

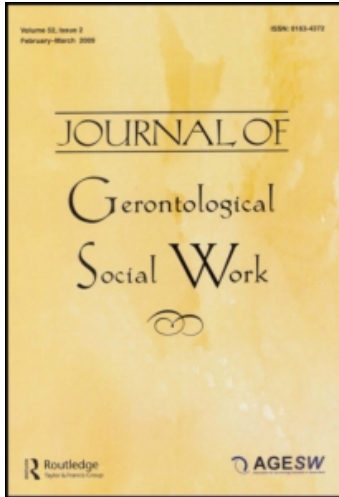
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Disaster, Vulnerability, and Older Adults: Toward a Social Work Response

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Editorial

Disaster, Vulnerability, and Older Adults: Toward a Social Work Response

DISASTER

After the devastating earthquake in Christchurch we all feel vulnerable here in New Zealand, but as reports from Tokyo remind us, when it comes to disasters, older adults are most vulnerable of all. As of March 23, 65% of the 2,853 people known to have died in Japan's earthquake and tsunami were over 60 years old, and an estimated 46% were 70 or older (House of Japan, 2011; Majiroxnews, 2011). These figures are high, even for a nation with one of the world's oldest populations. Older adults make up 23% of Japanese, nearly twice their proportion in the United States.

Kansai University professor Yoshiaki Kawata explained that older people have higher mortality rates because they move more slowly. He suggested that "The central and local governments should review the way they evacuate the elderly and impress upon young people that they should help out in an emergency" (House of Japan, 2011; Majiroxnews, 2011). Evacuation plans are necessary but clearly not sufficient. MSNBC reported that 14 seniors died, presumably of exposure, *after* being moved from a hospital near the damaged Fukushima nuclear plant to temporary shelter in a school gym (MSNBC, 2011). Apart from that, when the sky is falling it is hardly reasonable to expect 25-year-olds to risk their own lives to help straggling elders.

But what is reasonable? This editorial will briefly consider factors that contribute to the vulnerability of older adults in times of disaster and outline some considerations that might inform our social work contribution to disaster preparedness and response.

Vulnerability and Resilience

Older adults do move more slowly. This is just one of the myriad physical realities that leave them at greater risk of injury and death from disasters. Older adults, particularly those with poor health or low socioeconomic status, are more vulnerable to the physical effects of disasters, particularly "rapid onset disasters," like tornadoes and earthquakes (Ngo, 2001). In 1992

Hurricane Andrew hit southern Florida with devastating power. Subsequent studies of mortality patterns revealed that during the storm, older adults were at disproportionate risk of dying from “mechanical asphyxia” in their homes and from falls. After the storm they were more likely than younger people to die from cardiovascular causes (Lew & Wetli, 1996). This pattern of higher mortality among the elderly has been observed across a range of disasters (CDC-ARC, 1997).

Some disaster-related deaths of older adults can be attributed to the professionals charged with their care. For instance, rescue workers in Japan found 128 elders abandoned in a hospital near the Fukushima plant (House of Japan, 2011). Hurricane Katrina raised the nightmarish possibility of medical professionals deliberately causing the deaths of their older patients. When floodwaters surrounded the Memorial Medical Center in New Orleans, most of the medical staff decamped. Those who stayed behind faced appalling conditions and apparently decided to “ease the suffering” of some of the elderly and debilitated patients. Lethal doses of morphine and a benzodiazepine sedative were administered during the ongoing evacuation. A grand jury would later refuse to indict Dr. Anna Pou and the two nurses for their actions, leaving the doctor free to become a passionate advocate for legislation provide legal immunity to physicians for their actions in times of disaster (Caplan, 2011; Fink, 2009).

While physical aging and social indifference increase the physical vulnerability of elders, they may be more resilient than young adults to the psychological effects of disaster. Following his extensive review of literature in the area, Ehren Ngo described the “protective effect of older age on psychological health in the event of disaster exposure . . .” (p. 83), citing studies that found elderly disaster victims report less anxiety, show less stress, are less anxious, and are less likely to suffer from long-term mental health problems than younger victims (Ngo, 2001). Of course, it is also possible that older adults manifest their emotional reactions in ways that are less easy to detect.

A SOCIAL WORK RESPONSE

“Disaster preparedness” is an oxymoron. If we were prepared, it wouldn’t have been a disaster, would it? Still, in the aftermath we must contribute to policy debates in ways that will mitigate the effects of future disasters on elders. Apart from their obvious advantages, social work efforts to provide good health, safe housing, and adequate income to low-income seniors have the added benefit of reducing their vulnerability in times of disaster. In addition to maintaining the public safety net, social workers must represent the interests of vulnerable elders in debates about the unique ethical concerns that arise in times of disaster, such as the allocation of scarce health care resources and the acceptability (tacit or otherwise) of euthanasia.

Finally, social workers can monitor and contribute to disaster preparedness in our communities. The Administration on Aging requires that all state Units on Aging prepare a written disaster response plan. Social work professionals might review these plans to confirm that they are comprehensive and up-to-date (Administration on Aging, 1995).

This age-specific approach stands in contrast to guidelines for best practices developed by HelpAge International. Based on the experiences of older adults in disasters around the world, HelpAge recommends against the establishment of separate response plans for the aged. Instead, they advise that emergency plans for the general population take into account the needs and vulnerabilities of older adults (HelpAge International, 2011). Perhaps social advocates can contribute to disaster preparedness through both of these strategies.

Specialists in community organization might consider a model program developed by the San Francisco City and County Department of Public Health, Emergency Services Section (Ngo, 2001). The Department maintains a voluntary "Disaster Registry" for elderly and disabled individuals with confidential information about their medical condition, functional abilities, and social resources. In case of disaster, Neighborhood Emergency Response Teams made up of volunteers trained in first aid, disaster response, and light search and rescue can access the registry to check on vulnerable individuals.

Social work practitioners also contribute to disaster response efforts to provide housing assistance or emergency food, as well as counseling and mental health care. The latter may be less relevant to the needs of older adults, who may be inclined to cope independently with disasters' psychological sequelae. There is some evidence to suggest that in the aftermath of disaster, older adults are as willing as younger groups to receive tangible assistance, but less willing to access mental health services. This preference has been attributed to stigma associated with counseling, as well as concerns about loss of autonomy, both of which should be taken into account in disaster response (Huerta & Horton, 1978).

When the panic of disaster fades we are left with an urgent desire to "do something." In time, the sense of urgency will diminish, but before it does we might resolve to incorporate a measure of disaster preparedness into our professional activities, be they research, advocacy, education, community development, or direct practice.

INTRODUCTION TO THE ISSUE

This issue of *Journal of Gerontological Social Work* focuses on a range of issues that affect vulnerable older adults. First, Davette Taylor-Harris and Heying Jenny Zhan describe the benefits of senior centers from the perspectives of African-American participants. In our second offering, Anne P. Glass and Linda F. Samuel move outside the traditional arena of social work practice to suggesting that professionals can help with decisions about

the disposition of corporeal remains. Tina Maschi and her colleagues at Fordham University review the literature on trauma and stress among older adults in the criminal justice system, with careful attention to implications for social work professionals. Soleman H. Abu-Bader and his colleagues identify factors associated with depression among Muslim elders who have immigrated to the United States. The issue closes with Janna Heyman's review of *Transforming Palliative Care in Nursing Homes: The Social Work Role* (2010), edited by Mercedes Bern-Klug. In the review, Heyman describes the book as "a rich resource for social workers in the nursing home setting" (p. 450).

Amanda S. Barusch
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