS: Suicidal Thinking, Behavior, and Attempts](#)—This selection in the SAMHSA DBHIS provides a collection of resources surrounding suicidal thinking, behavior, and attempts. You can use the left-hand menu to make further selections based on your needs. Resources include helplines, assessment tools, organizations, online articles, and guides.
- [SAMHSA DBHIS: People With Disabilities and Other Access and Functional Needs](#)—This selection in the SAMHSA DBHIS provides a collection of resources

about people with disabilities and other access and functional needs. You can use the left-hand menu to make further selections based on your needs.

Request: A representative from a statewide independent living council contacted SAMHSA DTAC regarding their bimonthly Partners in Preparedness webinar series. The council asked for potential speakers versed on subjects related to the intersection of disability or mental illness and emergency/disaster preparedness and planning.

Response: SAMHSA DTAC shared several recommended experts that could participate in the webinar. SAMHSA DTAC encouraged the

representative to reach out to the provided list of proposed speakers about the opportunity.



Help Improve SAMHSA's Disaster Services and Products



As a subscriber to this newsletter, you are invited to participate in a short, web-based survey to provide the SAMHSA Disaster Technical Assistance Center (DTAC) with feedback about your experiences with our products and services. The survey should take no more than 15 minutes. Complete the survey by going to the [survey web page](#), or copy and paste the URL https://iqsolutions.qualtrics.com/jfe/form/SV_bjYCSJDUQAGi1h3 into your web browser.

Are you looking for disaster behavioral health resources?

Check out the new and updated
SAMHSA DTAC Disaster Behavioral Health Information Series (DBHIS) installments.



<https://www.samhsa.gov/resource-search/dbhis>

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“Disaster preparedness and response starts at the individual level. However, even in communities with high levels of preparedness capability, there are individuals and families who are particularly vulnerable to disasters **Identification with a historically disadvantaged group—including minorities and the lesbian, gay, bisexual, transgender, queer (LGBTQ+) community—are all factors that can increase vulnerability.** The presence of these characteristics indicates that affected individuals or groups are more likely than others to be severely impacted by disasters and may require additional or distinct support after a disaster occurs or during steady-state disaster preparation” (FEMA, 2020, p. 61).

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