

Re: Testimony of Jean Cefalu RN, 5/18/06

Dear Senator Kohl and honorable US Special Senate Committee on Aging members:

Thank you for the opportunity to allow me to relate my experiences relative to the elderly and institutionalized long-term care population affected directly or indirectly by the effects of Hurricane Katrina and to suggest recommendations for future disasters.

I live in Slidell, La., a suburb of the New Orleans Metro area and have lived there off and on since the age of 13. I have practiced nursing in various nursing homes over the last 10 years at brief intervals. I am the mother of five children, two of whom are in college. At the time of Katrina, I evacuated to Clemson University with two of my sons where my daughter was attending college. On returning to the area and finding my house in Slidell devastated by 3.5 feet of water and with 22 trees down in the yard, my husband and I bought a house in Baton Rouge in Ascension Parish and shortly thereafter, I began working at a local nursing home there, Ascension Care Center. The facility took in about 40 evacuees and nursing home residents of the NO Metro area and as a result was severely short of staff. I worked there through its state inspection until early January, when I moved back to Slidell to be with my husband, and three children. We are currently living on the 2nd floor of our house with the first floor gutted. Little progress has been made at rebuilding due to the high costs of materials and the severe shortage of labor. My husband's LSU office is located on the second floor as well since he will not be able to move back into his office in New Orleans for about 6 months. After 4.5 months, we just received our FEMA trailer but were told it may take several weeks for electricity to be turned on.

My husband, Dr. Charles Cefalu, has practiced medicine for 25 years and geriatric medicine for the last 16 years. He stayed at the house during the Hurricane and shortly after Katrina, was preoccupied with his professional duties and the need to try to salvage some personal possessions from the house. Being Chief of Geriatrics at LSU Health Science Center in New Orleans and with his Program located at Charity Hospital which was severely damaged beyond repair, he spent the month of September evaluating options and subsequently moved his two faculty, nurse practitioner and two fellows-in-training to University Medical Center (an LSU public teaching hospital) in Lafayette, La. This could not have been accomplished without the financial support of three major US geriatric organizations, the American Geriatrics Society, the Gerontological Society of America and the John A. Hartford Foundation who came to LSU's rescue immediately.

While I was not practicing nursing at the time of Hurricane Katrina, the devastation caused by Katrina produced severe labor shortages, especially at nursing homes in the peripheral areas of the NO Metro area, Baton Rouge, and even as far as Shreveport, La. That is why I decided to go to work. It was then that I met a very nice man named Maurice and his friend who will tell you their very personal and horrifying story after I finish.

Though I have worked in nursing homes in the past, this work was different to me. I found the work at Ascension Care Center very tiring but rewarding, knowing that I was helping displaced nursing home residents and evacuees who had lost everything they had. Many Jane and John Does came from New Orleans nursing homes without any identification number. Many of these residents were acutely ill. Many had no other

place to go. Many families initially could not find their loved ones. Many were suffering from Post Traumatic Stress Disorder and just needed someone to talk to or hold their hand. At this point in time, many evacuees residing in nursing homes outside of the New Orleans like Ascension Care Center are in a status quo situation since it is undetermined as to when they might be able to return back to New Orleans. This is because many of them are helpless and have no resources or finances to rebuild their homes. Others are having to pay out of their “back pockets” to finance their nursing home stay without the benefit of appropriate financial screening. In some cases, evacuees in nursing homes have had cash and personal possessions stolen at the nursing home they are staying at.

The experience at Ascension Care Center helping evacuees made me realize how delicate and fragile this population of advanced age seniors really is. Unlike you and I, they have multiple and chronic illnesses and take multiple medications, increasing their risk of an adverse drug reactions. In addition, the nursing home population is usually dependent on others for their basic daily needs of food, fluids, nutrition, bathing, toileting and grooming. Many of them have no family or finances. They are also vulnerable to financial, emotional, mental and physical abuse by others because of the mind set of ageism as you will see from Maurice’s story. They are subject to depression, anxiety and Psychosis.

One organization that provided tremendous support and leadership to NO Metro area nursing homes that were either evacuated or took in evacuees is the La. Healthcare Review’s Nursing Home Quality Improvement (Medicare) Committee authorized by CMS that met regularly after Katrina to provide assistance via teleconference and onsite to the staff. My husband sits on this Committee. Over the last several months, they have also formulated a series of Workforce recommendations which is attached to my report. These recommendations are the culmination of various facilities’ reports and experiences before, during and after Katrina. They are so numerous that I will not mention them for the sake of brevity. The list is intended to assist nursing homes relative to evacuation procedures as well as nursing homes who serve as evacuation shelters. I submit these recommendations to your Committee for review and action. One recommendation that I would like to make based on my personal observation is that elderly evacuees who are placed in nursing homes outside of the Disaster area be granted a waiver of determination of eligibility for a period of 6 months and any personal or financial assets accompanying the evacuee be secured in a safe place at the accepting facility to prevent financial abuse until conditions normalize.

It is my opinion that the evacuation process for nursing home residents was not adequate and there is much room for improvement. It is unfortunate that it took such a major catastrophe such as Katrina to teach us some lessons about how inadequate these evacuation procedures really were. It is a known fact that 75% of those who died during and after Katrina were 75 years of age or older. To some extent, I believe some of these lives could have been saved if the evacuation process was adequate. It is true that the New Orleans Metro area is somewhat atypical of other large Metropolitan areas in that it has a relatively high percentage of minority socioeconomically disadvantaged elderly and nursing home residents. To some extent, the exaggerated number of deaths relative to the elderly represents this undeserved population. However, this is not to say that a similar catastrophe and exaggerated impact on vulnerable elderly populations could not occur in other parts of the US.

My husband has since become Medical Director of two New Orleans Nursing Homes since Katrina, a state owned and privately owned facility. At the state facility, all of the residents were evacuated and about 2/3 have returned. The facility is not able to continue to admit residents due to a staff shortage. Of those staff who have returned, many are living on the first floor involving 40 residents' rooms since they have nowhere to live. At the other facility, they are beginning to admit residents this month thanks to the support of registered nurses from Oregon and other states who have volunteered their time locating nursing home evacuees in the Southwest and Central Louisiana areas and screening them for re-admission.

Appropriate and tested evacuation plans for seniors and nursing home populations is a key issue in preventing elderly deaths for any disaster. But evacuation plans can only go so far if the staff is not adequately educated relative to geriatric issues. Education of geriatric healthcare professionals in the state of Louisiana and the nation should be a top priority with the aging baby boom population upon us. It is unfortunate that only one training program to train geriatricians and one program to train geriatric nurse practitioners exists in the state of Louisiana. That is not the case in other states where geriatric education of nurses and physicians is the norm and not the exception. The Louisiana legislature and the Governor should take notice of this disparity immediately as should our La. Congressmen and US Senators.

As a result of these professional and personal experiences, I now realize how important it is to provide quality care to these seniors and the impact that Disaster has on their physical, mental and emotional well-being. The losses that may seem small to you and I are huge for them. As my husband has done for 12 years as an academic geriatrician, I also now realize the value of formal education for healthcare professionals caring for the elderly. I recently became board certified as a Gerontological Nurse and as a Resident Assessment Coordinator. I have also most recently enrolled as a Masters of Science graduate student in Gerontological Nursing and geriatric nurse practitioner program at my Alma Mater, Southeastern La. University in Hammond. I will be joining the American Geriatrics Society, the La. Geriatrics Society and recently joined the Association of Directors of Nursing for Long Term Care (ADONA) and the American Gerontological Nurse Association. I am now working at a local nursing home in my home town of Slidell doing similar work in providing needed care to evacuees and residents of other nursing homes in the New Orleans Metro area that are currently closed.

Therefore, my last recommendation is that Congress reinstate Title VII funding of Geriatric Education Centers across the US to address the need for educating geriatric healthcare professionals. Such Centers can serve two unique purposes: 1) to train geriatric healthcare professionals relative to Emergency Preparedness; and 2) serving as a multi-institutional consortium, depending on the effect of a disaster in a particular Metro area, each of the consortium members could serve as a coordinating center for the evacuation process itself.

Thank you,

Jean Cefalu RN