



Voices for Katrina's Children:

Understanding the Impact on Children, Assessing Their Needs, Getting to the Root of the Problem¹

Hurricane Katrina displaced nearly two million people.² Six months later, in the Gulf Coast areas affected by this disaster, flood waters have receded and rebuilding efforts are underway, yet little is being done to ensure that the needs of our youngest and most vulnerable citizens are not forgotten or neglected. This assessment of the mental health, child care and child welfare needs of children living in the aftermath of Katrina serves to highlight the policy areas that still need to be addressed. The future of the Gulf Coast depends on rapidly rebuilding critical infrastructure such as bridges, buildings and roads so that peoples' lives and livelihoods can once again resume. But equally as important to rebuilding infrastructure, is the need to heal the lives of children affected by this disaster. Children are the future of this country. Given the necessary tools, they will grow up to be responsible and productive citizens who will give back to their communities. To ensure that they can thrive and become successful future citizens, it is crucial that we address their needs now, enabling them to grow up healthy and safe.

During a terrifying night in August 2005, Sheniya Green and six of her relatives spent eight hours clinging to the roof of her grandfather's house in New Orleans' Lower Ninth Ward as dangerous flood waters swirled all around them. During their ordeal, Sheniya fell into the flood waters, but, luckily, was rescued. Sheniya's partially paralyzed 73-year-old great-grandmother and her three-year-old sister, Shenae, also fell into the flood waters, but weren't as fortunate. Shenae never resurfaced from the flood waters; her body was found 54 days later. Sheniya's great-grandmother also fell into the flood waters several times. Despite being rescued and resuscitated, she died on the roof of that Ninth Ward home.

Sheniya, and her youngest sister, Shemiya, were later reunited with their mother at the Louisiana Superdome. Today, the family is attempting to rebuild their lives in Houston, Texas, but the wounds of Katrina are still raw. The Green family, now scattered in towns and cities across the country, is mourning not only the loss of family members, but also their homes, possessions and memories. These losses are particularly hard for the

¹ This paper is made possible by the David and Lucile Packard Foundation.

² According to FEMA figures, two million people were displaced by both Hurricanes Rita and Katrina in 2005. Source: Spenser Hsu, "Two Million Displaced by Storms," *Washington Post*, January 15, 2006.

family's youngest members—Sheniya keeps expecting her sister to come home. Traumatized by her own fall into the flood waters, she initially refused to take a bath in a tub or want any closed doors.³

Sheniya Green is just one child affected by Hurricane Katrina. According to the international child relief organization Save the Children, about 300,000 children have been displaced by Katrina and are now living with families and friends in new towns, states, shelters, hotels or other forms of temporary housing. Another 500,000 have lost their family members, friends, pets, homes, toys, possessions and the normalcy of a daily routine.⁴ Many children have been separated from their families, severely injured or forced to witness horrifying scenes that should not be witnessed by children, including people dying, homes being lost and entire communities being wiped out before their very eyes. They have been forced to deal with the uneasiness of their parents' anxiety, fear and stress, as well as that of other adults around them. These traumatized children are now spread across the country and face myriad mental health, child care and child welfare problems. The immediate and long-term needs of these children are essential and must be addressed in an efficient and expeditious manner—the futures of tens of thousands of children depend on it.

Mental Health Needs—

Even though immediate health and safety needs such as food, water and shelter have been taken care of in the aftermath of Hurricane Katrina, the impact this disaster has on children's mental health is only beginning to surface and may linger for months and years to come. When visiting a shelter in Jackson, Mississippi, Cecilia Rivera-Casale of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) found that children had glazed looks on their faces: "They seemed remote and disconnected—one of the signs of trauma."⁵ According to experts in the child mental health field, this is not unexpected. Eleven-year-old Erica Harris' 21-hour ordeal to reach the safety of the Louisiana Superdome is a story of nightmares. That night, she heard frantic cries for help as much of New Orleans was besieged by flood waters and pitch darkness. She saw parents pushing infants and children to safety on mattresses through chest-deep waters, parents entering looted grocery stores merely to provide the bare necessities of food and water for their hungry children; and, perhaps most traumatizing of all, dead bodies floating by them.⁶

According to The ChildTrauma Academy, a nonprofit organization that helps improve the lives of traumatized and maltreated children, childhood traumatic experiences can result in a variety of problems, including an increased incidence of school failure, higher rates of involvement in crime and a greater risk for special education and/or remedial education. From a health perspective, traumas frequently result in long-term, chronic

³ Christy Oglesby, "'I Knew It Was Over With:' One Search Comes to an End," CNN.com Specials (on Katrina), 2005.

⁴ Marie Cocco, "Will We Rebuild Their Broken Spirits: It Is Time to help Katrina's Children Recover By Providing Safe and Structured Play Areas, Day Care," *Newsday* (New York), September 13, 2005.

⁵ "Children's Trauma Network Offers Key Resources," *SAMHSA News* (SAMHSA Newsletter), V. 13, N. 6, November/December 2005.

⁶ Joy Stodghill, "Katrina's Aftermath Etched in Memories," *The Mississippi Press*, November 13, 2005.

problems such as depression, anxiety and post traumatic stress disorder as well as greater risk for various forms of heart disease, hypertension and diabetes. Research following Hurricane Andrew shows that mental health problems emerge not only in the immediate aftermath of a disaster, but can appear months or years after the initial trauma. Furthermore, traumatic childhood experiences increase rates of divorce, drug abuse, alcoholism and unemployment.⁷

Many of the affected states' first responders, volunteers and caregivers rushed to help the children and families impacted by this disaster. Federal supports like SAMHSA, in conjunction with the U.S. Department of Health and Human Services (HHS), deployed staff, experts and volunteer professionals, including psychiatrists, social workers, psychologists, nurses, substance abuse and pastoral counselors, to the Gulf Coast to help with recovery and to provide critical health and mental health care supports to those affected by Katrina. Yet, in spite of this, hundreds and thousands of affected people remain without critical mental health supports six months later.

Even prior to Katrina, children's mental health services were severely underfunded in many states across the country. In the aftermath of this disaster, many states are finding that their existing mental health supports are increasingly overwhelmed by the needs of children. For example, prior to Katrina, Louisiana had 55 school-based health centers that provided a range of comprehensive physical and mental health services, including prevention, to nearly 50,000 students. After Katrina, fewer health centers are operational, making it harder to reach children most in need of such services. Similarly, the state's Early Childhood Supports and Services program, which provides risk assessments, specialized infant mental health assessments and prevention, is operating two sites in parishes directly affected, but is only able to offer basic screenings and comfort to those in need. State budget cuts following Katrina (five percent across the board) and a large exodus of people from the state have also resulted in fewer trained professionals available to provide children with critical mental health services.

States like Texas, which absorbed hundreds of thousands of people fleeing from Gulf Coast areas directly affected by Katrina, are also struggling to provide adequate mental health supports (such as crisis counseling, screening and diagnostic services, referrals, treatment and management of chronic mental health issues) to displaced people. According to a survey conducted by the Mental Health Association in Texas, mental health agencies in the state have indicated that they could use more training around trauma recovery, post traumatic stress disorder, disaster preparedness and outreach efforts.

The mental health effects of disasters will be immediate and will stretch far into the future. States, struggling with limited funding and inadequate mental health supports, need to develop long-term plans to ensure that children's mental health needs are adequately addressed. States also need to ensure that mental health providers have sufficient training and all necessary supports to reach children and help begin the healing

⁷ Bruce Perry, "The Real Crisis of Katrina," The ChildTrauma Academy, 2005.

process. Without adequately investing in the mental health of children affected by Katrina, we can never fully expect to rebuild the impacted Gulf States.

Child Care Needs—

Leaving behind the destruction caused by Hurricane Katrina, Terry Fox moved to Madison, Wisconsin with her three children, all under the age of three. Wisconsin offered Terry a furnished apartment and a stronger economy, but in spite of this, she is still struggling to find work, partly due to unmet child care needs. While Terry's two youngest children are enrolled in full-time child care, her oldest son, three-year-old Jerome, is only in a half-day Head Start program.⁸ Terry is not alone in her struggles. Many parents impacted by Katrina are struggling to find safe, affordable, quality child care so that they can return to work and obtain some semblance of normalcy for their families.

Around the Gulf Coast, thousands of child care centers were affected by Katrina—many were completely destroyed, severely damaged or impacted by the loss of both students and teachers. The Federal Emergency Management Agency (FEMA) reports that 3,045 licensed child care centers in Alabama, Louisiana and Mississippi are located in counties designated as federal disaster areas. In Mississippi alone that affected 127,454 slots.⁹ Thus far, however, many of these child care organizations have been unable to get funding approval from FEMA, and have received mixed messages of eligibility.

According to Save the Children, when disasters such as Hurricane Katrina strike, children tend to react more emotionally than adults. Therefore, children need safe and structured places to stay while their parents go to work. They need ongoing support, counseling and routines that will aid them in recovery.¹⁰ Child care centers can offer children all of this while also allowing parents to resume working in order to rebuild their lives.

Unfortunately, even during the best of times, child care programs are severely underfunded. Damage wrought by Katrina has severely compounded this problem. Some states, such as Mississippi, used the Child Care and Development Fund (CCDF) and Temporary Assistance for Needy Families (TANF) funds to provide working parents or those searching for work with temporary child care vouchers for 60 days. But in many instances, parents receiving these vouchers were unable to find operational child care facilities for their children. In the states most impacted by Katrina, FEMA is providing some funding for rebuilding public and non-profit infrastructures, but many licensed child care centers have not been approved to receive this funding. In one county in Mississippi, Chevron Oil Company supported the rebuilding of child care that helped many licensed centers re-open. Other areas of the Gulf Coast have not been so fortunate.

⁸ Lisa Schuetz, "Hurricane Katrina Transplants From New Orleans to Madison Report Mixed Results So Far," *Wisconsin State Journal*, October 24, 2005.

⁹ "Report from Pascagoula: Storm Surge Washed Away 11% of Licensed Child Care Slots in One Mississippi County," National Center for Rural Early Childhood Learning Initiatives, September 16, 2005.

¹⁰ Marie Cocco, "Will We Rebuild Their Broken Spirits: It Is Time to Help Katrina's Children Recover By Providing Safe and Structured Play Areas, Day Care," *Newsday* (New York), September 13, 2005.

The fate of many unlicensed programs (such as family or friend care providers and some faith-based child care centers) is even worse.

Most family child care homes have limited or no insurance coverage and may not be able to withstand the costs of rebuilding. To compound the problem, many such programs are located in moderate- to low-income communities greatly affected by Katrina. For example, in Orleans Parish alone there were 222 child care centers catering to low- and moderate-income families. After Katrina, only 25 of these centers are still operational.¹¹ It is not surprising that low-income families were the hardest hit by Katrina. Families living in the hardest hit communities are still struggling to find adequate child care programs in their neighborhoods. Additionally, the lack of viable child care options in the hardest hit parts of the Gulf Coast are forcing many displaced people to stay in other towns and states.

The reconstruction of child care centers is only one of the problems facing the rebuilding of the child care infrastructure in the areas most impacted by Katrina. Child care teachers are among the lowest paid workers in the U.S. making an average of \$7.80 per hour. In New Orleans for example, fast food restaurants are now paying \$10 an hour plus bonuses to attract workers. Child care programs cannot compete with this, and yet in many cases, must tap the same employment pool. Training is another outstanding need. Child care workers are not sufficiently trained to work with children who have been traumatized. The lack of trained child care workers and operational facilities will greatly slow down the rate of economic recovery in these areas. And, of course, traumatized children will take longer to recover without stable, appropriate programs to attend each day.

Child Welfare—

Eleven-month-old Ty-Ray was separated from his mother while being evacuated from New Orleans. Ty-Ray and his aunt were put on a bus to a shelter in Louisiana while his mother was evacuated to San Antonio, Texas. On the bus to the shelter, Ty-Ray's aunt fainted and the child was separated from her. Ty-Ray's mother arrived in Texas distraught at not being able to find her son or his aunt. With help from the National Center for Missing and Exploited Children, Ty-Ray and his mother were finally reunited five days after the evacuation.¹² Ty-Ray is not an unusual example. When Katrina slammed into the Gulf Coast, thousands of children, including many in foster care, were separated from their biological families or foster care guardians. Quickly reuniting these children with their families and loved ones, especially during such a traumatic time, is of paramount importance.

States impacted by Katrina worked closely with each other to identify and locate foster children, especially those displaced outside of their home state. They worked diligently to reunite them with their respective foster families, guardians or a state agency, if necessary, and to ensure that their basic health and safety needs were being met. In Alabama, social workers canvassed each emergency shelter to identify children in foster

¹¹ Barri Bronston, "Day-by-Day Care," *Times-Picayune*, January 9, 2006.

¹² Hurricane Katrina Success Stories, from the National Center for Missing and Exploited Children's web site, available at <http://www.missingkids.com/>.

care and assess their health and safety needs. Forty-eight hours after Katrina hit, the state had accounted for all its foster children. Similarly, Texas was able to work effectively with the Louisiana Department of Social Services to account for any foster children that were evacuated to Texas. The state was also able to provide foster children and their families with certain basic health and safety supports. In addition to state efforts and those of local law enforcement agencies, the American Red Cross, the Federal Bureau of Investigation (FBI) and the National Center for Missing and Exploited Children also worked to reunite families as quickly as possible.

Despite many success stories of reuniting children with their families, Louisiana and Texas have both added children into their foster care systems as their parents are unlikely to be found after Katrina.¹³ These children are desperately in need of quality mental health and child welfare supports that will enable them to deal with their losses and rebuild their lives in an unfamiliar world.

Natural disasters like Katrina, which leave behind death and rampant destruction, have a lasting and deleterious impact on those people directly affected. Parents, having lost family members, friends, homes, memories, communities, jobs and access to critical social services, are severely impacted. As these stressors continue to pile up, some adults may react with very negative behaviors, taking out frustrations on vulnerable children and youth. In some states, there is a looming concern about an increase in child abuse and neglect in the wake of Katrina. According to a study conducted by University of North Carolina (UNC) at Chapel Hill, after 1999's Hurricane Floyd, which affected 2.1 million people in North Carolina, the number of brain injuries directly caused by child abuse increased significantly. In fact, brain injuries caused by child abuse were five times more common in the hardest-hit counties six months after Hurricane Floyd than before the disaster. Researchers of this study explain: "the flooding and subsequent loss of—and disruption to—lives, property and community ties in our state may have contributed to an increase in parental stress and depression and thus contributed to an increase in child maltreatment."¹⁴

Parents' stress and anxiety in dealing with Katrina is perhaps compounded by other factors that also increase the risk of abuse. The hardest hit areas of the Gulf Coast were also some of the poorest areas in our country. High unemployment rates, coupled with a lack of adequate social services to help deal with the aftermath of Katrina,¹⁵ have left many families battling with depression and anger. These factors, unfortunately, tend to increase the risk of child abuse and neglect.

According to the UNC study, the good news is that, in North Carolina, the rate of child abuse-related brain injuries returned to almost normal six months after Floyd. We know that children are extraordinarily resilient. Children will recover once we give them the

¹³ Wendy Koch, "A Nightmare of Missing Kids After Katrina," *USA Today*, September 20, 2005.

¹⁴ "News Release: New UNC Study Shows Hurricane Floyd Boosted Abuse and Non-Abuse Brain Injuries in Children," University of North Carolina, Chapel Hill, April 27, 2004.

¹⁵ Sarah Fass and Nancy Cauthen, "Fact Sheet: Child Poverty in States Hit by Hurricane Katrina," National Center for Children in Poverty, September 2005.

help and support they need. But a significant effort must be made to ensure that the well-being of children—both physical and mental—is protected at all costs. States’ prevention and protection infrastructures need to be bolstered to ensure that our most vulnerable citizens are not harmed by the very people who are meant to protect them. As the UNC research further explains, understanding how natural disasters can increase the risk of child abuse could actually be useful information that may aid in future disaster planning. To prevent or alleviate parental stresses from natural disasters like Hurricanes Floyd and Katrina, “vulnerable families should receive additional support—both immediately after a disaster and during the recovery period.”¹⁶

Conclusion—

In Houston, three-year-old Mecciah Martin sobbed when he saw his brother leaving for school on a school bus. As his mother consoled him, she explained that “after the [Louisiana] Superdome, he thinks every time somebody leaves, he’ll never see them again.”¹⁷ Children often have a harder time understanding disasters like Katrina. They suffer in unique ways when their routines are disrupted and can lose faith in adults’ ability to protect them. As reflections of Katrina fade from the media spotlight, the scars and memories of this disaster continue to live vividly in the minds of the children who are survivors. In fact, as more time passes without receiving critical mental health, child welfare and child care supports, these children are less likely to recover completely from this trauma.

As the federal, state and local governments are rushing to rebuild parts of the Gulf Coast impacted by Katrina, it is clear that the needs of children are not being completely met. Federal supports such as TANF, Food Stamps, Medicaid waivers and now, supplemental funding from both the Social Services Block Grant (SSBG) and Community Development Block Grant (CDBG), have all served to effectively ease the burden and serve the needs of children and their families. While states have been able to use the flexibility around these funding streams to respond to the basic needs of its affected citizens, their own budget crises are now forcing them to make cuts to critical social service programs. The federal budget, too, includes dire cuts to the very programs that help children and families recover from disasters like Katrina.

The problems stemming from Katrina—such as displacement, temporary housing, post traumatic stress disorder—are unlikely to be resolved in the near-term. Many of these problems are long-term and require thoughtful and sustainable policy solutions. Furthermore, because there is no viable tracking source to better understand the number of children impacted by Katrina and still in need of mental health, child care and child welfare services or supports, the need might be even greater than originally anticipated.

Citizens of those states most impacted by Katrina are now scattered across the country. Consequently, rebuilding these lives, communities and economies has become a federal issue. The federal government now has a unique opportunity to invest in and help

¹⁶ “News Release: New UNC Study Shows Hurricane Floyd Boosted Abuse and Non-Abuse Brain Injuries in Children,” University of North Carolina, Chapel Hill, April 27, 2004.

¹⁷ Maria Ganga and Tony Perry, “Katrina’s Aftermath,” *Los Angeles Times*, September 16, 2005.

address the needs of Katrina's children, as well as those of a nation rebuilding after a disaster of such great magnitude. Children are the future of this country. Designating adequate resources to meet their needs is essential in moving forward from this disaster and in preparing for future disasters, whether they are natural or manmade. The impact that Hurricane Katrina has had, and will continue to have, on the American society and its economy is immeasurable. But with the right investment and policy support, the long-term effects on children are not insurmountable.

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