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Evacuee Study Finds Declining Health

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Families displaced by Hurricane Katrina are suffering from mental disorders and chronic conditions like [asthma](#) and from a lack of prescription medication and health insurance at rates that are much higher than average, a new study has found.

The study, conducted by the Mailman School of Public Health at [Columbia University](#) and the Children's Health Fund, is the first to examine the health issues of those living in housing provided by the Federal Emergency Management Agency. Based on face-to-face interviews with more than 650 families living in trailers or hotels, it provides a grim portrait of the hurricane's effects on some of the poorest victims, showing gaps in the tattered safety net pieced together from government and private efforts.

Among the study's findings: 34 percent of displaced children suffer from conditions like asthma, anxiety and behavioral problems, compared with 25 percent of children in urban [Louisiana](#) before the storm. Fourteen percent of them went without prescribed medication at some point during the three months before the survey, which was conducted in February, compared with 2 percent before the hurricane.

Nearly a quarter of school-age children were either not enrolled in school at the time of the survey or had missed at least 10 days of school in the previous month. Their families had moved an average of 3.5 times since the storm.

Their parents and guardians were doing no better. Forty-four percent said they had no health insurance, many because they lost their jobs after the storm, and nearly half were managing at least one chronic condition like [diabetes](#), high [blood pressure](#) or [cancer](#). Thirty-seven percent described their health as "fair" or "poor," compared with 10 percent before the hurricane.

More than half of the mothers and other female caregivers scored "very low" on a commonly used [mental health](#) screening exam, which is consistent with clinical disorders like [depression](#) or anxiety. Those women were more than twice as likely to report that at least one of their children had developed an emotional or behavioral problem since the storm.

Instead of being given a chance to recover, the study says, "Children and families who have been displaced by the hurricanes are being pushed further toward the edge."

Officials at the Louisiana Department of Health and Hospitals said the study's findings were consistent with what they had seen in the field.

"I think it told us in number form what we knew in story form," said Erin Brewer, the medical director of the Office of Public Health at the department. "We're talking about a state that had the lowest access to primary care in the country before the storm. And a population within that context who were really, really medically underserved and terribly socially vulnerable."

Ms. Brewer said that some of the trailer sites were regularly visited by mobile health clinics, but acknowledged that such programs were not universally available. Neither Congress nor the State of Louisiana eased eligibility requirements for Medicaid after the storm, and because each state sets its own guidelines, some families who received insurance and food stamps in other states were no longer eligible when they returned home.

While state officials said \$100 million in federal block grants was in the pipeline for primary care and mental health treatment, the study's authors said the need was urgent.

"Children do not have the ability to absorb six or nine months of high levels of stress and undiagnosed or untreated medical problems" without long-term consequences, said Dr. Irwin Redlener, the director of the National Center for Disaster Preparedness at Mailman and co-founder of the Children's Health Fund.

The households included in the study were randomly selected from lists provided by FEMA. They included families living in Louisiana in hotels, trailer parks

managed by the disaster agency and regular trailer parks with some FEMA units. A random sample of children in the surveyed households was selected for more in-depth questioning.

For comparison, the study used a 2003 survey of urban Louisiana families conducted by the National Survey of Children's Health.

David Abramson, the study's principal investigator, said it was designed to measure the social and environmental factors that help children stay healthy: consistent access to health care and mental health treatment, engagement in school, and strong family support.

In the Gulf Coast region, where child health indicators like infant mortality and poverty rates were already among the highest in the country, Dr. Abramson said, "all of their safety net systems seem to have either been stretched or completely dissipated."

The study's authors raise the prospect of irreversible damage if children miss out now on normal development fostered by stable schools and neighborhoods.

One couple told interviewers their three children had been enrolled in five schools since the hurricane, in which one child's nebulizer and breathing machine were lost. The equipment has not been replaced because the family lost its insurance when the mother lost her job, they said, and the child has since been hospitalized with asthma.

In another household, a woman caring for seven school-age grandchildren, none of whom were enrolled in school at the time of the survey, said she was battling high blood pressure, diabetes and [leukemia](#).

That woman, Elouise Kensey, agreed to be interviewed by a reporter, but at the appointed hour was on her way to the hospital, where she was later admitted. "I've been in pain since January, and I'm going to see what's wrong," she said. "It's become unbearable."

One woman who participated in the survey, Danielle Taylor, said in an interview that she had not been able to find psychiatric care for herself — she is bipolar —

or her 6-year-old daughter, who not only went through the hurricane but had also, two years before, been alone with Ms. Taylor's fiancé when he died.

The public clinic Ms. Taylor used to visit has closed since the storm, she said, and the last person to prescribe her medication was a psychiatrist who visited the shelter she was in four months ago. No doctors visit the trailer park in Slidell, La., where she has been staying, she said.

Ms. Taylor said that her daughter, Ariana Rose, needed a referral to see a psychiatrist, but that her primary care physician had moved to Puerto Rico. "She has horrible rages over nothing," Ms. Taylor said. "She needs help, she needs to talk to somebody."

The survey found that of the children who had primary doctors before the storm, about half no longer did, the parents reported. Of those who said their children still had doctors, many said they had not yet tried to contact them.

The study's authors recommended expanding Medicaid to provide universal disaster relief and emergency mental health services, as well as sending doctors and counselors from the federal Public Health Service to the region.

The Children's Health Fund, a health care provider and advocacy group, is not the only organization to raise the alarm about mental health care for traumatized children after Hurricane Katrina. A report issued earlier this month by the Children's Defense Fund said youngsters were being "denied the chance to share their bad memories and clear their psyches battered by loss of family members, friends, homes, schools and neighborhoods."

Anthony Speier, the director of disaster mental health for Louisiana, said that while there were 500 crisis counselors in the field, the federal money that paid for them could not be used for treatment of mental or behavioral disorders like depression or substance abuse. Instead, he said, much of their effort goes into short one-on-one sessions and teaching self-help strategies in group settings.

"The struggle for our mental health system is that our resources are designed for people with serious mental illnesses and behavior disorders," Dr. Speier said. "But now the vast population needs these forms of assistance."

Dr. Speier continued, "What we really from my vantage point could benefit from is a source of treatment dollars."

According to the study's authors, the post-storm environment differs significantly from other crises because of its uncertain resolution.

"This circumstance is being widely misinterpreted as an acute crisis, somehow implying that it will be over in the near term, which is categorically wrong," Dr. Redlener said. "This is an acute crisis on top of a pre-existing condition. It's now a persistent crisis with an uncertain outcome, over an uncertain timetable."