

WHEN A TERROIST ATTACKS: 9/11 AND THE IMPACT ON OLDER ADULTS IN NYC

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There has not been a cloudless late summer day that has not brought uninvited memories. It has been six years since New Yorkers watched transfixed, horrified and unbelieving but the years melt away when sirens scream. It is September 11th all over again. In those six years, we have had time to reflect on what was and has been the impact on New York City's older residents in physical and emotional terms, what have we learned, what has been done and what needs to be done. We bring to this subject two diverse experiences, that of a local senior organization, Heights and Hills Community Council, and a citywide coordinating organization of member agencies, Council of Senior Centers and Services of New York City, Inc. (CSCS). While much as been written and continues to be written, this article will focus exclusively on the impact on seniors.

The office of Heights and Hill Community Council is directly across the river from lower Manhattan, in a neighborhood where homes sell for millions of dollars for their unobstructed views of the lower Manhattan skyline, a view that changed forever that day. The neighborhood sits at the foot of the Brooklyn Bridge, which was one of the main paths hundreds of thousands of people took to flee from Manhattan on foot. Looking back, the most chilling memory is the silence. New York, "the city that never sleeps," has a constant hum, 24/7. That day, the noise that is the background of daily living stopped - completely. That day, as those masses were coming across the Brooklyn Bridge covered in ash, the silence was deafening. Then, for days, the sounds of sirens and F-16's flying overhead filled the silence, entering the eardrums and drilling themselves into the brain.

How were seniors affected by this horrific event? There is no one answer. It is generally believed that in September 2001, there were 6300 seniors living in the immediate area and nearly 19,000 living within a three-block radius of the World Trade Center and the impact on them was immediate and very personal. However, impact was not confined to lower Manhattan. Some other older people suffered loss of family members, friends and neighbors who had worked in or were visiting the World Trade Center and its environs. Loss was brought close to home in communities where large numbers of first responders lived and in so many neighborhoods throughout the city where local firehouses were draped in purple and black.

For many seniors who lived alone, all they had was the television to replay the events over and over again, heard against the backdrop noise of sirens and fighter jets outside their windows. For some, it awakened old traumas – experiences of civil war in their home countries, previous war experiences, the Holocaust. After the second day, staff at Heights and Hill told their clients to turn off their televisions. However, the vast majority of seniors who live alone, especially in major urban centers, are not connected to services, a fact that continues to go unrecognized according to Bob Bender, an expert in emergency preparedness. September 11th crystallized a challenge for the senior network – in an emergency there are four groups in need of service: seniors living independently and connected to an agency and those who are not and the homebound receiving services and those isolated and unknown to an agency.

EFFECTS – EMOTIONAL AND PHYSICAL

In all disasters there are both physical and emotional effects. The majority of Heights and Hill's clients appeared to be better prepared emotionally than the agency's younger staff, who had no prior experience

to draw on to allow them to cope with such horror. While staff immediately mobilized and made sure to keep in contact with homebound clients, it was sometimes the clients who reassured the staff. This was not a unique experience. A number of CSCS's member agencies, in response to a survey question administered in January 2002, reported a similar phenomenon, describing amazement at the strength of their clients even though they had personally disabling physical and mental challenges. Nonetheless, they were strong for each other and for the staff. This resilience was attributed to their life experiences that provided a context to what was happening.

The survey CSCS conducted elicited responses from 85 agencies that captured aspects of loss. This included the personal loss of a loved one and the community loss of a firefighter or other worker. The survey also asked the number of clients who expressed concern for their safety/well being as well as how many people had no family member or other support person living nearby. In reviewing the responses, it was surprising to see how many seniors lived alone and how many had no nearby support systems – and these were seniors who were members of senior organizations! Almost all reported their neighborhood/community lost a firefighter or other worker and there were mixed results about feeling concerned about their own wellbeing after September 11th.

The survey also probed for staff needs and there was a noticeable interest in mental health training and access to mental health services that ran through the responses, for both staff and clients. Many responses indicated there was insufficient staff and other responses were that staff needed training to meet the needs of their clients. Agencies from all parts of the city reported the need for counseling and training which underscored the wide impact that was felt. No one was safe; everyone hurt. Everyone needed to talk, or someone to talk to, or cry to; or someone needed to be the one that others could talk

to. Participation at congregate facilities increased, in some cases doubling after September 11th. Senior centers became safe havens for the city's older adults, as seniors felt a need to be in touch with someone and not to be isolated.

The physical toll of September 11th differed from that of the natural disasters of recent memory, most notably heat waves, blackouts and hurricanes where the elderly have been affected disproportionately. In fact, in a demographic portrait of the victims of zip code 10048, the zip code that had been dedicated to the World Trade Center, Queens College sociologist Dr. Andrew Beveridge (2002) reported that three out of four victims, defined as those who lost their lives, were male and most were under age 50. Contrast these figures with those from Hurricane Katrina where 71% of those who died were over the age of 60 and 47% were over 75 years old.

However, there were more victims of September 11th than those who lost their lives. There were impacts on the elderly that were widespread and posed a challenge to service providers. The homebound were of greatest concern throughout the city as home aides were often unable to reach their homebound clients for days when the bridges and tunnels that connect the five boroughs of New York City were closed for security reasons. Even if the home care worker lived in Manhattan, access was denied because they did not have an official photo identification badge to enable them to get through blockades to enter the "frozen zone", as the downtown area came to be known.

Transportation issues of food, people, medications and services all loomed larger than life during the days after 9/11. Transportation problems became the central issue, preventing people from receiving needed supplies of food and medications; keeping people away from their homes and families.

Understandable though it was from a security standpoint, the closure of bridges and tunnels sent senior service providers scrambling to cover the basic services we took for granted before September 11th.

In an issue brief entitled *Emergency Preparedness for Older People*, Nora O'Brien (2003) of the International Longevity Center–USA noted that “within 24 hours following the 9/11 terrorist attacks, animal advocates were on the scene rescuing pets, yet abandoned older and disabled people waited for up to seven days for an *ad hoc* medical team to rescue them.” Her study attempted to identify gaps in the existing service delivery system and to make recommendations to aid vulnerable sectors of the city in the event of a future emergency. She noted that New York City’s system for providing emergency assistance to its most vulnerable populations lacked:

- Appropriate emergency management for older and disabled persons;
- Citywide coordinated community services;
- A system to identify and locate older and disabled people;
- Pertinent public information before and after emergencies.

Following are three examples of initiatives undertaken by agencies to address some of the areas identified as lacking:

East Side Community Emergency Preparedness Project

In an attempt to address the issues of coordination and identification, the Isaac H. Tuttle Foundation worked along with a group of five aging service providers on the Upper East Side of Manhattan to jointly create a shared information system to identify clients known to the various agencies and designate coordinated emergency outreach by agency staff. Known as the East Side Community

Emergency Preparedness Project (ESCEPP), the project has developed a shared database utilizing existing information from each agency's records. Since the Upper East Side has five separate agencies serving the elderly, the purpose of the shared database is to be able to pool the multiple agencies' resources during a disaster and reach out to their shared clients

CSCS Emergency Preparedness Manual

With funding from the John A. Hartford Foundation of New York City, CSCS produced a handbook, *Preparing for Emergencies: A Planning Guide for Agencies Serving Older People* to help senior service and other community-based organizations create realistic, doable emergency plans. Author Danylle Rudin, MSW points out that emergency planning is a critical task especially for senior service providers. "The people they serve often need special assistance in hearing, reading, and/or understanding the language of emergency orders, caring for themselves, getting out of a building to a safe place, if need be."

The *Guide* was written as a comprehensive resource. There are five sections that focus on general steps that can be taken to prepare an organization for an emergency as well as what to do in specific emergency situations. These sections include training tips and bright ideas to think about when developing and implementing emergency plans. There is a resource section including websites and contact information followed by checklists, templates and forms that can be adapted to an organization's needs.

Heights and Hill Community Council Special Needs Registry

With funding from the Florence V. Burden Foundation, Heights and Hill Community Council designed a Special Needs Registry to be housed at the local police precinct for frail seniors and disabled residents of the Brooklyn Heights community. Because of its proximity to the Brooklyn Bridge, the Federal Court Houses and the Office of Emergency Management headquarters, Brooklyn Heights is considered to be at high risk to be a terrorist target.

During both the World Trade Center attacks and the blackout in the summer of 2003, this community was impacted severely by the chaos of the sheer numbers of people using the Brooklyn Bridge as a means of egress from Manhattan. Additionally, the neighborhood is home to a large number of people over the age of 60 – 3,764 seniors or more than 16.6% of the total population of the neighborhood. Many of these seniors live alone in high-rise buildings, vulnerable to being trapped in their apartments in case of a power outage. At least three apartment complexes technically qualify as NORC's (Naturally Occurring Retirement Communities), with more than 50% of residents over age 60, making this community a logical place to pilot such a project.

In the event of an emergency evacuation, many of these residents would be very difficult to identify and reach. The hope was to reach those who were not known to any formal agencies. Outreach was done targeting building managers, clergy, the medical community, community groups, and the community at large through mass mailings and newspaper ads. Of the 135 registrants, 15% were previously unknown to formal service providers. However, in an age where we are constantly being warned about identity theft, it is difficult to get people to self-identify. Also, personnel changes made it difficult to maintain the list and keep it current, so that it hasn't been updated regularly. In order to replicate and/or sustain

such a registry, there needs to be on-going funding to include staffing, a public relations campaign and establishing it at a level beyond that of a local senior organization.

Principles of Emergency Preparedness

In organizing and preparing to the extent possible for an emergency, there are certain principles that have been identified:

- Assess your current situation with an eye towards insurance coverage, evacuation, backup electrical systems, and computer/information system protection
- Collaborate with others – colleagues, businesses, members of your community, public and private organizations, the internet and other resources – to help your agency develop a workable plan
- Develop and test contingency plans
- Correct deficits
- Train and prepare staff, volunteers and clients
- Update systems and training as often as necessary

Each of these steps is sufficiently broad to allow for adaptation to each organization no matter how unique. Central to all these is the need to communicate. During and after September 11th, the city's phone and internet services were sporadic, at best, so communication was difficult. The experience pointed out how dependent we were and how much we needed to invest in redundant systems to avoid any repetition in the future.

Lessons Learned

There are five overarching categories of need that we identified when we looked at how September 11th impacted our service system:

- Getting services to the homebound and disabled
- Ensuring that our seniors have adequate food, water and shelter
- Transporting people, services, medications and food
- Communicating in 360 degrees with staff, seniors, their families and emergency organizations
- Addressing the mental health issues that arise for everyone

There are no “quick fixes” in any of these categories and they each require the investment of time and money, both of which are in short supply. There has been some movement as we see some organizations have developed emergency plans. How effective they would be is uncertain even though the city has been tested since September 11th with the blackout in 2003, the transit strike in 2005, various local blackouts, to name a few. In each case, shortcomings in transportation and communication continued to be troubling. Examples of what can be seen as positive signs in emergency preparedness:

- Citymeals-on-Wheels regularly distributes emergency packages with flashlights, water, radios, etc.
- The City of New York, with Department for the Aging has a system of cooling centers that provide respite during heat waves, especially important for seniors.
- The Mayor’s Office for People with Disabilities, the Office of Emergency Management (OEM), and the Department for the Aging jointly developed *New York City’s Guide to Emergency Preparedness for Seniors and People with Disabilities*, a downloadable pamphlet that is an attempt to educate individuals to develop personal emergency plans.

While we have made some headway in emergency preparedness, there are still miles to go at both the macro and the micro level. We all know what a “go bag” is but do we have one?

The message cannot be delivered often enough about the need for an emergency box that includes important documents, extra set of house and car keys, first aid kit, a battery operated radio, flashlight, batteries, a blanket, one-week supply of medication, non-perishable food, water, cash and, if possible, a cell phone. Then there is the need for lists. Beyond the “go bag” seniors need to have a list of important phone numbers of family members, doctors, pharmacies and all prescriptions. Urge them to give their family and friends contact information of people who could help locate them in an emergency. With families scattered, there is often little we know about who is important in the life of a loved one or how to get in touch with that person.

For agencies, lessons learned and problems identified were the need for identification badges for home care workers, having a plan to continue home delivered meals when regular food supplies are unavailable, having a list of emergency shelters which can vary depending on the nature of the crisis, keeping back-up emergency information off site, creating alliances with other organizations and agencies to share resources and having a communication plan that addresses as many contingencies as possible: power outages, internet and cell phone service interruptions.

Final Thoughts

In summary, the impact of the terrorist attack September 11th on seniors in New York City showcased the strength and resilience of a population that has seen and survived wars, depression, genocide. It brought back memories, some of them painful, but it also revived a core strength that had faith in a future. Yes, many were concerned with their safety and wellbeing, where they had not worried before.

However, they had sufficient resources to comfort others. On the other hand, the attack identified the fact that many independent seniors, living alone, are unconnected to the service community and some are homebound, posing a real challenge to service providers at all levels to find ways to make a connection for safety's sake.

Like the ash that covered Brooklyn Heights on that beautiful, frightful day, there was fallout from the attack that was unexpected and possibly unintended. Fundraising dollars were diverted away from the old service stand-bys and given to the disaster relief efforts which made service delivery and returning to "normalcy" more difficult.

Certainly there is a lack of funding for agencies that serve the elderly at the local level to do what needs to be done. Most of us, while more aware of the possibility of disaster, choose to put that fear away and go on with our daily lives. When asked about any residual effects on their members, agencies report none. Then why is it when the sky is really blue, without a cloud, we cannot help but think. . .this is a day just like September 11th? Truth be told, the country, the city, the network, the individual – none of us will ever be the same.

References

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