



EXECUTIVE SUMMARY

Hurricane Katrina caused massive destruction to the Gulf Coast and had particularly devastating effects in New Orleans, where much of the city's infrastructure, including its health care system, was destroyed. Many of the hospitals and clinics in the city were closed, and thousands of physicians were displaced. The extensive Charity Hospital system, which was the primary source of care for poor and uninsured residents, was largely destroyed, and some parts of it may never be rebuilt. Individuals who have returned to the city face the challenge of obtaining health care in a changed community with a crippled health care system. Those displaced to other areas also must navigate an unfamiliar community and health system.

This report provides key findings from interviews with low-income Katrina survivors about their health care experiences after the storm to provide insight into how they fared and to highlight ways to improve the response to this and future disasters. The report focuses on low-income survivors with health care needs from the New Orleans area. These were some of the most vulnerable individuals both before and after the storm and, in addition to their personal losses, they lost much of their community and health care system. The report also includes several in-depth individual profiles of survivors' health care experiences and highlights some specific experiences of individuals with HIV/AIDS. The report is based on in-person interviews conducted with over forty survivors and seven providers serving

survivors, which took place in January–February 2006 (5–6 months after the storm) in New Orleans, Baton Rouge, and Houston. Follow-up interviews were conducted in June 2006 (by phone or in-person) with eight survivors.

Key Findings

Almost all survivors were suffering emotional and mental trauma. Many said they were anxious, depressed, and having difficulty sleeping and eating. Parents and grandparents said children were crying more easily, acting out in school, and/or becoming more withdrawn. Elderly survivors were particularly traumatized by the loss of connections with family and friends. Few survivors reported receiving formal counseling. Some said they would like to talk to someone but did not know where to turn for assistance. Many said they relied on faith and family for support.

"I still have trouble sleeping and eating. I don't really get an appetite too much anymore. I wake up at three o'clock every morning, sometimes just daydreaming and looking at the walls, just trying to get familiar with my surroundings most of the time."

Tiffany in Houston

Many survivors went without needed health care and medications in the weeks and months following the storm. Most said they experienced gaps in their care, and, six months after the storm, many were still unable to connect with a primary care physician, mental health provider, or specialist. Many were unable to access prescription drugs in the weeks and months after the storm, and some with chronic physical and mental conditions went without critically needed care and medications. A number said their physical or mental health declined as a result. Some of the most vulnerable individuals seemed to be the least connected with assistance, since they were the least able to advocate for themselves and seek help.

“I went to the doctor and ... when they asked me the name of my medicine I didn’t know ... So the doctor couldn’t give me nothing.”

Gertrude in Baton Rouge

The loss of health care facilities and providers in New Orleans made it difficult for survivors to connect with care. Individuals in New Orleans struggled to find operating providers and clinics. Many of the hospitals, clinics, and provider offices upon which they had relied were no longer open or no longer physically existed. Accessing mental health services, particularly inpatient care, was extremely challenging due to lack of providers and psychiatric beds. The loss of health care resources in New Orleans increased demands on physicians and facilities that remained in operation. Individuals and providers reported that the health system in Baton Rouge was overstretched due to the influx of survivors—individuals faced long wait times at emergency rooms and had difficulty locating providers willing to see them, particularly specialists.

“I have a young man in our emergency room that is suicidal and needs medication and a psychiatric bed. We don’t have one.”

Psychiatric Nurse in New Orleans

Survivors also had difficulty connecting with providers because they lacked transportation and information. A number of survivors said they did not have a car, which made it difficult to get to provider offices or hospitals. Those in New Orleans had very limited public transportation options, and the few providers in the area were widely dispersed. Those in

Houston and Baton Rouge found it difficult to access public transportation, and survivors found Houston particularly difficult to navigate due to its large size. Further, many survivors said they lacked information about what health resources were available. They said there was no formal communication system and that they largely relied on word-of-mouth to obtain information.

“I’m the only health care I have. It’s either too late and it’s hard for me to go, even on a bicycle, because some days I don’t feel good.”

Dawn in Baton Rouge

Uninsured individuals faced some of the biggest problems obtaining care and medications. While some were able to access free care and medications immediately after the hurricane, getting care became increasingly difficult as free emergency resources dwindled. Further, the number of uninsured grew as people lost their jobs and employer-sponsored coverage. With limited finances and uncertain futures, many uninsured survivors said they could not afford doctor visits or medications and were instead trying to self-manage their health. Also, with the loss of many sources of care in New Orleans, including Charity Hospital, many did not know where to turn for care. Those in Baton Rouge and Houston said there were fewer resources for free or lower-cost care in these cities or that they did not know what resources were available.

“If you call the doctor’s office and say ‘I need to be seen, but I don’t have the \$75 to pay for your office visit,’ then they’re not going to see you. Sorry. If you don’t have money you can’t come in.”

Becca in New Orleans

Survivors with Medicaid fared better, but some experienced problems using their coverage and others were unable to enroll. Having insurance appeared to make a big difference in obtaining needed care. A number of those with Medicaid said they were able to get medications, physician visits, and other care for themselves and their children. Some who evacuated to Texas found Texas providers willing to accept their Louisiana Medicaid, but others said that doctors and hospitals in Texas would not accept Louisiana Medicaid. Some survivors who attempted to

move from Louisiana Medicaid to Texas Medicaid, as well as newly uninsured survivors who sought Louisiana or Texas Medicaid, were unable to enroll because they were not eligible or did not receive a response to their application. Some had been waiting months for a response and were unable to get through when they called to check on the status of their application.

“I had a problem because it was Louisiana Medicaid. I had to apply for it here. A lot of people ... wouldn’t even take Louisiana Medicaid.”

Brenda in Houston

Many survivors were still trying to meet their basic needs, making it difficult to focus on their health care needs. Six months after the hurricane, most survivors were living day-to-day, unable to make long-term plans. A few described their living situations as “inhuman” and complained of mold, no hot water, too many people in too-small spaces, and unsafe situations. A number said they went hungry immediately after the storm, and a few said they were still not getting enough to eat. Money was running short for many, and a large number were waiting for resolution with their insurance company or FEMA over their lost homes and belongings. Unstable living situations also made it difficult to seek employment. Most survivors tried to remain focused on making a new beginning and reestablishing themselves, but it was difficult for them to do so in the face of these major challenges.

Nearly a year after the storm, the situation for some survivors had improved while others continued to face significant challenges. Follow-up interviews were conducted with a subset of survivors in June, nearly one year after Katrina. For a few, their housing or employment situation improved, and some were able to connect with providers for needed care, although these connections were tenuous. For others, life remained at least as challenging as in January or became even more difficult. Those who were uninsured continued to describe major problems connecting with care due to long waits, limited health care resources, and unaffordable costs. In addition, unsettled housing situations continued to cause stress and anxiety, as some were still living in temporary arrangements, such as a hotel, shelter, or trailer. While some maintained a positive outlook for the future, the cumulative effects of a year

filled with uncertainty, loss, tough decisions, and separation from family were causing others to lose hope.

Lessons Learned

The experiences of these 44 survivors highlight the immediate and longer-term struggles low-income Katrina survivors from New Orleans faced getting needed care and medications. Several key lessons can be drawn:

Continued efforts are needed to connect people with critically needed care and medications. In the wake of the destruction of much of the health care system in New Orleans, the health care response left significant gaps in care. Many survivors did not receive needed care or drugs for days, weeks, and months, which led to the deterioration of both physical and mental health conditions. In addition, almost all survivors suffered new emotional and mental trauma from the storm, but very few received formal counseling. While emergency resources that were in place immediately after the storm helped some, it became increasingly difficult for people to access care as resources dwindled over time. Close to a year after the storm, some survivors still faced major challenges. As such, continued, long-term efforts are needed to address the health needs of survivors and connect them with care.

Response efforts must include a special focus on the most vulnerable individuals. Some of the most vulnerable survivors, including elderly individuals, a person with developmental disabilities, and children, were not connected with care or assistance. These individuals were the least able to advocate for themselves and seek assistance, and, in some cases, they had lost connections with important social, family, and/or provider supports. These findings highlight the need for continued outreach efforts to these individuals. They also illustrate the importance of developing a system prior to a disaster to monitor what happens to the most vulnerable individuals in a community and providing targeted outreach efforts to these individuals following a disaster.

Providing broader access to health coverage after the storm could have eased some of the access problems faced by survivors. Uninsured survivors experienced particularly acute problems obtaining care because they could not afford care, they had difficulty finding sources of care due to the loss of the Charity Hospital system and many other providers and health facilities, and the providers and facilities that remained in operation were overwhelmed. Survivors with Medicaid fared better. However, some in Houston had problems using their Louisiana Medicaid, and some survivors were unable to enroll in Louisiana or Texas Medicaid because they were not eligible or did not receive a response to their application. The federal government allowed states to make temporary Medicaid coverage available to limited groups of survivors. However, many survivors were ineligible for the coverage because it was limited to existing Medicaid income eligibility levels and categorical groups, which do not extend to adults without dependent children. Further, to access the temporary coverage, eligible survivors from Louisiana who were displaced out-of-state had to go through the Medicaid enrollment process in the state in which they were residing. A response that would have provided coverage to a broader set of survivors and transferred more easily across state lines may have eased some of the access problems reported by survivors.

Recovery will require long-term rebuilding efforts and short term assistance. Those who returned to New Orleans struggled to obtain health care in a crippled health system. It was difficult for them to find care due to the loss of many sources of care, including much of the Charity Hospital system. Those displaced to Baton Rouge faced an overburdened health system, and those displaced to Houston had to navigate a large and unfamiliar community and health system. Beyond these problems, some survivors had difficulty focusing on their health needs because they were struggling to meet their basic needs, such as housing and food. Further, many lacked transportation to get to providers or information about the limited health resources that were available. These findings show that response efforts must address a broad-ranging set of access barriers and illustrate the importance of integrating information on health care resources with information on housing, jobs, child care, food, and transportation. The findings also show that recovery will not only require short-term assistance but long-term rebuilding of the health system and efforts to provide primary, specialty, and emergency care while the system rebuilds.