

UNDESA Expert Group Meeting: “Older Persons in Emergency Crises”

**“Navigating the New Normal: Key Considerations for Older Adults, Family Caregivers
and US-Based NGO Second Responders When a Natural Disaster Strikes”**

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I. Introduction

Natural disasters² in the United States have become more frequent, more intense and more devastating in terms of deaths, injuries and property damage since the dawn of the 21st Century.³ Unfortunately, none of the global advances in technology over the past 20 years have produced insights, strategies or tactics to divert a hurricane or tornado from landfall, to eliminate the nature or extent of earthquakes and tremors, or to prevent wildfires from scorching California and other western states on an annual basis.⁴ Still, there have been significant advances in early warning systems and related detection protocols.⁵ These technological advances have increased the capabilities of government and first responders to react in the wake of these extreme weather events. The remaining socioeconomic and logistical challenges: (1) shrinking the knowledge gap between *where* many natural disasters could occur across the United States and *when* disaster will strike; (2) expanding the movement toward universal acceptance of age-friendly states and communities to ensure a more level playing field for our neighbors in need and their respective communities before, during and after extreme weather events; and (3) continuing to support policies, programs and support services so that older adults can continue to choose where and how they want to live.

At the same time, America, like the rest of the world is aging rapidly. According to the United Nation’s projections, one million people turn 60 years old every day.⁶ The population of global elderly (age 60 and

¹ AARP is the nation’s largest nonprofit, nonpartisan organization dedicated to empowering Americans 50 and older to choose how they live as they age. With nearly 38 million members and offices in every state, the District of Columbia, Puerto Rico and the U.S. Virgin Islands, AARP works to strengthen communities and advocate for what matters most to families with a focus on health security, financial stability and personal fulfillment. AARP also works for individuals in the marketplace by sparking new solutions and allowing carefully chosen, high-quality products and services to carry the AARP name. As a trusted source for news and information, AARP produces the world’s largest circulation publications, *AARP The Magazine* and *AARP Bulletin*. To learn more, visit www.aarp.org or follow @AARP and @AARPadvocates on social media.

² “A *natural disaster* is an act of nature of such magnitude as to create a catastrophic situation in which the day-to-day patterns of life are suddenly disrupted and people are plunged into helplessness and suffering, and, as a result, need food, clothing, shelter, medical and nursing care and other necessities of life, and protection against unfavorable environmental factors and conditions.” *See World Health Organization (“WHO”), Guide to Sanitation in Natural Disasters* (1971) (E.g., floods, hurricanes, tornadoes, volcanic eruptions, earthquakes, tsunamis, etc. that adversely impact population centers).

³ P. Freeman, M. Keen & M. Mani, “*Dealing with Increased Risks of Natural Disasters: Challenges and Options*”, IMF Working Paper (WP/03/197, Oct. 2003).

⁴ *See* 42 U.S.C. § 5122 (2018) (the Stafford Act, as amended). Under federal law, a “*major disaster*” means any natural catastrophe (including any hurricane, tornado, storm, high water, wind driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought), or regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this chapter to supplement the efforts and available resources of States, local governments and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.”

⁵ *See generally* U.S. Geological Survey (“USGS”), *National Earthquake Hazards Program* (USGS is the only federal agency with responsibility for recording and reporting earthquake activity nationwide) (<https://earthquake.usgs.gov/>).

⁶ United Nations Dept. of Econ. & Social Affairs, Population Div. (“UNDESA”), “*World Population Ageing 2015*” (ST/ESA/SER.A/390, 2015).

older) is expected to reach more than 2 billion persons by the year 2050. In the United States, people age 65 or older will outnumber children under the age of 18 by 2035. The median age in the United States is expected to grow from 38 years old today to 43 year of age by 2043. Even as the world ages at an exponential rate; however, health outcomes for U.S. residents vary widely -- almost from zip code to zip code.⁷ As such, older in many instances could mean wiser; but it does not necessarily mean healthier (i.e., a growing number of older Americans will need more help before, during and after natural disasters).

Given the foregoing, it is critical that policymakers, thought leaders and educators move aggressively to develop and embed a culture of preparedness across what is today a loosely defined network of stakeholders. This interconnected group includes the government and first responders at all levels; family caregivers; and volunteers (both non-governmental organizations and individuals). In developing this culture of preparedness, new risk assessments are needed, *with accompanying laws*, which thoroughly cover: (a) where vertical construction occurs; (b) how buildings and other vertical structures are constructed; and (c) where and how people live, particularly within flood plains⁸ and fault lines.

A. The U.S. Public Sector

Natural disasters do not respect political ideologies, geographic boundaries, or the current state of infrastructure or amenities in any particular devastated jurisdiction or community.⁹ If all or part of subdivision was robust before an extreme weather event, there is a likelihood that the emergency management cycle¹⁰ can restore that location to a condition “as good as” or “better” than it existed before the natural disaster. If, on the other hand, a community is largely unserved or under-resourced (i.e., benign neglect) before disaster strikes, the prospects for full recovery are dim, which means that cause adverse conditions could languish for years. Similarly, natural disasters are unpredictable in terms of direction and timing. In many instances, a major weather event strikes numerous jurisdictions simultaneously or contemporaneously (e.g., Hurricanes Katrina or Irma, and Super Storm Sandy, etc.). This degree of unpredictability of extreme weather events inhibits or reduces inter-jurisdictional collaboration because each jurisdiction must first review and respond to its own situation before attempting to render aid elsewhere – assuming, of course, all the appropriate assets for disaster management are in place or readily available for a timely response and effective management of resources.¹¹ It also is worth noting that the poorest communities often are the hardest hit areas, especially communities

⁷ A. Roeder, “*Zip Code Better Predictor of Health than Genetic Code*,” Harvard T.H. Chan School of Public Health (August 4, 2014) (<https://www.hsph.harvard.edu/news/features/zip-code-better-predictor-of-health-than-genetic-code/>).

⁸ Flooding is America’s #1 natural hazard. See FEMA Release No. 1530-027 (Aug. 16, 2004) (U.S. Flood Map Service Center; www.FloodSmart.gov).

⁹ On October 5, 2018, the President signed the Disaster Recovery Reform Act of 2018 into federal law. See also *Barbosa v. U.S. Dept. of Homeland Security*, 916 F.3d 1068, 1070, 1073 (D.C. Cir. 2019) (the Stafford Act’s discretionary function exception to judicial review precluded the homeowners’ action challenging the nature of FEMA’s rule making authority; the range of FEMA’s latitude is quite wide).

¹⁰ FEMA recognizes four (4) phases of the emergency management cycle: (i) Mitigation; (ii) Preparation; (iii) Response; and (iv) Recovery.

¹¹ The World Health Organization (“WHO”) Age-Friendly Cities & Communities guide highlights eight (8) domains of livability cities, counties and states can deploy to better adapt their structures and services to the needs of older persons: (i) Outdoor spaces and Buildings to gather; (ii) Transportation; (iii) Housing; (iv) Social Participation; (v) Respect and Social Inclusion; (vi) Civic Participation and Employment; (vii) Communication and Information; and (viii) Community and Health Services. Since 2012, four states (Colorado, Florida, Massachusetts and New York) and 363 communities have joined the AARP Network of Age-Friendly States & Communities to begin proactively working to design, implement or upgrade these eight domains. See <https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/member-list.html>.

where the poverty rate is high and where there is a traditional risk of flooding. As property values drop from the flooding and the local tax base erodes, these areas inevitably struggle to find the resources to build or rebuild adaptive infrastructure.

B. Family Caregivers

Another generally known, but often unspoken, challenge of natural disasters is the pre-existing plight of family caregivers¹² in the United States. Today, there are more than 40 million U.S. caregivers providing over 37 billion hours of caregiving support to adults with long term care needs with an estimated economic value exceeding (USD) \$470 billion per year.¹³ Sixty percent (60%) of these family caregivers have full or part time jobs. More than half of these family caregivers (55%) report being overwhelmed by the amount of care their loved one needs. Notably, as of 2015, more than 1 out of every 5 retirees (22%) left the workforce earlier than planned to care for an ill spouse or other adult family member or friend. This overwhelmed, uncompensated corps of family and friends already is besieged by the day to day rigors of family caregiving.

Consequently, the notion of anticipating or preparing for natural disasters in far too many instances is an afterthought. This is true even in jurisdictions where extreme weather events are commonplace and when the transportation needs of older adults are an inextricable part of the overall care plan. Finally, even in those select instances when some advance planning for a natural disaster has occurred, there still remains a significant risk that general disaster planning checklists and toolkits might be insufficient to cover the special needs of persons suffering from dementia, other non-communicable diseases (cancer, stroke, etc.), the digital divide or mobility challenges. In sum, family caregivers in U.S. are drowning in household duties, and starving for actionable tools, tips and resources to lessen the caregiving burden before, during and after natural disasters.

C. Volunteers: NGOs and Individuals as Second Responders

Natural disasters have a tendency to bring out the best and the worst among us. On the one hand, individual volunteers and non-governmental organizations essentially are ready to provide (sometimes) life giving support to first responders and our neighbors in need.¹⁴ Unfortunately, there is no established set of best practices or common practices that have been agreed upon at the federal, state or local level for ensuring that the people and non-governmental organizations that want to help are able to assist the people who need the help without getting in the way of first responders. “It is a paradox – people’s willingness to volunteer versus the system’s ability to use them effectively.”¹⁵ On the other hand, natural disasters also provide fertile ground for thieves and scam artists to find new victims, i.e., when people are most vulnerable. In addition to unlicensed

¹² See generally AARP Public Policy Book (2018) (a “family caregiver” is defined as an adult age 18 or older who is providing unpaid short-term or long-term care to a parent, spouse, friend or other adult loved one who needs help with everyday activities and personal tasks such as transportation, managing finances, scheduling appointments, shopping, bathing, dressing, preparing meals, wound care and/or medication management). Note Bene: If an adult is not already a caregiver, it is a virtual certainty that she or he either will become a caregiver or need a caregiver at some point in life.

¹³ S. Reinhard, L.F. Feinberg, R. Choula, and A. Houser, “Valuing the Invaluable 2015 Update: Undeniable Progress, but Big Gaps Remain” (AARP Public Policy Inst. July 16, 2015) (AARP is striving to make it easier for older people to live independently and remain in their homes and communities where they prefer to be, surrounded by family and friends).

¹⁴ Points of Light Foundation et al., “Preventing a Disaster within a Disaster: The Effective Use and Management of Unaffiliated Volunteers” (2002) (<https://www.ncjrs.gov/pdffiles1/Archive/202852NCJRS.pdf>).

¹⁵ *Id.* at 2 (quoting UPS COO Thomas Weidemeyer).

contractors, insurance fraud and rogue claims adjusters, these scams include disaster relief charity scams, fake flood insurance robocalls, and price gouging, etc.¹⁶

II. Disaster Management Challenges for a Rapidly Aging US Population

A. The Silver Tsunami is a Misnomer; but the Aging Surge is Real

On April 1, 2019, the Federal Emergency Management Agency (“FEMA”) marked its 40th anniversary. FEMA, which was created under Presidential Executive Order No. 12148 in 1979, absorbed the emergency preparedness and response roles from the Federal Insurance Administration, the National Weather Service Community Preparedness Program, the Federal Preparedness Agency of the General Services Administration, the Department of Housing and Urban Development’s Federal Disaster Assistance Administration, and civil defense responsibilities from the Department of Defense Civil Preparedness Agency. FEMA became part of the Department of Homeland Security after the September 11th terrorist attacks.¹⁷

When FEMA was formed in 1979, the eldest Baby Boomers were just 33 years of age.¹⁸ The oldest Generation Xers (“GenXers”) were only 14 years old. There was no such thing as a millennial. Today, all the talk and a growing amount of research is focused on 2030 and for good reason.¹⁹ The year 2030 marks an important demographic turning point in U.S. history.²⁰ By 2030, all the Baby Boomers will be over 65 with the oldest Baby Boomers turning 80 years old. The oldest GenXers will be 65 years old in 2030. The eldest of Millennials will be 50 years old in 2030. This will expand the size of the older population in the United States so that 1 in every 5 U.S. residents (20%) will be at the traditional retirement age for the first time.²¹ The emergency management apparatus was not created to handle such a groundswell of older adults who are living longer with chronic conditions across an array of urban, suburban and rural settings.²²

B. Older Adults will need help Navigating the New Normal

Within 20 years, older Americans are projected to outnumber children for the first time in U.S. history.²³ By 2035, there will be 78 million people 65 years and older compared to 76.7 million under the age of 18.²⁴ This rapidly growing older adult population is more vulnerable in natural disasters than almost every other age bracket for several reasons:²⁵ (1) older Americans consistently experience the highest proportion of disaster-related casualties. (2) Older Americans are less likely to evacuate for various reasons. (3) For elders

¹⁶ R. Brody & V. Kimball, “*Natural Catastrophe and Disaster Fraud*” (*Fraud Magazine*, Nov.-Dec. 2006).

¹⁷ See generally 6 U.S.C. §§ 101 *et seq.* (The Homeland Security Act of 2002).

¹⁸ Although birth ranges abound for generational classification purposes, the Pew Research Center defines the generations as follows: Baby Boomers (1946-1964); Generation X (1965-1980); Millennials (1981-1996); and Generation Z (1997-Present). See M. Dimock, “*Defining Generations: Where Millennials End and Generation Z Begins*” (Pew Research Fact Tank, Jan. 17 2019).

¹⁹ Every May, the United States observes Older Americans Month. The 2019 theme: Connect, Create, Contribute encourages older adults and their communities to: (a) *Connect* with friends, family, and services that support participation; (b) *Create* by engaging in activities that promote learning, health, and personal enrichment; and (c) *Contribute* time, talent, and life experience to benefit others. (<https://acl.gov/news-and-events/announcements/older-americans-month-2019-theme>).

²⁰ U.S. Census Bureau, *2017 National Population Projections Tables: Projections for the United States: 2017 to 2060* (Sept. 2018).

²¹ *Id.*

²² “When Disaster Strikes: Promising Practices” (https://disaster-relief.org/pdf/Vulnerability%20Older_Adults.pdf).

²³ *Id.*

²⁴ *Id.*

²⁵ “*New Study Confirms Elders Were Most Likely to Die in Katrina Three Years Ago Today*,” (*Seniors Journal*, Aug. 29, 2009).

<http://seniorjournal.com/NEWS/Eldercare/2008/20080829-NewStudyConfirms.htm>.

with chronic conditions, disasters interrupt care plans and medication regimens -- power outages, for example, mean that people with diabetes have no way to refrigerate their insulin. Patients who need weekly dialysis cannot get it. These are life-threatening hardships. (4) Older Americans are more vulnerable to frauds and scams.²⁶ (5) When older adults do evacuate and they are thrust into unfamiliar surroundings, studies indicate they are more likely to develop a health condition within 90 days of an extreme weather event due to the stresses and strains of the major weather event and the resulting relocation.²⁷

III. AARP's Approach to Disaster Management as a Second Responder

AARP is a social impact organization with nearly 38 million members. Its mission is to advocate for the rights and interests of persons 50 and older and their families. AARP is not a first responder; however, the organization does have a responsibility to ensure that the voice of the older adult in a disaster affected area is heard and included in the response.²⁸ This includes amplifying important messages about extreme weather events across an array of channels, convening state and local agencies to share best practices or improve disaster management protocols, and working with the AARP Foundation to support local fundraising and donations to aid response and recovery efforts.²⁹

A. Education and Outreach

In response to Hurricanes Harvey, Irma and Maria, AARP formed a taskforce to develop protocols and tools to streamline and better coordinate the manner in which its volunteers and staff engage in pre and post disaster management activities. The net result of taskforce's efforts was a guidebook with some related collateral material³⁰ that clarifies the goals, duties and responsibilities by, between and among the AARP National Office, the 53 state offices and the AARP Foundation. The efficiency gains between 2017 and 2019 are beyond eye opening. Following the conclusion of the taskforce's mandate, the team members worked with the AARP Human Resources Department to form a Disaster Management Employee Resource Group ("the AARP Disaster Management SEERG") that: (i) retains responsibility for updating the guidebook; (ii) helps the organization coordinate disaster management responsibilities *when it is safe to act*; and (iii) hosts or supports workshops and seminars that help AARP team members and older adults learn how to access benefits and other aid in the aftermath of a disaster. Preparation was front and center during a joint effort of AARP Foundation and AARP that mobilized volunteers to assemble and distribute thousands of bags filled with emergency preparedness supplies to families in two hurricane-prone areas of the United States: Miami, Florida, and Baton Rouge, Louisiana. During Q1 2019, AARP also deployed volunteers and staff to Houston, Texas to canvass neighborhoods for victims of Hurricane Harvey who were at-risk of being left behind in the recovery effort. These events called attention to the fact that about half of adults in the United States do not have emergency supplies and plans in place for a possible disaster.

²⁶ "Avoiding Charity Scams During Disasters." (<https://www.aarp.org/money/scams-fraud/info-06-2013/avoiding-charity-scams-during-disasters.html>) (2013).

²⁷ C. Bascetta, "Disaster Preparedness: Preliminary Observations on the Evacuation of Vulnerable Populations Due to Hurricanes and Other Disasters" (U.S. Government Accountability Office, 2006).
http://www.umaryland.edu/healthsecurity/mtf_conference/Documents/Additional%20Reading/Session%206/Disaster%20Preparedness%20Observations%20-GAO.pdf.

²⁸ M. Gibson and M. Hayunga, "We Can Do Better: Lessons Learned for Protecting Older Persons in Disasters," (AARP PPI, 2006) (<https://assets.aarp.org/rgcenter/il/better.pdf>).

²⁹ See Exhibit "A" ("AARP Teams Up with FEMA on Hurricane Exercise" (FEMA Media Library, May 2018)), attached hereto.

³⁰ See, e.g., Exhibit "B" (AARP 50+ Disaster Preparedness Checklists: 3-Day Grab & Go, and 7-day Shelter in Place editions), attached hereto.

B. Policy Considerations

New directions in housing policy are needed in terms of where we build and how we build family dwellings. This will take collaboration between the government, nonprofits and private entities to ensure older adults live with dignity and independence in safe, affordable housing. Transportation is another key issue for older adults. For example, during the 2018 California wild fires, many older adults could not evacuate because they did not have a way to get out. The wild fire completely leveled the town of Paradise, California, where a quarter of the population is age 65 and older. Many of these residents were housed in senior living facilities and mobile home parks, a significant number of which were destroyed in the fire. A recent study by Rand Corp. also reveals that most age-friendly communities do not place a high priority on promoting disaster preparedness. Similarly, although most public health departments did engage in disaster preparedness and resilience activities, these activities were not necessarily tailored to older adults.³¹

IV. Recommendations

Efforts to build a united *Culture of Preparedness* across government, first responders, individuals and communities in the United States have been mixed.³² The government and first responders have increase their capabilities as a result of after action reports and increased training. Individuals and communities have, for a variety of reasons, not moved as swiftly in this direction. This imbalance of preparedness between and among first responders, NGOs and individual volunteers, and disaster victims puts a strain on first responders who also must deal with the elderly, disabled and lower-income residents. This group of vulnerable elderly makes up make up one-third of the population who have less freedom to evacuate or find alternative places to find shelter. The following is an inexhaustive list of recommendations to mitigate today's disaster management challenges:

1. **National Disaster Management Registry.** The fact is that although we know we have a large and growing vulnerable older adult population in the United State, we do not know exactly where they live. A national or state registry is needed to identify and track those most vulnerable so the mitigation, preparation and response efforts can more efficiently put the assets needed to help in place to help those most in need as quickly as possible. In addition to a voluntary enrollment apparatus via primary healthcare providers, family caregivers or self-enrollment, many of the prospective enrollees can be identified by: (a) as wards in guardianship; (b) residents of nursing homes and assisted living facilities; (c) meals on wheels recipients; (d) the roster of senior homestead exemption claimants; and/or (e) and, assuming appropriate federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") safeguards are in place, the existing registry of Medicare Part D beneficiaries. This kind of registry can be equipped to provide information about specific types of help — such as medical equipment,

³¹ R. Shih, J.D. Acosta, E.K. Chen, et al., "*Improving Disaster Resilience Among Older Adults: Insights from Public Health Departments and Aging-in-Place Efforts*," (RAND Corp., 2018) (https://www.rand.org/pubs/research_reports/RR2313.html); see also Exhibit "C" ("*When Disaster Strikes: Promising Practices*"), attached hereto.

³² The U.S. Federal Emergency Management Agency ("FEMA"), "*Building Cultures of Preparedness: A National Report for the Emergency Management Higher Education Community*" (Washington, D.C. 2019).

transportation or evacuation assistance — that at-risk older Americans or their caregivers will need during a natural disaster, as well as making it easier for first responders and relief agencies to find them and care for them after disaster strikes.

2. **More Education about Disasters (particularly floods).** The Number 1 natural disaster in the United States is flooding. More than 50% of the U.S. residents who are at risk of flooding reside in just two states: Florida and Texas. These facts do not appear to be widely known outside emergency management circles. Government and NGOs should be working together to continually spread the word about key facts and smart actions older adults and their caregivers can adopt to stay ready for upcoming major catastrophes. In some respects, this type of preparation and practice must become as commonplace as the now standard 20th century fire drill. Furthermore, there are too few restrictions on building homes in or near flood plains, and too few U.S. homeowners carry flood insurance. Much more education and outreach is needed to ensure older adults understand the significant risks brought by floods.
3. **Disaster Management Plans and Training Must Anticipate Older Adult Needs.** Federal, state and local governments should explicitly plan for the needs of older adults and people with disabilities in their disaster relief and recovery efforts and include these individuals in planning exercises. Nursing home and assisted living facility residents are particularly vulnerable and have special needs that must be reflected in the evacuation or shelter-in-place procedures. Additionally, there is a strong likelihood that the most residents most reluctant to evacuate will be older adults. This resistance must be taken into consideration in all phases of the emergency management cycle.
4. **Shelters and other transitional housing.** The immediate aftermath of the natural disaster is a critical time period. As shelters and other housing options are being established, the venues and floor plans must take into consideration the special needs of older adults, including designated areas for lodging, adequate supplies for dietary restrictions, personal hygiene, lighting and ambient noise (including the availability of ear plugs if needed).
5. **Availability of Rx Drug Replacements.** Legislation is needed to permit patients to safely obtain an adequate supply of necessary prescription drugs during disasters. Increased collaboration between pharmacies and disaster relief agencies also could also help ensure that prescription medications are readily available at relief shelters.

APPENDIX

- A. “AARP Teams Up with FEMA on Hurricane Exercise” (FEMA Media Library, 2 May 2018)
- B. “AARP 50+ Emergency Preparedness Checklists” (July 2018)
- C. “When Disaster Strikes: Promising Practices” (Overview, 2008)

EXHIBIT

A

AARP Teams Up with FEMA on a Hurricane Exercise

May 2018

AARP – is a nonprofit group that serves the needs of the 50-plus community and their families. Their mission is to “empower people to choose how they live as they age.” The 2017 hurricanes affected many of its more than 38 million members nationwide. This drove the group to look at new ways to be ready for a disaster.

On Wednesday, May 2, the Federal Emergency Management Agency (FEMA) led a tabletop exercise (TTX) for AARP. The session helped the group test its disaster plans. They also discussed the group’s readiness for hurricane season and other major disasters.



AARP and FEMA talk about the goals of the event.

Between September 2017 and February 2018, AARP created new response plans, guidebooks, and other resources. These items intend to prepare the group for future disasters. AARP then worked with FEMA’s Individual and Community Preparedness Division, the Department of Homeland Security Center for Faith and Opportunity Initiatives, and the FEMA Regional Office. This resulted in a TTX.

“AARP is not a first responder,” said Rawle Andrews, Jr., a Regional Vice President for the AARP. “But, we do have a responsibility to demonstrate to our members and volunteers in a disaster-affected area that the voice of the older adult is heard and their needs are included in the response. AARP does this by amplifying important messages, convening local and state agencies, and supporting local fundraising through donations. We also connect AARP volunteers to local recovery work opportunities.”

The federal partners guided AARP’s TTX. They presented a scenario with damage to homes, businesses, and infrastructure. AARP staff then used their plans to manage the issues. The group also addressed other topics:

1. Skills, plans, and procedures to put in action before a storm hits.
2. Response and recovery plans to support local offices and members.
3. Operational continuity in the event of a major disaster.
4. How to withstand long power outages and impacts to other key systems.

“Every disaster brings unique challenges and risks,” said Naomi Hill, AARP Preparedness Program. “Adverse impacts can be avoided and/or mitigated by thorough preparation and coordination. We appreciate having FEMA partner with us for this effort.”

Through this event, AARP increased their resilience. The group also improved its ability to serve its members.

FEMA and AARP plan to renew their Memorandum of Agreement soon. They both will use the lessons from this event to build a culture of preparedness for all.



Attendees receive a briefing before the event.

EXHIBIT

B



2018 AARP 50+ Emergency Preparedness Check

✓ **“Grab & Go” Bag: Evacuate For Up To 3 Days**

✓ **“Shelter In Place” Bag: For Up to 7 Days**

| “Grab & Go” Bag (3 days) | “Shelter in Place” Bag (7 days) |
|---|--|
| Food & Water | Food & Water |
| <ul style="list-style-type: none"> <input type="checkbox"/> Three (3) days of non-perishable food (ready to eat) <input type="checkbox"/> One gallon of water per person per day for at least 3 days <input type="checkbox"/> Pet food and water for at least 3 days <input type="checkbox"/> Plastic plates, cups and utensils <input type="checkbox"/> Hand operated can opener <input type="checkbox"/> Paper towels | <ul style="list-style-type: none"> <input type="checkbox"/> Seven (7) days of non-perishable food (ready to eat) <input type="checkbox"/> One gallon of water per person per day for at least 7 days <input type="checkbox"/> Pet food and water for at least 7 days <input type="checkbox"/> Plastic plates, cups and utensils <input type="checkbox"/> Hand operated can opener <input type="checkbox"/> Paper towels |
| Personal Health & Hygiene | Personal Health & Hygiene |
| <ul style="list-style-type: none"> <input type="checkbox"/> Hand sanitizer/Disinfectant wipes <input type="checkbox"/> Travel size soaps, shampoos and lotions <input type="checkbox"/> Dental products <input type="checkbox"/> Vision/eye care products/glasses <input type="checkbox"/> Sunscreen <input type="checkbox"/> Insect repellent <input type="checkbox"/> Medications (prescription and over the counter) <input type="checkbox"/> Medical supplies (hearing aids with extra batteries, syringes, canes, etc.) <input type="checkbox"/> Toilet paper <input type="checkbox"/> Change of clothing and sturdy shoes <input type="checkbox"/> Blanket or sleeping bag | <ul style="list-style-type: none"> <input type="checkbox"/> Hand sanitizer/Disinfectant wipes <input type="checkbox"/> Travel size soaps, shampoos and lotions <input type="checkbox"/> Dental products <input type="checkbox"/> Vision/eye care products/glasses <input type="checkbox"/> Sunscreen <input type="checkbox"/> Insect repellent <input type="checkbox"/> Medications (prescription and over the counter - include pill box) <input type="checkbox"/> Medical supplies (hearing aids with extra batteries, syringes, canes, etc.) <input type="checkbox"/> First Aid Kit <input type="checkbox"/> N95 or surgical masks <input type="checkbox"/> Toilet paper <input type="checkbox"/> Garbage bags <input type="checkbox"/> Household bleach <input type="checkbox"/> Leather work gloves <input type="checkbox"/> Change of clothing and sturdy shoes <input type="checkbox"/> Blanket or sleeping bag <input type="checkbox"/> Nose and mouth protection facemasks |

| Lighting, Safety & Communications | Lighting, Safety & Communications |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Family and emergency contact information <input type="checkbox"/> Current photos of family members/pets and property sealed in a plastic bag <input type="checkbox"/> Copies of important documents sealed in a plastic bag (Social Security card, birth certificate, Home & Car insurance, mortgage, titles, bank/credit card account numbers) <input type="checkbox"/> Flashlight with extra batteries <input type="checkbox"/> Solar/Battery lamp and solar charger <input type="checkbox"/> Portable, battery powered/hand-crank radio with extra batteries <input type="checkbox"/> Cell phone with extra batteries and chargers, car phone charger <input type="checkbox"/> Whistle <input type="checkbox"/> Duct tape <input type="checkbox"/> Tarp <input type="checkbox"/> Wrench and pliers to turn off utilities | <ul style="list-style-type: none"> <input type="checkbox"/> Family and emergency contact information <input type="checkbox"/> Current photos of family members/pets and property sealed in a plastic bag <input type="checkbox"/> Copies of important documents sealed in a plastic bag (Social Security card, birth certificate, Home & Car insurance, mortgage, titles, bank/credit card account numbers) <input type="checkbox"/> Proof of vaccinations for pets if you have to go to shelter <input type="checkbox"/> Flashlight with extra batteries <input type="checkbox"/> Solar/Battery lamp and solar charger <input type="checkbox"/> Water proof matches or utility lighter <input type="checkbox"/> Portable, battery powered/hand-crank radio with extra batteries <input type="checkbox"/> Cell phone with extra batteries and chargers, car phone charger <input type="checkbox"/> Whistle <input type="checkbox"/> Duct tape <input type="checkbox"/> Tarp |
| Transportation | Transportation |
| <ul style="list-style-type: none"> <input type="checkbox"/> Cash <input type="checkbox"/> State contraflow map <input type="checkbox"/> Road map <input type="checkbox"/> Full tank of gas in vehicle <input type="checkbox"/> Swiss Army knife or multipurpose tool <input type="checkbox"/> Books, games | <ul style="list-style-type: none"> <input type="checkbox"/> Cash <input type="checkbox"/> Road map <input type="checkbox"/> Full tank of gas in vehicle <input type="checkbox"/> Extra sets of house and car keys <input type="checkbox"/> Portable tool kit <input type="checkbox"/> Gas can with funnel (min. 5 gallon) <input type="checkbox"/> Swiss Army knife or multipurpose tool <input type="checkbox"/> Books, games |

EXHIBIT

C

WHEN DISASTER STRIKES – PROMISING PRACTICES

Older Adults

OVERVIEW

According to the U.S. Census, there were over 70.6 million adults aged 55 or older in 2007.¹ As the baby boomer generation ages, this figure will continue to grow. The population of individuals aged 65 and older is projected to exceed 80 million by 2030.²

Older adults can be more vulnerable to disasters for a variety of reasons. Physical or mental impairments may make it difficult for them to care for themselves. Lack of transportation may be an issue: older adults might not own a vehicle, may lack access to a car, or may choose not to drive, impeding their ability to evacuate.³

Thirteen million people aged 50 or older in the U.S. say they will need help to evacuate. Some older adults may have difficulty voicing their needs if they become separated from their families or caregivers during a disaster.

If evacuated to a shelter, older adults may require a diet that is sensitive to their needs. In addition, they may benefit from a separate space at the shelter devoted to elderly. Staying in a shelter could reduce their access to adequate health care, including medications.



An elderly woman is evacuated, New Orleans 2005.

Source: Win Henderson/FEMA

In general, the special needs of the elderly are often overlooked in disaster planning. Hurricane Katrina highlighted the vulnerability of older adults in disasters. A study released in August 2008 found that of the 986 people who died as a result of Hurricane Katrina, nearly half were aged 75 or older.⁴

Many older adults were unable to evacuate and were left stranded in New Orleans without adequate food, shelter, or medical care. At least 68 elderly persons were found dead in their nursing homes, abandoned by their caretakers.⁵

Several steps can be taken to reduce vulnerability among older adults prior to a disaster, in shelters, and during the relief and recovery phases.

REDUCING VULNERABILITY TO DISASTERS

The needs of older adults should be included in disaster planning. In developing emergency plans, local governments should seek input from elderly residents of the community, professionals such as gerontologists, and from long-term care facilities. Older adults should be well informed about preparing for disasters, including what to do during an [evacuation](#). A number of steps can be taken to help older adults prepare for a disaster, as summarized below.

WHEN DISASTER STRIKES – PROMISING PRACTICES

PREPAREDNESS

Inform older adults of important items to bring with them in the event of an evacuation, including medical records, a change of clothes, and medications. Older adults should make a list of medications and medical conditions to keep with them at all times. A variety of methods including microchips, bracelets, and bar codes, are being investigated to track medical histories and the special needs of the elderly.⁶ Nursing homes and medical care facilities can partner to reduce the costs of implementing a tracking system. The goal is to provide accessible medical records regardless of elderly person's evacuation location.



The Red Cross serves hot meals to flood victims in Horsham, Pennsylvania in 2001.

Source: Liz Roll for FEMA

Local emergency managers should map areas of high vulnerability and identify older adults in those areas who may need special assistance in evacuation or during a disaster (see Florida program discussed in this section under Profiles).

Include long-term care facilities in the disaster planning process. These facilities, which house many older adults who require special assistance such as electric-powered respirators, are often privately owned and, unlike hospitals, may be overlooked in disaster planning. Many states do not include long-term facilities in their plans, greatly increasing elder adult vulnerability.

RESPONSE

Staying in a [shelter](#) can be stressful, particularly for older adults who may need assistance in carrying out routine activities, such as bathing or getting dressed. These individuals may be reluctant to seek the help of strangers.

There are several measures that government agencies and nonprofit organizations can implement to accommodate the needs of older adults during disasters:

- α Make a separate space available for older adults in shelters. The older adult evacuees in Houston, for example, cornered off their own space in the Houston Astrodome, allowing more able older adults to care for and retrieve supplies for those who were less capable.
- α Provide medical care services, such as access to prescription medicines and doctors, as well as gerontologists, on site.



Emergency responders giving a check up in Punta Gorda, Florida, in 2004.

Source: Andrea Booher for FEMA

WHEN DISASTER STRIKES – PROMISING PRACTICES

- α Serve nutritious meals. Chronic conditions such as diabetes or high blood pressure require a diet lower in salt. According to Fran Brooks, Florida’s Emergency Coordinating Officer of Disaster Preparedness and Operations, “responders need to offer shelf-stable meals, not MREs that are formulated for military troops and first responders who need more calories.”⁷
- α Control access to shelters to help prevent people from preying on the elderly.
- α Post signs in shelters to help people navigate to desired locations.

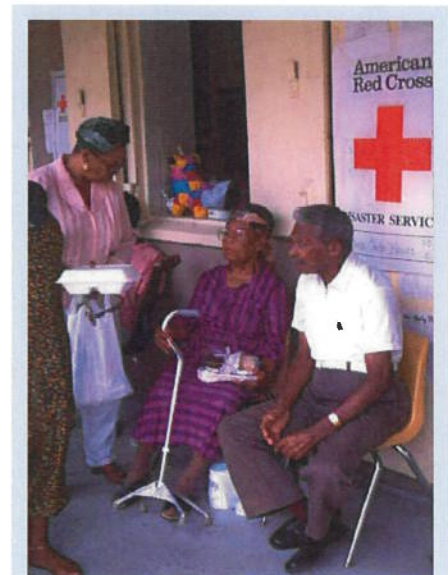
RECOVERY

All storm victims, especially older adults, want to return home and resume their normal daily activities as soon as possible after a disaster. However, older adults may have difficulty accessing services due to limited mobility, and are often targets of fraud. Several strategies can be adopted to address these issues.

Install smaller, localized food and service distribution centers in areas with a large number of elderly people. Florida terms such centers “pods” (as discussed in the Profiles later in this section). Pods create less stress compared to traditional distribution centers, which are often located in shopping center parking lots.

Conduct visits to the homes of older adults that lack mobility. Some communities have established a registry of older adults or people with special medical needs who may need extra assistance (such as delivery of meals, medications, or services) in an emergency. See the profile on Pitt County, North Carolina in the section on [special medical needs](#).

Given the fixed income of many older adults, additional and extended assistance from community organizations after the storm may be required.



Hurricane Marilyn, 1995 – Disabled persons receiving assistance.

Source: FEMA News Photo

WHEN DISASTER STRIKES – PROMISING PRACTICES

ADDITIONAL RESOURCES

Centers for Disease Control's Healthy Aging Program called Health Benefits ABCs.

AARP Public Policy Institute offers a breadth of literature on the subject.

The American Medical Association's document, Recommendations for Best Practices in the Management of Elderly Disaster Victims, may be useful.