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Review Article

Emergencies and Older Persons

Alan S. Gutterman*

Department of Geography, University of California, California, United States

ABSTRACT

Emergencies, whether caused by conflict or natural disaster (e.g., cyclones, tornados, hurricanes, floods, tsunamis, earthquakes, volcanic eruptions, forest fires, chemical spills or climate change-induced drought, famine, rainfall variation and shrinkage of water supplies), lead to catastrophic suffering, misery and humanitarian crises and invariably threaten rights to equal protection under international human rights and humanitarian law either as a result of human right violations associated with the emergencies themselves and the associated response or exacerbation of human rights problems that already existed before the emergency situation emerged. In addition to the issues under international humanitarian and human rights laws, attention must be paid to the practical aspects of international responses to emergencies, which remain largely ad hoc and subject to political considerations that often override the need for compassion for innocent human beings.

Keywords: Drought; Famine; Rainfall variation; Shrinkage

INTRODUCTION

Emergencies, whether caused by conflict or natural disaster (e.g., cyclones, tornados, hurricanes, floods, tsunamis, earthquakes, volcanic eruptions, forest fires, chemical spills or climate change-induced drought, famine, rainfall variation and shrinkage of water supplies), lead to catastrophic suffering, misery and humanitarian crises and invariably threaten rights to equal protection under international human rights and humanitarian law either as a result of human right violations associated with the emergencies themselves and the associated response or exacerbation of human rights problems that already existed before the emergency situation emerged [1].

During the first few years of the 21st century, the world saw major earthquakes in Haiti, Chile, New Zealand and China, unprecedented flooding in Pakistan, hurricanes that devastated the impacted communities (Hurricane Katrina in 2005 being perhaps the most infamous of these events in the US) and Japan's triple disaster earthquake, tsunami and nuclear meltdown in March 2011. A survey of natural disasters compiled by the International Disaster Database identified 335 natural disasters around the world in 2017 that affected more than 95.6 million people globally, killed 9,697 and caused damage estimated at $335 billion. According to a report by the Red Cross in 2018, the number of weather-related disasters increased between 2007 and 2018, accounting for no less than 53.7 percent of all crises, a third of which were floods. The number of displaced persons as of June 2018 was estimated to be 68.5 million worldwide including 20.2 million refugees (approximately 3% of whom were over 60 years of age), 3.2 million asylum seekers and 39.7 million internally displaced persons (84% of whom were in developing regions) [2].

The UN's Office of the High Commissioner for Human Rights (OHCHR) has noted that "[h]umanitarian crises including man-made conflicts, natural disasters and pandemics often result in or exacerbate human rights concerns" and that "deteriorating human rights situations may trigger crises and increase humanitarian needs of affected populations". The OHCHR has described its approach to humanitarian action as being "human rights-based" and focused on "securing the participation of the affected population in preparedness, response and recovery efforts", strengthening the capacities and accountability of duty-bearers to meet their legal obligations under international human rights and humanitarian laws and bringing attention to people affected by crises and giving them a voice through human rights monitoring, investigation, analysis and reporting.

Correspondence to: Alan S. Gutterman, Department of Geography, University of California, California, United States; E-mail: alangutterman@gmail.com

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LITERATURE REVIEW

Human rights of older persons in emergency situations

According to the American Psychological Association (APA), older adults are not only the least prepared for disasters but also have the highest rate of disaster-related deaths and are more at risk during all phases of a disaster, from life-threatening challenges during evacuation to negative psychological consequences during the recovery period. The APA noted that advanced age alone does not make someone more vulnerable to emergencies and not all older adults are equally vulnerable in such situations (e.g., the APA pointed out that a 76-year-old man living independently in his community would like have different strengths and weaknesses than an 84-year-old man living in a skilled nursing facility); however, it is true, and should be expected when planning for emergencies, that some older persons will be especially challenged due to their being at greater risk for physical and mental health conditions, being more socially isolated (e.g., an older person may be living at home without caregiving and thus be at risk of being overlooked by emergency responders and family members who do not live in the same community); living with age-related cognitive changes such as slower reaction times and reduced problem-solving abilities and suffering disruption to their social support systems (e.g., assistance from friends, family and in-home caregivers to receive meals, home-based health care and help with the basic activities of daily life) [3].

The position of the independent expert on the enjoyment of all human rights by older persons (the independent expert) was created by the UN Human Rights Council in 2014 to oversee the realization and fulfilment of the human rights of older persons through strengthening the realization of those rights, closing protection gaps and providing advice on ways to strengthen the protection of the human rights of older persons. Since then, the independent expert has given notice of the range of vulnerabilities of older persons in emergency contexts including intrinsic (*i.e.,* poor health, disability or frailty), extrinsic (due to low income, low degree of literacy or the remoteness of the place of residence) or due to systemic factors (*i.e.,* lack of disaggregated data, failure to assess the needs of older persons correctly or failure to monitor the effectiveness of assistance provided) and has pointed out that "older persons are disproportionately affected in emergency situations" and that emergencies often compound the special challenges that particular groups of older persons are already facing due to other forms of vulnerability or inequality such as gender, race, disability, education or income level. Older persons are also particularly vulnerable to restrictions their rights to health and work during emergency situations due to ageist stereotyping, as occurred during the COVID-19 pandemic. The UN Department of Economic and social affairs has noted that evidence shows that older persons are disproportionately impacted by humanitarian crises and report significant barriers in accessing humanitarian assistance and called on governments and humanitarian actors to develop contingency plans and strategies that explicitly address the high risks faced by older refugees and displaced people in times of emergency [4].

The second World Assembly on Aging held in Madrid in 2002 adopted a political declaration and the Madrid International Plan of Action on Aging, generally referred to as the "Madrid Plan", that "called for changes in attitudes, policies and practices at all levels to fulfil the enormous potential of ageing in the twenty-first century" and taking actions to "give priority to older persons and development, advancing health and well-being into old age, and ensuring enabling and supportive environments". With respect to "older persons and development", the Madrid Plan called for protecting older persons during emergency situations by ensuring that they have equal access to food, shelter and medical care and other services during and after natural disasters and other humanitarian emergencies and involving older persons as active contributors to the reestablishment and reconstruction of communities and the rebuilding of the social fabric following emergencies [5].

Scholars have noted that "many of the gravest and systematic human rights abuses occur during public emergencies, when states employ extraordinary powers to address threats to public order" and that this led to the inclusion of regulations on states' entry into and conduct within states of emergency in each of the leading international and regional covenants on civil and political rights. Central to these regulations are "derogation clauses, which permit states to restrict some human right during emergencies but only where strictly necessary to address threats to 'the life of the nation' or the 'independence or security' of the state", and in exercising these extraordinary powers, which "effectively allow states to design their own temporary, ad hoc human rights regimes", it is incumbent on states not to abrogate their fiduciary duties to guarantee their subjects' secure and equal freedom and to ensure that derogations "conform to norms of notification, contestation, justification and proportionality" and are also subject to review by municipal and international tribunals on objective grounds [6].

The independent expert has declared that "the lack of a comprehensive and integrated international legal instrument to promote and protect the rights and dignity of older persons has significant practical implications, including for older persons in emergency situations" and went on to point that out "in particular that current instruments do not make the issues of ageing specific or sufficiently visible, and therefore preclude older persons from the full enjoyment of their human rights, particularly in emergency situations". Since there is no binding international treaty or convention specifically addressing the human rights of older persons, reference must be made to other instruments for guidance on an appropriate framework [7].

The Convention on the Rights of Persons with Disabilities (CRPD), which was adopted in 2006 and went into force in 2008, is the first binding international instrument addressing the needs of persons with disabilities worldwide and has been praised as a blueprint for how an elderly-specific treaty could be developed and what issues it could address. Article 11 of the CRPD establishes that persons with disabilities have an equal right to humanitarian relief following a natural disaster or conflict and calls on States to take all necessary measures to

ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters. CRPD Article 25 addresses the rights of persons with disabilities with respect to health and specifically refers to older persons when requiring states to provide health services for persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons [8].

Climate change, simply described as any change in average weather that lasts for a long period of time, has been called out for specific attention in commentaries on risks to health and human rights during emergency situations. The Committee on the Elimination of Discrimination against Women (CEDAW) has argued that climate change, which has increasingly become a source of natural disasters, has a different impact on women, especially older women who owing to their physiological differences, physical ability, age and gender, as well as social norms and roles and an inequitable distribution of aid and resources relating to social hierarchies, are particularly disadvantaged in the face of natural disasters. The CEDAW pointed out that the limited access of older women to resources and decision-making processes increases their vulnerability to climate change and called on states to ensure that climate change and disaster risk-reduction measures were gender-responsive and sensitive to the needs and vulnerabilities of older women and facilitate the participation of older women in decision-making for climate change mitigation and adaptation. Natural disasters may also lead to older women being internally displaced, a situation that often leads to discrimination, abuse, neglect and post-traumatic stress syndrome, and denied access to health care and other essential social services due to lack of legal status and cultural and language barriers [9].

DISCUSSION

Challenges and recommendations for protecting older persons in emergencies

Since her position was created, the independent expert has issued annual reports on various topics including human rights protection of older persons facing conflict, emergency or natural disaster situations, paying special attention to different groups of older persons such as refugees and climate-displaced persons, and the impact of the COVID-19 pandemic on the enjoyment of all human rights by older persons. In her 2019 report on human rights of older persons in emergency situations, the independent expert provided the following catalog of the specific vulnerabilities of older persons:

- Physical challenges that come with aging but that normally do not necessarily decrease the quality of life or significantly decrease the capacity for daily functioning of an older person may become serious impediments in an emergency (e.g., minor events, such as losing a pair of eyeglasses or a walking cane, may in an emergency setting have a significant impact on older persons, because they limit their mobility and their capacity to adapt to changing conditions, such as during an evacuation).
- Sensory deficits, such as impaired vision or hearing, or cognitive/neurological conditions may make it more difficult for certain older persons to understand emergency warnings and directions, and mental conditions may cause older persons to experience hardships during emergencies, including in shelters where crowding, lack of privacy or noise levels may negatively affect their autonomy and independence.
- Older persons may be at a higher risk of having reduced social support and connectedness because of factors such as age, illness or death of friends and the lack of social connectedness will damage the health and wellbeing of older persons and their ability to obtain emotional and practical, informational and appraisal support.
- The safety of older persons in emergency situations, including protection from violence, abuse, exploitation and other human rights abuses, will be dependent on social welfare programs and actions to address economic or social marginalization as well as intergenerational support.
- Social inequality and lower socioeconomic status of older persons may directly influence their ability to access material or practical resources during an emergency situation such as means of transport, communication technologies and accommodation outside the area affected by the emergency.
- Older persons often remain in their places of origin even when their family and community evacuate either because they retain a strong sense of attachment to the property or because they have been left behind by their relatives to look after the property. As a result, they may be more exposed to hazards and risks (e.g., living in a flood-prone area), and have more difficult access to relief goods and services that are provided in safer zones.
- Displacement and separation from their families and communities often puts older persons into new and unfamiliar roles as caregivers of children and other dependent family members thus creating challenges for persons who may already have their own mobility and health difficulties in accessing humanitarian assistance in order to secure food and core relief item distributions, water or fuel for themselves and those for whom they are caring.
- The displacement of older persons is often protracted due to their lack of physical strength to return or rebuild the shelter or other facilities necessary for their livelihood or their exclusion from cash assistance and other recovery schemes due to age if they do return. In addition, whether older persons return to their communities after displacement or attempt to settle elsewhere in the country, they will continue to be subject to economic and social challenges that will require support from states. For example, when forcibly displaced older persons attempt to integrate into their new host communities they may find fewer opportunities to participate in or build social networks, such as through education or work.
- While the vulnerabilities of older persons mentioned above are important to recognize, it should not be forgotten that they have the experience and other resources to make important contributions to disaster risk reduction, post-disaster management and climate change mitigation and

adaptation strategies. The societal value of older persons is often ignored in the formulation of policies and discourse relating to emergencies, thus depriving older persons of a voice when decisions are made and marginalizing the important roles that older persons play in displaced communities with respect to preserving cultural heritage, social cohesion and connection with countries of origin.

In her conclusions and recommendations, the independent expert highlighted "The crucial importance of consulting with older persons to identify and address barriers to access to assistance, such as reliance on technologies, restrictions on mobility and administrative hurdles" and stressed "the need to reach out to older persons, including through mobile registration and other accessible mechanisms, and particularly to those with limited mobility to ensure the inclusion of all older persons in need". The Independent Expert called for increased funding to address the needs of older persons in emergency situations including budgeting sufficient resources to implement inclusion policies and report, using age-disaggregated data, on how humanitarian programs are reaching and responding to the needs of older persons. Also important is more focus and research on misunderstood and under appreciated issues relating to older persons in emergencies such as the impact of technology in humanitarian action on older persons and the prevalence and risk of elder abuse in emergency settings.

CONCLUSION

It is clear from demographic trends that the number of older people, particularly older women, is increasing all around the world. At the same time, the frequency and intensity of natural disasters is also surging due to climate change and there seems to be no abatement to emergencies caused by political conflicts. As such, laws and policies relating to humanitarian actions during emergencies are highly relevant and must be drafted and implemented in a way that takes into account the distinguishable needs of older persons in areas such as physical and mental health, nutrition, access to essential services, rights to economic security and work and protection from violence and abuse. Also not to be forgotten is the role that older persons play in responding to emergencies, which should be recognized and supported. Emergencies typically trigger periods of introspection and assessment that right focus on how governments and organizations could have "done better" in protecting vulnerable groups, such as older persons. But progress remains slow and the same mistake happen over and over. Rights of older persons are also impaired by their lack of visibility in the international human rights framework and the failure of international humanitarian donors to pay sufficient attention to the needs of this group.

REFERENCES

1. Burkett E, Martin-Khan MG, Gray LC. Quality indicators in the care of older persons in the emergency department: a systematic review of the literature. Australas J Ageing. 2017;36(4):286-298.
2. Lawson P, Richmond C. 13 Emergency problems in older people. Emerg Med J. 2005;22(5):370-374.
3. Duong HV, Herrera LN, Moore JX, Donnelly J, Jacobson KE, Carlson JN, et al. National characteristics of emergency medical services responses for older adults in the United States. Prehosp Emerg Care. 2018;22(1):7-14.
4. Aminzadeh F, Dalziel WB. Older adults in the emergency department: a systematic review of patterns of use, adverse outcomes, and effectiveness of interventions. Ann Emerg Med. 2002;39(3): 238-247.
5. Kennelly SP, Drumm B, Coughlan T, Collins R, O'neill D, Romero-Ortuno R. Characteristics and outcomes of older persons attending the emergency department: a retrospective cohort study. QJM. 2014;107(12):977-987.
6. Melchiorre MG, D'Amen B, Quattrini S, Lamura G, Socci M. Health emergencies, falls, and use of communication technologies by older people with functional and social frailty: ageing in place in deprived areas of Italy. Int J Environ Res Public Health. 2022;19(22):14775.
7. Samaras N, Chevalley T, Samaras D, Gold G. Older patients in the emergency department: a review. Ann Emerg Med. 2010;56(3): 261-269.
8. Carpenter CR, Cameron A, Ganz DA, Liu S. Older adult falls in emergency medicine: 2019 update. Clin Geriatr Med. 2019;35(2): 205-219.
9. Hwang U, Shah MN, Han JH, Carpenter CR, Siu AL, Adams JG. Transforming emergency care for older adults. Health Aff. 2013;32(12):2116-2121.