

PREAMBLE TO

‘GETTING PEOPLE HEALTHY IN NEW ORLEANS’

Written in the aftermath of Hurricanes Katrina and Rita, October 2005

Hurricane Katrina caused extensive and severe damage over the southeastern United States, including Louisiana's largest city, New Orleans, on August 29, 2005. Federal disaster declarations blanketed 90,000 square miles (233,000 km²) of the United States. It is likely that Katrina will be classified as the worst natural disaster to hit the United States to date. Katrina may be the deadliest hurricane in the United States since the Galveston Hurricane of 1900, which killed around 8,000 (possibly up to 12,000) people.

The breaching of some levees protecting New Orleans caused water to flow unabated into the city. Approximately 200,000 homes were underwater in New Orleans. After extraordinary efforts were put into place to dewater the city of New Orleans, outlying tropical storm bands of Hurricane Rita caused rewatering of the Ninth Ward of New Orleans on September 24 – 26, 2005.

The Effect on Public Health and Health Service Availability

These events require an update of the plan and the document. Public health concerns now include environmental hazards, sewage, and refuse, and the lack of potable water (and at this writing, even sanitary water). Access to medical, dental, and mental health care and other social services has been severely curtailed due to damage to health services properties and providers' places of residence. Previous health risks described in this monograph have been amplified to include increases in stress-related illnesses and injury and unintentional injuries incurred during the clean-up phase, as well as air-borne and flood-borne diseases and maladies.

In the face of the repopulation of New Orleans, over half of all hospital beds in Louisiana were located in New Orleans before the hurricane. Most of the hospitals are located in the center of the city and were damaged or flooded as a result of the disaster. At this writing, only three hospitals are fully functioning in the Greater New Orleans area – none of which are in Orleans Parish. Only one New Orleans hospital has re-opened its doors, and only for emergency room patients: Touro Hospital. Numerous nursing homes, assisted and independent living facilities were also located in the flooded area, placing their population at risk because of the lack of utilities, sewage and water. Residents were evacuated, many following the storm. Ambulatory health care facilities have also been badly depleted in the aftermath of Katrina, with many facilities sustaining damage sufficient to render the facilities unusable for medical purposes. A substantial number of health care workers have relocated following the storm and do not, at this time, intend to return.

Rebuilding New Orleans

Disruptions in the economy and living conditions will have a great impact on the demographics of New Orleans. The exact changes cannot be easily predicted at this writing. However, it is reasonable to assume that many of the public health concerns documented in ‘Getting People Healthy in New Orleans’ will continue to exist, although perhaps in different geographic clusters and rates post-Katrina. The problems of citizens returning to New Orleans and its new citizens who will come to a ‘frontier town’ with new kinds of employment opportunities will require a health care delivery system which addresses epidemiologic shifts while recognizing the difficult problems which have been ingrained in our populace for many years. There are significant opportunities for innovative

solutions to address this anticipated new and rapidly changing landscape and also to study the migration of a population with significant health concerns, including the stress of disaster and forced relocation' throughout the United States.

In this new context, the approach of 'Getting People Healthy in New Orleans' is appropriate and consistent with national guidelines and targets while offering the opportunity to explore new solutions to the problems created by this significant event. The base document will become a roadmap and the beginning of an ongoing record as we proceed through this period of rapid change.