



The State of Opportunity One Year After Hurricane Katrina

Health and Health Care: Opportunity for Health Security among Katrina's Victims

Hurricane Katrina claimed over 1,500 lives, injured thousands more, and severely disrupted health-care delivery in the Gulf Coast region.¹ Many health-care providers worked heroically, often in extremely difficult conditions, both during and in the aftermath of the disaster to help Katrina's victims, but their efforts were hampered by a weakened government emergency health-care response system. Disproportionately, those in need of help were poor and people of color, groups that suffered from higher rates of illness and inadequate health care well before Katrina struck.

In order to be prepared for the next national emergency—and to ensure that all who live in the United States can enjoy the basic health security necessary for opportunity—government must address the structural inequality that Katrina exposed. An important element of this effort will be to revamp a broken health-care system that exposes millions of Americans to the risk of poor health and financial ruin because they lack health insurance, and that too often treats patients inequitably on the basis of gender, race, and social class.

This fact sheet examines the state of health care in New Orleans and the Gulf Coast region prior to and after Hurricane Katrina. It also summarizes some of the environmental health risks in the region, which are some of the most significant in the nation. Finally, we provide recommendations for ways in which the country can ensure that all who live in America can enjoy a level of health security necessary to have a chance to succeed.

The State of Health and Health Care in the Gulf Coast Region Prior to Hurricane Katrina

Hurricane Katrina inflicted its damage in one of the poorest regions of the country. More than one in five residents in Alabama, Louisiana, and Mississippi live in poverty, and 23% of people in the New Orleans metropolitan area lived in poverty prior to the storm.² Not surprisingly, people in the region also have poorer health; according to the United Health Foundation, in 2004 Louisiana was ranked lowest overall in the

nation in health.³ There are many reasons for this low health ranking, including:

- Louisiana is one of the five worst states for numerous health problems, including infant mortality, cancer mortality, prevalence of smoking, and premature death.⁴
- Low-income people and communities of color in the Gulf Coast region suffer from far higher rates of illness and mortality than higher-income communities and whites.⁵
- Louisiana's proportion of uninsured citizens is among the highest in the nation. Only two states (Texas and New Mexico) have a higher rate of uninsurance. Over

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900,000 people—21% of Louisiana's population—were uninsured prior to the storm.⁶

- A Centers for Disease Control and Prevention (CDC) survey found that in Jefferson and Orleans parishes, 55.7% of households dealt with preexisting chronic illnesses prior to the storm. More than one in five households had a member with heart disease (20.1%) and/or hypertension (22.3%), while respiratory illnesses (11.3%), diabetes (16.4%), and mental illness (6.3%) were also common.⁷

Unfortunately, access to health care in the region—as in many other parts of the country—is deeply inequitable, as low-income people and communities of color face higher rates of uninsurance and highly fragmented health systems in which patients with private insurance are treated in better hospitals and health systems than those who are uninsured or have public sources of health insurance.⁸ Louisiana, in particular, operates a unique safety-net system, one in which a state-supported network of hospitals and clinics provides much of the uncompensated care, with the effect that health care is largely segregated along income and insurance status lines:

- In New Orleans the Medical Center of New Orleans, which included historic Charity Hospital, provided two-thirds of the inpatient care to the uninsured in the city. Nearly three-quarters of its patients were African American, and 85% of all patients made less than \$20,000 a year. By contrast, the other hospitals in the city provided only 4% of inpatient care for uninsured patients.⁹
- While New Orleans had among the highest rate of physicians among large cities in the nation, many non-metropolitan areas in Louisiana had among the lowest concentrations of physicians in the country.¹⁰

Compounding the health problems that directly stem from poverty, deprivation, and poor access to health care, the environmental quality of many communities in the Gulf Coast region is poor. A high concentration of waste-producing

industries (including chemical and petroleum refineries) and weak environmental regulation enforcement have resulted in significant air, water, and land degradation. These problems disproportionately affect low-income communities and people of color:

- More than three million people in Louisiana (about three-quarters of the population) get their drinking water from underground aquifers. A dozen of these aquifers—primarily serving minority and low-income communities—are threatened by industrial contamination.¹¹
- New Orleans's aquifer is located along the Mississippi River Chemical Corridor, an area that includes more than 125 companies that manufacture hazardous products and/or produce toxic waste, increasing the city's vulnerability to environmental threats. These products include fertilizers, gasoline, paints, and plastics.¹²
- Prior to Hurricane Katrina, poor and minority children in New Orleans faced significant environmental lead-poisoning risks.¹³

In the Wake of the Storm: Health Disparities and Access Gaps Are Likely to Expand

Although systematic data are difficult to gather because evacuees are spread across many communities, Hurricane Katrina likely worsened the health of already-vulnerable populations. Should those displaced by the storm return, they will find that many neighborhoods are plagued by water and soil toxins and contamination as a result of flooding, oil spills, and other sources of environmental degradation. To make matters worse, the health-care safety net in the region—already weak prior to the storm—is considerably frail and ill-equipped to meet the needs of Katrina's hardest-hit victims.

The Health Status of Low-Income and Minority Communities After Katrina

Three surveys of displaced Gulf Coast residents—conducted by the CDC among residents who had returned to Jefferson Parish and pre-

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dominantly African American Orleans Parish in the weeks after the storm; by the Kaiser Family Foundation among evacuees in a Houston shelter; and by Columbia University public-health researchers among children and their families—reveal significant health and mental-health problems.

Many in the CDC survey reported becoming ill during or after the storm:

- 3.7% reported an injury because of the hurricane.
- Over half (52.4%) reported that they had become ill since the storm.
- Over one-third (34.8%) stated that their health had been affected by indoor mold.
- Nearly half of adults exhibited high levels of emotional distress, and estimates based on the survey's results indicate that between 142,000 and 214,000 adults returning to the New Orleans area have a potential need for mental-health services.¹⁴

Kaiser's survey conducted with Katrina victims housed in Houston—over 90% of whom were African American—revealed that many had medical needs that went unmet in the aftermath of the storm:

- 25% needed medical care and could not get it.
- 32% reported that since the hurricane, they did not have the prescription drugs or medicines they needed.
- 33% said they experienced health problems or injuries as a result of the hurricane and flooding.
- Of those reporting health problems, 41% said the health problems were serious, and 21% said the problems were not currently being treated.
- 41% had been previously diagnosed with diseases and medical conditions, including heart disease (9%), hypertension (23%), diabetes (12%), asthma and other lung diseases (12%), and/or a physical disability (16%).
- Significantly, over half (52%) were not covered by any form of health insurance or

health plan at the time of the hurricane; of those who did possess health insurance, 43% received some form of public health insurance, with 16% on Medicare and 34% on Medicaid.¹⁵

Columbia University's study—based on face-to-face interviews with more than 650 poor and low-income families living in temporary housing—found that children are particularly vulnerable to health and mental-health problems after the storm:

- 34% of displaced children suffer from at least one diagnosed chronic medical condition, such as asthma, anxiety, and behavioral problems, compared to 25% of children in urban communities in Louisiana prior to the storm.
- 14% of children who needed prescription medications were unable to get them, compared to 2% prior to the storm.
- Over 60% of parents with children who needed specialized medical equipment, such as nebulizers, reported that obtaining the equipment was a “big” or “moderate” problem.
- Nearly half of parents reported that at least one of their children had emotional or behavioral difficulties that she or he did not have prior to the storm.
- On average, households with children have moved 3.5 times since the hurricane, often across state lines, and parents reported problems such as lags in enrolling children in new schools after each move.¹⁶

Water and Soil Toxins and Contamination After Katrina

New Orleans and the Gulf Coast region sustained significant environmental damage as a result of the hurricane. As they did prior to the storm, these problems disproportionately pose risks to low-income and racial and ethnic minority communities. Why? These communities are more likely to be sited near industrial facilities or waste dumps, and in New Orleans were disproportionately more likely than higher-income and white communities to be below sea level, in

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areas vulnerable to flooding. Some examples follow:

- Environmental Protection Agency (EPA) tests in some New Orleans neighborhoods found elevated lead and arsenic concentrations, as well as microbiological deposits including coliform bacteria (from raw sewage), *E. coli* (from untreated sewage), salmonella, yeast, and mold.¹⁷
- Tests from independent sampling conducted by the Louisiana Environmental Action Network in several New Orleans neighborhoods found high levels of polynuclear aromatic hydrocarbons (PAHs)—many of which are known or suspected carcinogens.¹⁸
- At least one major landfill accepting debris and waste from the cleanup is located near a growing Vietnamese American community. More than 1,000 Vietnamese Americans live within a mile of the Chef Menteur landfill, which is accepting hazardous waste that residents fear may seep into water supplies.¹⁹

Exposure to this contaminated sludge can lead to short- and long-term health impacts, such as respiratory illnesses, asthma, allergic reactions, eye irritation, skin rashes, skin infections and sores unresponsive to normal antibiotic treatment, nausea, vomiting, and gastrointestinal irritation.²⁰ Long-term effects can include increased risk for spontaneous abortion (miscarriage), infertility, lung disease, fetal malformation and other birth defects, cancer, and respiratory illnesses.²¹

Damage to the Health-Care Safety Net

Hurricane Katrina inflicted massive damage on the health-care infrastructure in the Gulf Coast region. Among the hospitals and health centers hardest hit were safety-net institutions, which, as noted above, were plagued before the hurricane by limited resources and rising deficits that corresponded to the rise in the number of uninsured patients seeking care.

- Charity Hospital, the largest public hospital serving New Orleans, remains closed, as

authorities debate whether it can be restored and resume operation. With its closure, the entire Gulf Coast region has lost its only Level I Trauma Center.

- Orleans Parish suffered significant losses in hospital beds, adult and child psychiatric beds, over 70 safety-net clinics, and 70–85% of the area’s private sector physicians, pharmacies, dental services, and behavioral health services.
- As of July 2006 only 55% of Orleans Parish’s hospitals had resumed operation, compared to 95% of Jefferson Parish’s hospitals.²²
- Because much more of the Jefferson Parish health-care system has been preserved compared to Orleans Parish’s, Jefferson Parish health-care providers have faced enormous challenges related to **meeting** the New Orleans metropolitan area residents’ health-care needs.²³

Primary and preventive care has also suffered, particularly for low-income patients.

- Many communities have not seen a return of health professionals, and there is a huge loss of patient records and an inability for health-care providers to fully understand the medical history of patients.
- Most providers of home health services have not reopened since Katrina primarily because of a lack of qualified staff.²⁴
- Currently, the rate of uninsurance in the area is between 35 and 50%.²⁵ The lack of health insurance among the population will make it even more difficult for providers and health centers to recoup costs and rebuild their practices.
- There is virtually no dental care available for Medicaid patients and the uninsured population in Orleans Parish.²⁶
- Federal Emergency Management Agency (FEMA) pharmacy assistance for the uninsured ended in January 2006; thus, there is limited access to medications for this population. There is also no full-scale safety-net pharmacy in operation.²⁷

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- 100% of adult psychiatric beds serving uninsured and underinsured populations in the Greater New Orleans region were lost. The 34 remaining Medicaid beds in the

34 remaining Medicaid beds in the region are in Jefferson Parish hospitals.²⁸

Rebuilding: How Can We Ensure Health Security for Katrina's Victims?

People of color and low-income communities experienced poorer health and poorer access to health care prior to Katrina's devastation. (For more information on health-care opportunity barriers faced by low-income and minority communities, see The Opportunity Agenda's fact sheet, "Health Care and Opportunity").²⁹ These problems resulted in less health security and limited opportunity among people who are most in need. Today their health is even more at risk, while their ability to access health care is more constrained as a result of increased rates of uninsurance and damage to the health-care safety net in the region.

Government leaders should not allow these communities' needs to go unmet. Policies must first care for those in dire need and then continue to focus on improving our nation's health-care system. Government should address the needs of vulnerable communities, so that when another disaster strikes the nation can be prepared to care for all in need.

Health-care services need to be maintained and strengthened.

- Safety-net health-provider networks must be immediately restored and improved.
- Health-care services for low-income and uninsured residents must not be further interrupted by the closure of Charity and University hospitals.
- Community clinics should be established in order to provide convenient and accessible treatment for the uninsured and poor.
- The U.S. Public Health Service (PHS) and the Agency for Toxic Substances and Disease Registry (ATSDR) must provide ongoing medical care and testing to residents exposed to toxins.³⁰

Environmental justice must be ensured for the hardest-hit communities.

- Contaminated sediments must be removed with special attention granted to toxic hot spots.
- Personal protective equipment must be supplied to people returning to previously flooded areas, so they can avoid exposure to contaminated sediments.
- Drinking-water systems must be made safe by the city through comprehensive testing for microbial and chemical contaminants.³¹

The public must be fully informed of the health risks related to returning to contaminated areas.

- Health advisories should be placed in newspapers and on television, radio, and the internet.

Safe and healthy schools must be provided for returning children.

- Soil on school grounds must be guaranteed clean and safe through testing.
- Asbestos and lead-based paint hazards must be eliminated through interim controls, abatement, or a combination of both.

¹ M. Hunter, "Deaths of Evacuees Push Toll to 1,577," May 19, 2006, *The Time-Picayune*, <http://www.nola.com>.

² The Kaiser Commission on Medicaid and the Uninsured, "Key Facts: A Look at the Health Care Delivery System for Low-Income People in New Orleans," January 2006, <http://www.kff.org>.

³ S. Zuckerman and T. Coughlin, *Initial Health Policy Responses to Hurricane Katrina and Possible Next Steps* (Washington, D.C.: The Urban Institute, February 2006), 2.

⁴ Ibid.



⁵ Kaiser Commission, “Key Facts.”

⁶ Ibid.

⁷ Mental Health and Community Resilience Team, *Needs Assessment among Residents Returning to the Greater New Orleans Area After Hurricane Katrina* (New Orleans: Centers for Disease Control and Prevention, New Orleans, October 24, 2005), 7.

⁸ Institute of Medicine, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, ed. B. D. Smedley, A. Y. Stith, and A. R. Nelson (Washington, D.C.: National Academies Press, 2003).

⁹ Kaiser Commission, “Key Facts.”

¹⁰ Ibid.

¹¹ M. Pastor et al., “In the Wake of the Storm: Environment, Disaster, and Race After Katrina,” May 2006, <http://www.russellsage.org/news/060515.528528>.

¹² Ibid.

¹³ Ibid.

¹⁴ U.S. Centers for Disease Control and Prevention, “Assessment of Health-Related Needs After Hurricanes Katrina and Rita: Orleans and Jefferson Parishes, New Orleans Area, Louisiana, October 17–22, 2005,” *Morbidity and Mortality Weekly Report*, January 20, 2006, <http://www.cdc.gov>.

¹⁵ M. Brodie, E. Weltzein, D. Altman, R. J. Blendon, and J. M. Benson, “Experiences of Hurricane Katrina Evacuees in Houston Shelters: Implications for Future Planning,” *American Journal of Public Health*, 2006 Aug; 96(8):1402-8.

¹⁶ D. Abramson and R. Garfield, “On the Edge: Children and Families Displaced by Hurricanes Katrina and Rita Face a Looming Medical and Mental Health Crisis,” April 2006, http://www.ncdp.mailman.columbia.edu/files/marshall_plan.pdf.

¹⁷ U.S. Environmental Protection Agency, “Environmental Assessment Summary for Areas of Jefferson, Orleans, St. Bernard, and Plaquemines Parishes Flooded as a Result of Hurricane Katrina,” December 6, 2005, <http://www.epa.gov/cgi-bin/epaprintonly.cgi>.

¹⁸ Pastor et al., “In the Wake of the Storm.”

¹⁹ A. Pardo, “The Battle of Chef Menteur: The Movement to Close a New Orleans Landfill Presses On,” July 6, 2006, <http://www.reconstructionwatch.org>.

²⁰ Pastor et al., “In the Wake of the Storm.”

²¹ Ibid.

²² A. Liu, M. Fellowes, and M. Mabanta, “Katrina Index: Tracking Variables of Post-Katrina Recovery,” July 2006, http://www.brookings.edu/metro/pubs/200607_KatrinaIndex.pdf.

²³ Louisiana Department of Health and Hospitals, *Orleans and Jefferson Parish Hurricane Recovery Plan*, April 2006, http://www.dhh.louisiana.gov/offices/miscdocs/docs-88/hurricane%20recovery/Recovery%20Plans_no%20dividers_table%20of%20contents.pdf.

²⁴ Ibid.

²⁵ Ibid.

²⁶ Ibid.

²⁷ Ibid.

²⁸ Ibid.

²⁹ Available at <http://www.opportunityagenda.org/atf/cf/{2ACB2581-1559-47D6-8973-70CD23C286CB}/HEALTHCARE%20FACT%20SHEET.PDF>.

³⁰ Poverty and Race Research Action Council, “A Comparison of Post-Katrina Health and Environmental Justice Rebuilding Recommendations,” June 12, 2006.

³¹ Advocates for Environmental Human Rights et al. [Advocates for Environmental Human Rights is first name on the document: Should be used **instead of** Natural Resources Defense Council], “Rebuilding New Orleans: A 10-Point Plan of Action,” July 13, 2006, http://www.nrdc.org/legislation/katrina/leg_06011001a.pdf.