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POLICY BRIEF

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SENIORS IN EMERGENCIES

A CALL FOR ACTION

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SENIORS IN EMERGENCIES:
A Call for Action

Emergencies are increasing worldwide, including several countries of the Eastern Mediterranean region (EMR), and older adults remain one of the most seriously affected groups. This policy brief intends to shed light over the importance of recognizing older adults' particular needs as well as their capacity to contribute in emergencies. Drawing on experiences from the Lebanon wars, this policy brief raises the visibility of seniors in emergencies, outlines factors that place them at risk and impresses governments, responders and the community at large to make appropriate provision for their inclusion in planning for, responding to and recovering from emergencies, within the broader health and social policies and practices.

INTRODUCTION

Man-made disasters, wars, political violence and natural hazards are increasing worldwide, with effects being felt most severely on vulnerable populations, notably older adults. Emergencies pose a wide range of serious threats to security, health and wellbeing. Apart from direct effects (deaths, injuries and trauma), emergencies increase the risk of illness owing to lack of access to clean water, food insecurity, damage to healthcare and social services, displacements, forced migration and social dislocation, and disruption of livelihoods. Lack of preparations for emergencies aggravates the impact of disasters.

For the past several years, a number of international agencies in the Western World have focused attention on various facets of seniors in emergencies. HelpAge International, founded in 1983, has been working towards raising awareness of older people's needs among other agencies and has served as a resource, assisting them to include older people in their relief programs (HelpAge, 2000). The International Federation of Red Cross and Red Crescent Societies have stressed on the importance of early warning and early response in saving lives and protecting livelihoods (World Disasters Report, 2009). Since 2006, the Public Health Agency of Canada Division of Aging and Seniors has spearheaded efforts to create new partnerships among the gerontology and emergency management sectors, serving as a central coordinating body for several international working groups, which are collaborating on knowledge development and exchange, as well as program and policy development. The 2002 United Nations Madrid International Plan of Action on Ageing (MIPAA) included specific articles and objectives relating to emergencies with a focus on the need for concrete measures to protect and assist older people in situations of armed conflict, as well as the necessity of supporting the contributions older people can make to the re-establishment and reconstruction of affected communities, and the rebuilding of social fabric following emergencies. More recently, the World Health organization (WHO) conducted a review of scientific research, field reports and expert opinion to inform health action in crises (Hutton, 2008).

In the midst of wars and conflicts that have been ongoing in the EMR for the past several decades, the lack of similar initiatives in the region is surprising. Resources are scarce and the humanitarian response focuses on shelter, food, water and health care. Older adults' situation is generally much less widely known and their needs and potential capabilities are often overlooked in emergency policies and programs. Opportunities to reduce the human, social and economic toll of emergencies on older adults are missed. National governments, donors and all stakeholders must take up this challenge.

Age-responsive emergency planning

The fact that older adults fit into the category of 'vulnerable' or having 'special needs' for such reasons as age-related frailty, impairment or medical condition is widely overlooked, despite overwhelming evidence to indicate that they are particularly at risk and neglected in emergencies.

The fact that older adults represent a resource and may have capabilities that can be utilized positively before, during and after an emergency, to the benefit of the community and overall management of the emergency, is almost universally ignored, resulting in the under-utilization of valuable community-based resources.

MacCourt, 2009

UNDERSTANDING OLDER PEOPLE'S VULNERABILITIES AND CAPACITIES IN EMERGENCIES

The degree of vulnerability as well the extent of disaster impact depend much on the initial economic and health conditions of the older adult, the type, severity and duration of the event, and the emergency management system in place. Inevitably, the vulnerabilities of older people are heightened during disasters and conflicts. There is also evidence that the marginality experienced by older people places them at higher risk to be invisible to humanitarian agencies. In crisis situation, minor impairments that do not interfere with daily functioning in the normal environment can quickly become major handicaps that overwhelm the older individual's capacity to cope (WHO, 2006). For example, an older person with arthritic knees, living alone in a high-rise apartment, is unable, during times of crisis, to evacuate or flee from danger. Sensory deficits and cognitive impairments can also be seriously incapacitating and may mean that some frailer individuals will have difficulty hearing explosions in the neighborhood or understanding emergency warnings and directions, and/or become disoriented and confused in unfamiliar surroundings (Hutton, 2008).

Humanitarian field assessments and research reports indicate several frequently encountered problems during emergencies: 1) poorer access to medical care and food supplies (Doocy et al., 2007); 2) resistance to leave at risk areas because of sense of

belonging and fear to lose their houses, possessions and livelihoods (July War on Lebanon, 2006); 3) difficulty of social and cultural adaptation because of relocation (Canada Firestorm, 2003); 4) delay in response and lack of professional care staff which contribute to the death toll (Heat wave in France, 2003); 5) Social isolation and disruption of relations with family members, friends and neighbors (Kobe earthquake, 1995); and 6) lack of coordination among government and non-government agencies involved in emergency management which was evident in most emergencies, including that of Lebanon July-2006 war, Louisiana Hurricane, 2005 and in Quebec during the Ice Storm in 1998 (Ploufe, 2008).

"Older adults are the preservers of our traditions. They are the keepers and story-tellers of our community's history. If an aged dies, a library is lost".

African proverb

Due to these vulnerabilities, there is an overall lack of recognition of the potential of older people as an asset and as a resource (PLoufe, 2008). Older persons constitute a valuable social and human resource for their families and communities and are in many ways very resilient. Wisdom and years of experience allow them to make contributions across areas of care, coping strategies, counseling and rehabilitation. Furthermore, during crisis, older adults can assist in the evacuation process: they can help identifying safe areas and share their knowledge about safety measures and how to minimize exposure. They can reach out to provide assistance to those in need and serve as volunteers for the various activities (cooking, fundraising, providing shelters, socializing etc…). Additionally, older adults use their position of honor and respect to keep families and communities integral and functional. Older adults can actively participate in all the stages of emergency management and be a valuable resource in the elaboration of plans of disaster reduction, planning for and responding in an emergency situation.

The Case of Lebanon: July 2006 War

In July 2006, a brutal war ravaged Lebanon for 33 days. The Higher Relief Council had put the overall human toll at over 1,000 civilian deaths and 5,000 wounded. Around 200,000 were forced to leave the country and more than 1,100,000 Lebanese –representing over one quarter of the population– had been displaced out of their homes, half of them seeking shelter in the capital city Beirut. The displaced sought refuge in public schools, university buildings, public gardens and underground car parking. Obstacles to rescue were enormous due to the large number of internally displaced people (IDPs), a disruption of regular basic health functions, damage to the airport, hospitals, roads and vital bridges and shortages of fuel, drugs and medical supplies.

In the aftermath of the war, several studies were conducted. A few mapped older adults' experiences, vulnerabilities, needs and leverage during and after the conflict, and others investigated the preparedness and responsiveness of the community in policies and practice (including family, neighbors, governmental and non-governmental organizations). Such studies were highly salient to the renewed global focus on research agenda addressing issues and challenges facing the fundamental rights of older persons in emergencies (Sibai et al., 2007a and 2007b; Abi Habib et al., 2007; Balamand University, 2006).

Working with and learning from older people in Lebanon

In response to the July 2006 war on Lebanon, the Makassed Philanthropic Association began operations at ten Beirut Schools to meet the health and humanitarian needs of over 3500 displaced persons. Older people played an important role in making this a success. Nabil Kronfol recalls:

"At the Ali Bin Abi Taleb School in Beirut, the life of the displaced remained quite cheerful, in spite of the adversities of war. This school had welcomed about 185 displaced of all ages. Every morning, the chores were distributed. Social workers from the Makassed Association would take the children to the courtyard and organize various activities for them: storytelling, face-painting, drawing lessons and reading. The younger women were assigned the duty of cleaning the premises on a rotating basis. The older ladies were asked to cook for the groups. All these activities would end by noontime. After a much-needed rest, older men would sit in one of the corners discussing the political situation, with varying levels of optimism. The older ladies would rally around them children and tell them stories about life in the village in yesteryears. This organization and delegation of tasks in that school was soon adopted in other centers. Older people have provided a significant level of support for the displaced children and the worried younger mothers. They provided supervision, care and guidance."

Kronfol N, unpublished communication, December 22, 2006
Hutton, 2008

Findings of the studies showed that during the emergency, the disintegration of the social and health services placed older adults at a greater vulnerability to meet their individual needs. The results supported theories from other investigations indicating that the majority of older adults chose to remain behind to protect their home, but added further insights into the role of socio-demographic, economic and health constraints in heightening older adults' isolation during and after conflicts, acting as a barrier to their inclusion and accessibility. Physical disabilities, economic marginalization and inability to pay for transportation were among the main reasons why older adults remained behind in their homes throughout the war. Those who were displaced, on the other hand, uttered a need for assistive devices for existing health conditions and activities of daily living, which were either lost during evacuation or left behind. Yet, assistive devices such as hearing aids, eyeglasses, walking canes and glucose monitors were largely lacking within humanitarian emergency response.

In spite of the above, the contribution of older adults during this crisis was evident, in particular, in the care and assistance provided to other frail older adults. The physical damage and accentuated isolation increased their invisibility and exclusion, but induced a crowded living arrangement composed of mostly older people, hence more opportunities for reliance on one-another (Fig 1). Findings of the studies indicated a significant increase in the role of older people supporting their peers during the crisis which was not observed in the case of care given to children and grand-children. Contribution of older people was not significantly different by gender, perhaps dispelling stereotypes that women may be the sole caregiver during conflict.

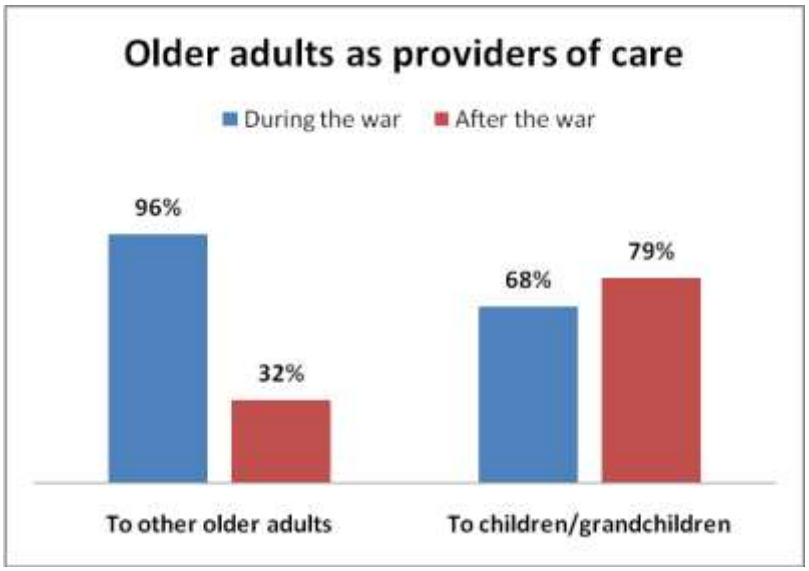

Fig 1. Care provided by older adults to the peers and to children/grandchildren during and after the July 2006 war on Lebanon (Sibai et al., 2007b)

Despite the recurrent conflicts and emergencies in Lebanon, the majority of the nursing homes, centers and NGOs were not prepared for the war and their response was mainly reactive: two thirds of the centers improvised ad hoc plans during the crisis and around 60 percent formulated “Emergency Committees”, and this was at the expense of other exiting services such as mental health, counseling and social services (Fig 2). Towards the end of the war, the media which was instrumental in attracting donations and mobilization of efforts has shifted its attention from a focus on traumas and experiences to pressing political issues tapering foreign humanitarian assistance during the recovery phase.

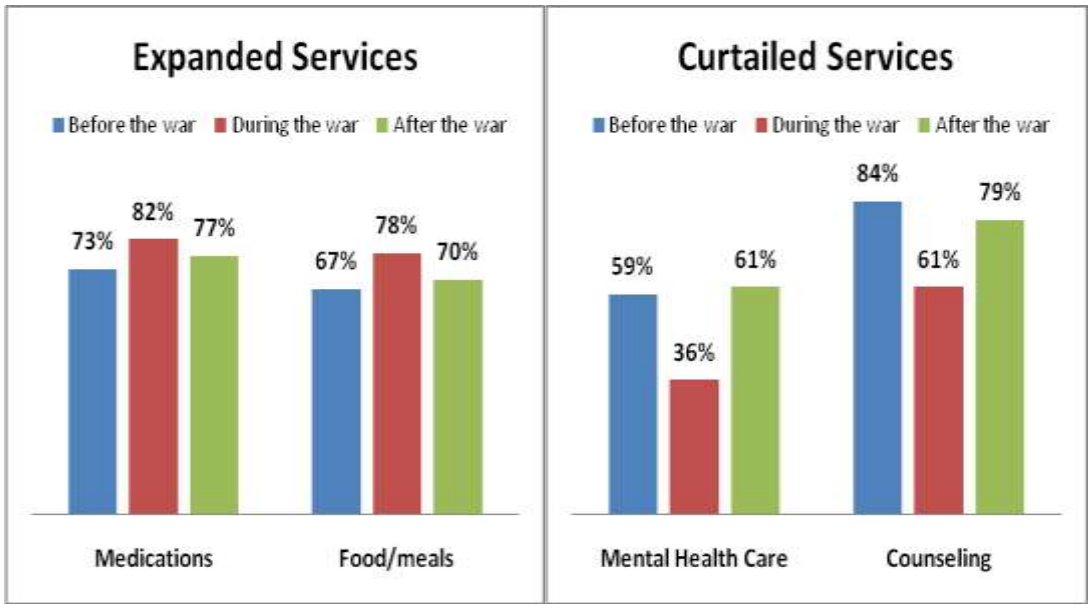

Fig 2. Expanded and curtailed services before, during and in the aftermath of the July 2006 on Lebanon (Sibai et al., 2007a)

The Syrian Crisis

The more recent Syrian crises, with all of its transnational ramifications, divulged the perilous health profile of older refugees, providing further evidence of the disproportionate vulnerabilities of older persons in crisis situations (HIA and HI, 2013). A rapid assessment conducted by Caritas Lebanon in the summer of 2013 among a sample of older Syrian and Palestinian refugees from Syria describes their precarious conditions (Chahda et. al, 2013). Nearly all subjects listed at least one chronic illness, 60 percent had hypertension, 17 percent had diabetes, and 30 percent reported some form of heart disease. The majority (87 percent) were unable to afford the medication they need. Most respondents had a number of disabilities, notably difficulty in walking and vision loss. Approximately 10 percent of older refugees were physically unable to leave their homes and 4 percent were bedridden.

Despite these findings, the study found that older persons have a number of significant assets to bring to their families (Chahda et al., 2013). Older persons had a positive effect on other members' mental health and many provided assistance with child care and household chores. Their voices were more likely to be heard, and were able to be more effective negotiators with the host community.

Approximately 40 percent of older Syrian refugees provided care for someone in their household. Of those who provided care, 37 percent cared for their spouse and 32 percent cared for a child age 5 to 15. Less commonly, older Syrian refugees cared for other older adults (18 percent), other non-elderly adults (8 percent), or children under the age of 5 (5 percent).

Caritas Lebanon Migrants Center
Forgotten Voices: An insight into older persons among refugees from Syria in Lebanon, 2013

EMERGENCY MANAGEMENT

Although the exact timing of a disaster continues to be an unidentified point in time, some of the emergencies can be predicted, thus their impact can be lessened. The emergency management encompasses three phases that are highly interconnected: 1) Preparedness (planning and developing policies and strategies to lessen the impact of crisis situation); 2) Response (the implementation of the policies and strategies previously mentioned); and 3) Recovery (developing medium and long-term post-disaster plans and policies that attempt to meet the various needs of the community) (Hutton, 2008).

A POLICY LENS

This policy brief calls for adopting attitudes, policies and programs that protect and support older people's rights and recognize and value their contributions in times of emergencies (adapted from Sibai et al., 2007a and 2007b).

- Reducing the vulnerability of older people is not about creating separate services catered specifically for them. It is about ensuring that they have equal access to vital services. This requires that humanitarian relief agencies and service providers are more aware of the particular problems they face. It also means including older people in all emergency management phases.
- Emergency responses during the crisis have traditionally focused on shelter, food, water and health care. However, the type, dynamics and duration of the disaster may impose different priorities for older people. Key issues for seniors are, in addition to health, mobility and economic rehabilitation.
- NGOs, centers and nursing homes should be encouraged to formulate an emergency management policy, and these centers should be involved in humanitarian relief activities.
- Organizations need to be aware of local disparities and the specificities and diversity of older adults' needs. Templates for essential health care requirements and emergency kits for older persons are required. Due emphasis needs to be placed on provision of assistive devices and replacing broken or lost ones during the crisis (even for such simple aids as eyeglasses).

- Post-emergency challenges are more difficult to meet because the massive influx of assistance during the crisis usually ceases post the emergency. The continuity of services and long-term rehabilitation are critical.
- Efforts should be made to increase access to older women, specifically those who may be isolated, housebound or disabled. Emergency management needs to be evaluated from the perspective of older adults themselves. The disintegration of the typical social fabric may mean that provision of manual assistance, including help with daily activities, becomes needed in emergencies.
- The deaths of relatives or the loss of assets can be particularly devastating for the psychological wellbeing of older people, Agencies' assessments and interventions need to be more broadly based to include cultural and psychological needs.
- Seniors' ties to family and social and cultural groups in their community, as well as their resilience, can be useful for better relief efforts and for building post-disaster recovery momentum. Encouraging older adults to contribute to all activities of emergency management (planning, response and recovery) will avoid marginalization, facilitate implementation of measures, and endorse basic human rights.
- Public education and awareness of seniors in emergency planning and during disasters are critical factors in mitigating outcomes. Training on the health issues of frail seniors and psychosocial aspects of emergencies should be conducted and standardized. There is a need to develop effective tools for training health practitioners, volunteers and other stakeholders. Also, the media ought to be engaged in heightening older persons' concerns in emergencies and support the effort to enhance political will.

CONCLUSION

Natural and conflict-related emergencies are increasing worldwide and older people remain one of the most affected groups. Yet, the needs and contributions of older people are generally overlooked by humanitarian organizations in terms of policy and practice. There is a need to develop a "culture" of emergency preparedness within governments, NGOs, the private sector and communities that realizes the needs as well as the contributions of older persons and provides equitable care to essential health and social services in planning for, responding to, and recovering from emergencies. The worsening violence in Syria, the continued influx of homeless refugees and the chronicity of the crisis require bold, dignified, humane and life-saving immediate interventions as well as long-term development planning.

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About the CSA

The CSA was established in 2008 in Lebanon by a group of professionals committed to the promotion of evidence-based policy and practice in support of the older population. The mission of the CSA is to create a forum for research, education, policy formulation, and training on aging in Lebanon and the Arab region. Its motto is 'Translating Research into Policy and Practice' (TRIPP).

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