Aging Testimony of
Wanda Raby Spurlock, RN, GERO-BC, PMH-BC, CNE, FNGNA, ANEF, FAAN

U.S. Senate Special Committee on Aging
Inclusive Disaster Management: Improving Preparedness, Response and Recovery

Thank you Chairman Casey, Ranking member Scott and distinguished members of the Senate Special Committee on Aging for affording me the opportunity to speak today on such a timely and relevant issue. My name is Dr. Wanda Raby Spurlock, and I am a Professor of Nursing at Southern University and A&M College located in Baton Rouge, Louisiana, one of the gulf states most frequently hit by natural disasters, more specifically hurricanes.

On a professional basis, I initially became involved in disaster preparedness, recovery, and response in 2005, following hurricane Katrina, one of the deadliest and costliest hurricanes in the nation's history, making landfall on August 29 as a strong category 3 hurricane. Fast forward to the 16th year anniversary of Katrina to hurricane Ida, a category 4 hurricane that made landfall on the same day and in virtually the same part of the state. Hurricane Ida brought back a flood of memories for me and other Louisianans who were fortunate to survive these extreme weather events.

It's hard to believe that Hurricane Katrina made landfall 16 years ago. As if it was yesterday, I remember sitting in my den watching television in the sweltering heat, with the sound of the generator roaring in the background. My entire neighborhood had a massive power-outage that lasted for many days. I couldn't believe the images that were being broadcasted on TV. The horror of the devastation and human suffering were unimaginable! The flooding, people clinging to rooftops with hand scribbled signs begging for help, while others were stranded in attics. I also remember the vivid pictures from the superdome located in New Orleans, approximately 80 miles from Baton Rouge, of elderly persons slumped over in wheelchairs,

diabetics, and sick children who needed their medications and treatments and some who had died due to the lack of these. It was absolutely overpowering and shocking. At this time, I was not aware of the role that myself, other faculty and staff would play in our School of Nursing's (SON) unprecedented disaster recovery efforts through the extended engagement of its resources in the delivery of primary healthcare services. This was made possible by the SON's existing healthcare delivery infrastructure consisting of a stationary in-house clinic, the Family Health Care Center, and a fully equipped 40-foot-long mobile health clinic, "the Jag Mobile," (named after the University's mascot) that was already involved in the delivery of community-based healthcare services to the homeless, battered women and other vulnerable populations.[1]

Within 2 days after the landfall of Katrina and the massive evacuation of residents from the New Orleans area, a Red Cross shelter was opened on Southern's campus. Without hesitation, nursing faculty, including advanced practice nurses i.e., family nurse practitioners, provided care to hundreds of evacuees of all ages with varying health care needs. Following this initial engagement of faculty in recovery efforts, the school's FHCC deployed the Jag Mobile to area "pop up" shelters at local faith-based institutions to meet the health care needs of evacuees that were continuing to pour into Baton Rouge. By September, the Red Cross shelter located on Southern's campus and pop-up shelters around the city began to gradually close, while evacuees were moved to alternative housing sites, including transitional trailer communities. Left with limited options for health care services, it became increasingly difficult for evacuees to obtain medical care, especially for chronic health conditions such asthma, hypertension, and diabetes

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[1]The FHCC was funded by the Louisiana Department of Health and Hospitals, Health Demonstration Grant Project No. 95-ER-HS10483; the U.S. Department of Health and Human Services; Health Resources and Services Administration, Office of Rural Policy: 4D1ARH00074-01-01. Funding for disaster recovery services was provided through a Social Services Block Grant CFMS No. 642967 and by the Louisiana Governor's office of Elderly Affairs, CFMS Nos. 642757 and 630654.

and to obtain prescriptions for medications to treat these conditions, often resulting in acute exacerbations. By this time, hospital resources were already strained, and emergency rooms were flooded. In addition to treating acute injuries and medical and psychological conditions, a surge of visits was related to medication refills. Additionally, many had lost their assistive devices (i.e., walkers, canes, eyeglasses), wheelchairs, and home equipment such as glucometers, humidifiers, pumps, and inhalers, placing them at an even higher risk for poor health outcomes. In addition to being separated from their prior systems of healthcare, many evacuees were separated from their routine social support networks, including family and friends, some of whom had been evacuated to other states.

In recognition of the barriers that evacuees would face in obtaining health care services, the Dean, along with SON faculty developed a plan to "adopt" Renaissance Village, the largest transitional trailer community in Baton Rouge and surrounding areas. The plan included obtaining approval from the Federal Emergency Management Agency (FEMA) officials to provide desperately health services and to utilize a host of public and private partnerships to deliver a range of on-site services. In October, after a series of meetings between the SON's leadership team and FEMA officials at the local command center, the green light was given. I was also responsible for coordinating and scheduling all health care services delivered at this 500+ trailer site and served as the liaison between the School of Nursing and other healthcare organizations.

Utilizing an advance practice nursing model, family nurse practitioners with prescriptive authority and a collaborative practice agreement with a family practice physician, delivered on-site primary healthcare services via the Jag Mobile, consisting of biweekly visits. The mobile

health clinic also served as a clinical site faculty, registered nurses enrolled in the master's family nurse practitioner program, and undergraduate nursing students. Coordination of door-to door visits was made to identify older adults in need of more specialized care and additional follow-up for cognitive, sensory, and functional impairments. These visits prompted arrangements for onsite and community-based referrals to organizations and health care providers to address a host of unmet needs of older adults and those with disabilities, including coordination for delivery of medications and other supplies. Optometry services, physical therapy, and mental health services were provided onsite by other participating agencies. A mobile clinic, operated by a federally qualified health care center, also participated in weekly scheduled visits to the transitional trailer community and eventually, home health services were made available on-site. In our encounters with older adults, and their family members, we found that the majority did not have an emergency plan in place in the event of a disaster, highlighting the need for more work in this area.

This is just one example of the many untold stories of how the "whole of communities" including educational institutions and public and private partnerships, band together when a disaster strikes to support local and statewide disaster response and recovery efforts.

More information about the SON's role at Renaissance Village including its exit strategy and lessons learned, can be found in the following publications:

Spurlock, W., Brown, S., Rami, J. (2010). Delivering primary health care to hurricane evacuees: The role schools of nursing can play, *American Journal of Nursing*, *109*(8), 50-53.

Rami, J., Singleton, E., **Spurlock, W**., & Eaglin, A. (2008). A school of nursing's experience with providing health care to hurricane Katrina evacuees. *Journal of the Association of Black Nursing Faculty,19*(3),102-106.

The one lesson that we have all learned through the many disasters that have occurred is that populations are not equally impacted by a disaster. Nearly half of the deaths resulting from

hurricane Katrina occurred among older adults. Similarly, in 2012, as reported by the New York Times, approximately half of those who died following Hurricane Sandy, where age 65 or older. It has also been noted by the National Council on Disabilities that persons with disabilities, especially those living in poverty were disproportionately left behind in hurricane Katrina. A plethora of information has been disseminated regarding the aftermath and devastation caused by other hurricanes including Harvey, Irma, and Maria that all made landfall in the United States in August and September of 2017, and most recently, Hurricane Ida (August 2021). We can probably all recall the tragic deaths of older adults, especially those residing in nursing homes, highlighting deficiencies in emergency preparedness, response and recovery for vulnerable older adult populations residing in these settings.

Less widespread publicity has been given to how natural disasters have impacted the lives of non-institutionalized older adults (those residing in the community) and persons with disabilities who maybe solely dependent on others for safety and well-being. The older adult population is the segment of the US population that is growing the most rapidly. According to the US Census Bureau, the country will reach a new milestone in 2034, when for the first time in the nation's history, the older adult population, those 65 and older, will outnumber children. Just as the older population is growing, so is the population with disabilities, further highlighting the importance of the hearing being held today. Approximately 61 million adults in the United States have some type of disability in mobility, cognition, independent living, hearing, vision, or self-care. Cognitive impairment can be caused by a wide range of conditions, including but not limited to Alzheimer's disease, where advancing age is the greatest risk factor.

In June of 2018, I served as the Co-Chair of a National Policy Expert Round Table, conducted in partnership with the American Red Cross Scientific Advisory Council and the

American Academy of Nursing to address gaps in disaster preparedness and management for older adults, a rapidly growing population. The full report is published in *Closing the Gaps: Disaster Preparedness, Response and Recovery for Older Adults.*[2] A set of 25 evidence-informed recommendations was developed using a rigorous consensus, decision making process guided by a systematic review of literature and an evaluation by an expert panel on disaster preparedness, response, and recovery. The final recommendations are based on six identified emergency domains: (1) Individual and unpaid caregivers; (2) Community services and programs; (3) Healthcare professionals and emergency response personnel; (4) Care institutions and organizations; (5) Legislative/policy; and (6) Research.

Findings from the report underscore that while disaster preparedness is vital for people of all ages, older adults are more vulnerable and experience more casualties after a natural disaster or emergency due to several outstanding factors including[2]

1. Older adults have greater prevalence of chronic health conditions, multimorbidity, cognitive impairment and medication concerns during disasters.
2. Older adults have a greater dependency on assistive devices, supplies and support requirements during disasters.
3. Likelihood of issues of social isolation in older adults.
4. Potential for psychological distress.
5. Gaps in caregiver preparedness, especially those who care for persons with dementia

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[2] https://www.redcross.org/content/dam/redcross/training-services/scientific-advisory-council/253901-03%20BRCR-Older%20Adults%20Whitepaper%20FINAL%201.23.2020.pdf

In conclusion, based on my unique experiences in the disaster arena, especially following hurricane Katrina, the following key issues are paramount regarding older adults and persons with disabilities and should be addressed in disaster planning, funding of research, and policy decisions:

1. Knowledge of the local population's overall state of health is critical when planning for acute, intermediate, and long-term recovery because it will influence the scope of services and levels of care that will be required and the community's capacity to recover.
2. Because effective and holistic planning is critical to the success of disaster response and recovery, the full inclusion of older adults, disabled persons, and others with access and functional needs, is necessary to mitigate the impact of disasters on these growing populations.
3. Training and resources must be made available to support community-based organizations to ensure that at-risk older adults and all persons with disabilities have equitable access to services and programs to prepare and support them during and after disasters, including integration back into the community.
4. Prioritization in disaster research funding to inform evidence-based actions and policy decisions that support the needs of older adults and persons with disabilities across diverse ethnic and minority populations is warranted.

As a nation, we must continue to address solutions to overcome the unique challenges faced by older adults and persons with disabilities in disasters. I was pleased to read about the recently introduced legislation that addresses the issues that I have presented:

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[2] https://www.redcross.org/content/dam/redcross/training-services/scientific-advisory-council/253901-03%20BRCR-Older%20Adults%20Whitepaper%20FINAL%201.23.2020.pdf

1. The Real Emergency Access for Aging and Disability Inclusion (REAADI) for Disasters Act.[3] Passage of this Act will ensure that the life experiences and voices of persons with disabilities, older adults and others with access and functional needs are included in the preparation, response, recovery, and mitigation of disasters. This inclusion is paramount to ensuring the best possible outcomes for these vulnerable groups.
2. The Disaster Relief Medicaid Act (DRMA)[4] ensures that Medicaid eligible persons forced to relocate from an area under a presidential disaster declaration, to another state, will be able to maintain their Medicaid supported services, including home and community-based services. Passage of DRMA, will address many of the issues that impacted the health and well-being of evacuees who were forced to relocate to other states following Katrina, as well as in future disasters.
3. As the nation continues to recover from the COVID-19 pandemic, and in preparation for future disasters, the FEMA Empowering Essential Deliveries (FEED) Act, allows for the federal government to pay 100% of the cost to states and localities to partner with restaurants and nonprofits to prepare nutritious meals for vulnerable populations.

In closing, I would like to take the opportunity to thank you again for affording me the privilege of sharing my thoughts and experiences as a nurse clinician, educator, researcher,

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[3] https://www.congress.gov/bill/117th-congress/senate-bill/2658?q=%7B%22search%22%3A%5B%22REAADI+for+Disasters+Act%22%2C%22REAADI%22%2C%22for%22%2C%22Disasters%22%2C%22Act%22%5D%7D&s=1&r=1

[4] https://www.congress.gov/bill/117th-congress/senate-bill/2646?q=%7B%22search%22%3A%5B%22Disaster+Relief+Medicaid+Act%22%2C%22Disaster%22%2C%22Relief%22%2C%22Medicaid%22%2C%22Act%22%5D%7D&s=2&r=2

[5] https://www.govtrack.us/congress/bills/117/s19

and advocate for older adults and persons with disabilities. I recall reading a quote by Mahatma Ghandi, “The true measure of any society can be found in how it treats its most vulnerable members.” I think this quote speaks to the duties and responsibilities that we have as a nation to ensure the safety and well-being of older adults and persons with disabilities before, during, and after disasters. Progress has been made with disaster planning, response, and recovery. Although, hurricane season officially ends in a few days, there remains work to be done. Passage of these legislations will present a significant step in solving many of the issues that I have presented. I commend the Senate Special Committee on Aging for shining a national spotlight on this important issue.