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Hurricane Initiative Examines Impact on Elders

BELONGING AND BELONGINGS: LESSONS FROM KATRINA

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Many lives were changed irrevocably on Aug. 29, 2005, although many of us did not know it yet. Since then, I have come to believe that the United States has been deeply changed by Hurricane Katrina. For who among us feels safer as a result of what has occurred? Who feels more confident that when something terrible happens to us—or to someone we love—that the safety net will hold? Who feels secure that the communities in which we live and work will provide help when we are rendered vulnerable?

As director of the Hurricane Fund for the Elderly, an initiative of Grantmakers In Aging, I have been working with community leaders, state officials and philanthropic organizations to rethink services for older adults, particularly those in Alabama, Louisiana and Mississippi. The hurricanes ruptured the fragile alliance of family care and public services that supports the health and human service system. The damage is so extensive, the problems so complex, that simply rebuilding what existed before the storm is not an option. The entire older-adult service system must be reenvisioned, but to do so the field of aging has to learn from the past and from established best practices. With the new hurricane season under way, it is time to take stock of what has happened, what we have learned and what we can do.

IN THE AFTERMATH

More than 5 million people ages 60 and older lived in the Gulf States prior to the hurricanes of 2005, according to the 2004 American Community Survey Census Data Profile Highlights. These 5 million were among the poorest and most vulnerable elders in the United States. Mississippi ranks first in poverty and Louisiana, second; Alabama is ninth. By the time the hurricane season was over, this area had undergone one of the largest migrations of displaced people in U.S. history. In Louisiana alone, 48% of the state's older people were evacuated, with more than 700,000 older adults leaving their homes or nursing facilities, either temporarily or permanently, to live in shelters. The geographical area affected was roughly the size of Great Britain.

No one has a firm count of how many older adults have returned to the region; however, more than 1,300 older adults in Louisiana living in the community prior to the storm are now living in nursing homes. For many who lived in Biloxi or Gulfport, Miss., all that is left are blocks of cement slabs where homes once stood. The trusted institutions that served older adults—the senior center, the bank, the VA hospital—are either completely gone or in total ruin. Those who have returned to the area are *still* living in tents and trailers, or crowded into apartments with extended family.

People who have never sought help from the aging-services system now desperately need assistance, but the poorest states also have poorly funded older-adult service systems. In this time of great need, the area's already thin tax base has withered, necessitating further cuts. And there is no great infusion of federal dollars available to shore up the beleaguered aging-services system.

The initial outpouring of contributions and assistance to help survivors of Katrina has waned, and very few recovery initiatives have specifically addressed the needs of older adults. Most have focused on

providing housing and jobs, as well as getting children settled in school. I have heard repeatedly from leaders desperate to save their communities that older adults are simply not a priority. I have heard—explicitly stated—that older people without money and family should not return to New Orleans, because the city lacks health and social services. Nevertheless, older adults have already returned to the communities in which they have lived for decades.

CHALLENGES

Reenvisioning older-adult services means addressing historical, complex and often heartbreaking issues of race and privilege. It means rethinking outmoded assumptions. It also means reconciling stark economic realities and accurately predicting migration patterns as the region is resettled. In addition, developing a new vision means working without great data, because Katrina's floods destroyed files and computers. For many of the incredibly brave and resilient leaders in the Gulf States, it means doing all these things while being emotionally and physically exhausted.

Meeting the physical and mental health needs of older adults in the aftermath of disaster presents serious problems. Nine hospitals in the New Orleans area closed, including Charity Hospital, the hospital of last resort for low-income people. Many healthcare professionals have left the region. The ranks of workers in the aging-services system have been decimated because many relocated with their families, some died during the storms and others have been recruited to higher-paying jobs. Local McDonald's restaurants, for example, are offering higher wages than a home health aide can make, and are recruiting needed workers with a substantial sign-on bonus. Services in aging simply can't compete.

Although heartrending lessons about disaster preparedness, evacuation needs and planning emerged from the floodwaters, the immediacy of day-to-day living prevents these lessons from being put to good use. Other than a newfound determination to evacuate at the first sign of a storm, few would say that the area is better prepared than it was a year ago. The problems of the region have frozen many who want to help into inaction as they wait to identify the right approach. Although the best solutions eventually will come from the communities affected, professionals across the county have a role to play in helping to sort through the options, lend best-practices ideas, and advocate for the funds and expert assistance necessary to get the work done.

LESSONS LEARNED

Among the lessons learned about supporting elders in a time of crisis is that interconnectedness and a sense of belonging are crucial to making people safer in disaster situations. The richness of an older person's web of connections—to family, friends, church, neighbors, community and the aging-services delivery system—provides overlapping layers of assistance in times of trouble. If one set of connections fails, another has the potential to be life sustaining. The formal service-delivery system provides the underlying safety net. A robust formal service-delivery system for older adults is not a luxury—it is a necessity.

In addition to the importance of belonging, the safety of material belongings is another key component that contributes both to disaster readiness and to the quality of elders' lives. People live among their memories and reminders of the past, and their belongings also make it possible for many older adults to live independently. Adaptive equipment, whether from a medical supply company or homemade, can mean the difference between independence and dependence. Fear of losing belongings led many elders to refuse to evacuate, sometimes with deadly consequences. Unfortunately, these fears were well founded: Scores of potentially capable older adults landed in nursing homes.

With communities wiped out, many families are left with no heirlooms, no photos and no tangible proof of the past. Disaster preparedness helps people anticipate how to handle their belongings so that in a crisis, these very difficult decisions will already have been made. The addition of a reassuring voice in a time of stress can help support the decision to seek safer ground, thus reducing the number of people who end up dying to preserve their belongings.

In addition, for many who are isolated, pets may be their sole companion and source of emotional connectedness. Pets also come with a responsibility that elders take very seriously. Being able to evacuate safely with pets is a complex but vital issue that needs to be resolved.

HOW TO HELP

It is crucial at this time that professionals in aging remember that Hurricane Katrina continues to be an unfolding tragedy. People can contact their elected officials and ask what is being done for older adults in

the Gulf States. Those able to do so can volunteer a week of service to muck out homes. (Many of those remaining belong to older adults.) People can still dig down and contribute—again—to charitable organizations, asking them pointedly what they are doing to address the needs of older people in the affected area. Those in aging can also remind others that the recovery needs are still acute, by speaking loudly and often about this forgotten population.

Locally, those who serve elders can inquire about disaster-preparedness plans in their communities and use their expertise to analyze how well these plans accommodate the special needs of older adults. Learn more about the range of older-adult services in your area and in other parts of the country: A weak aging-services system in one state puts us all at risk.

As a professional community, we in aging have the knowledge to provide high-quality, comprehensive services to vulnerable elders. As a society, we have the capacity to apply this knowledge to rebuilding systems and making them better. Ultimately, we all have the responsibility to address the needs of older adults and ensure that never again will such a tragedy find us, as a country, so helplessly unprepared. ❖

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KATRINA'S ELDERS

Tragically for some, being poor and vulnerable became a terminal condition in the wake of Hurricane Katrina. Various newspapers and related sources reported in the months following the disaster that:

- Although older adults compose only 15% of the New Orleans population, those 60 or older accounted for 60% of the dead from Hurricane Katrina.
- Nearly half of those who died were age 75 or older.
- Of the New Orleans area's 53 nursing homes, 70% were not evacuated before Katrina made landfall.
- About 20% of those killed in Katrina were found in hospitals and nursing homes.
- In the wake of Katrina and Hurricane Rita, more than 30,000 elders and people with disabilities from 400 nursing homes were evacuated by buses, cargo planes and helicopters to 19 different states. ❖

—Jennifer Campbell