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Safeguarding Children in the Aftermath of and Recovery from Catastrophic Disasters: What We Need To Do Now

Testimony before the
Ad Hoc Subcommittee on Disaster Recovery
Committee on Homeland Security and Governmental Affairs
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Honorable Mary Landrieu, Chair
Honorable Lindsey Graham, Ranking Member

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Thank you, Chairwoman Landrieu, Ranking Member Graham and other Senators of the Subcommittee for convening this important hearing. I greatly appreciate the opportunity to speak with you about the many unmet challenges of managing effective disaster recovery and the very negative consequences of a prolonged, ineffective recovery on the health and mental health of children and the resiliency of our nation.

I come here wearing three hats: I direct the National Center for Disaster Preparedness (NCDP) at Columbia University's Mailman School of Public Health; I am president of Children's Health Fund (CHF); and have the privilege of serving on the National Commission on Children and Disasters (National Commission) where I serve as chair of the Subcommittee on Human Services Recovery. And before I got into some of the disconcerting details of what we have been seeing in the Gulf around children's wellbeing, and what I believe needs to be done about disaster recovery planning in general for the nation, I would like to share my overall sense of the recovery as it has played out in Louisiana and Mississippi from the initial impact of Hurricane Katrina up until this very moment.

Clinical Services

Shortly after Hurricane Katrina, under the banner of an initiative called "Operation Assist", I dispatched seven of CHF's fully-contained, mobile medical clinics and professional teams to the Gulf to provide assistance on the level of acute medical and mental health response for survivors and evacuees. Although we expected to leave within a matter of weeks, CHF mobile units have transitioned to permanent projects in New Orleans, Baton Rouge, and Biloxi-Gulfport. These projects have become integral components of the still recovering health care systems in the region.

Each Gulf project is partnered with a major local institution including, respectively, Tulane University's Department of Pediatrics, Louisiana State University's Department of Pediatrics and the Coastal Family Health Center. At each program site we have deployed two mobile clinics, one unit providing pediatric medical care and the other children's mental health services. **As of today, our clinical programs in the Gulf have provided more than 60,000 medical, mental health and special services encounters to children and adolescents**.

Long-term Cohort Study

In addition to CHF's clinical services, NCDP has been conducting one of the largest face-to-face cohort studies of how families in the Gulf have been coping –and what their children are experiencing –in the continuing aftermath of the Katrina-Rita disasters. While our clinicians on the mobile clinics and our staff working with local schools continue to report persistently displaced children in severe distress with mental and behavioral problems, data from the NCDP studies have documented realities for children that give a more precise sense of what we are dealing with.

Study Findings

In analyzing multiple interviews with about 1,000 displaced families, as well as a review of pediatric records from CHF's program in Baton Rouge, here are some of the more salient observations:

- More than one in five parents felt that their general situation was worse than prior to Katrina and more than 40% reported that the situation was too uncertain and changing to make a determination as to whether conditions were or were not worse than prior to Katrina.
- Six years of chronic stress consequent to unstable housing, unpredictable academic and health care access and severe economic challenges can take a significant toll on the well-being of children, both short and long-term. For instance, one-third of the displaced children are at least one year older than appropriate for grade level, reflecting a falling behind in academics related, in our opinion, significant problems identifying a stable school environment.
- For instance, one-third of the displaced children are at least one year older than appropriate for grade level, reflecting a falling behind in academics related, in our opinion, to significant problems identifying a stable school environment.
- By parental report, more than two-thirds of children displaced by the hurricanes are experiencing emotional or behavioral problems.
- In terms of actual diagnoses made, in Mississippi nearly 36% of displaced children have depression or anxiety and about 46% –nearly half –have behavioral problems.
- In Louisiana, 28% have been diagnosed with depression or anxiety and some 33% have behavioral or conduct problems.
- In a study last fall of 261 pediatric records of children cared for in CHF's Baton Rouge program –a mix of indigent inner city and displaced children –41% were found to have iron deficiency, one-third had impaired hearing or vision and 55% had behavior or learning difficulties. While some of these children may have been referred to the mobile clinics because of behavioral issues, the rate of anemia was several orders of magnitude higher than is typically found in disadvantaged populations.
- Approximately half of the families originally displaced are in permanent housing, some four years after the disaster. Given the rate of housing placement, we are looking at an approximately 6 year period to assure stable housing for all families. This process may, however, slow significantly if new affordable housing stock is depleted and not replaced.

Unfortunately access to health care for children and others in the region is still highly problematic. Four years after the storms which destroyed much of New Orleans's health system, including the famed Charity Hospital, there is still –as we sit here –no final plan to rebuild the hospital or restructure the health care system. **Unresolved conflicts among state, federal and health sector players have paralyzed the decision-making process while families wait for vital medical services to get up to speed.**

How many displaced children remain at risk?

One of the most difficult challenges we have faced in our assessments of the scope of the problems facing children in the Gulf has been simply determining the number of children affected by the disaster. We know that more than 160,000 children were among the displaced families from the Gulf. Some have returned to the Gulf some have remained in communities outside of Mississippi and Louisiana including in Houston, Atlanta, Baltimore, and New York. It should be noted that it is almost impossible to determine how many children at risk remain even now in the Gulf, let alone in the communities far removed from where home originally was. The extrapolated number, based on households being supported by various state and federal

entities –including the Louisiana Recovery Authority, equivalent Mississippi agencies, and HUD –suggest that some 17,000 children in Mississippi and Louisiana remain in unstable conditions.

However, two caveats: first, several programs do not have or will not release the actual number of children enrolled in specific programs. Second, my experience from working with large homeless populations in New York and elsewhere is that many more children and families may exist outside the formal programs and systems, than inside. My professional judgment on this matter is that **some 30,000 persistently displaced children in the two principle states is not out of the question.**

Assisting families in need during transition and recovery

Tracking and enumerating displaced children and families has simply not happened sufficiently in Louisiana. This has greatly hampered the ability of local and State agencies to provide case management and vital social services. But differences between how Mississippi and Louisiana have responded are apparent, with the former seemingly far more effective in these efforts. Among other concerns, competing case management programs have emerged with the largest of those, the FEMA Disaster Case Management Pilot Program, having been mired in bureaucratic obstacles at both the federal and state levels. Although the program is hanging on, not one dollar of the original $33 million is yet to be used to help families who desperately needed –and still need –case management services. As a result, the original $33 million has been greatly reduced and the number of children and families that could qualify has dwindled not from a lack of need, but a falling out of the system. **At this point, several "competing" case management programs are assisting some families, but no single standard of care or predictable expectations of availability of services following a disaster exist**.

As suggested by the data noted above, the consequences of the extraordinarily disorganized and leaderless post-Katrina recovery are devastating for children and deeply demoralizing for their families. Our children who are now developing chronic emotional problems or who are failing in school will not easily recover. We are undermining not just their current well-being, but their future potential, as well.

Challenges of Effective Recovery Following Catastrophic Disasters: Lessons from the Gulf

In my opinion, **the overall management of the recovery process from these hurricanes has been more mishandled than the initial response**. As a result of many weeks of non-stop coverage in the print and broadcast media, the inept and uncoordinated immediate response to the hurricanes and the flooding of New Orleans, with images of people waiting on rooftops for rescue, was witnessed by people in every corner of the globe. Yet the extraordinary failures of recovery and the persistence of trauma and profound disruption, while in my view more important to the long-term well-being of children and families, has been far more insidious –and invisible. The failures of recovery have lost the attention of the media, the public and, I am sorry to say, perhaps of many in government as well.

For the purposes of this testimony, I would also suggest that our clinical and public health experiences in the Gulf not only prompt immediate concern for the families who remain in limbo, but the data also reflect a profound level of dysfunction and confusion with respect to

how we generally approach long-term recovery from major disasters in the United States. In essence, we are currently **without a dependable roadmap to guide the recovery process following the inevitable next catastrophic event, whatever the cause –be it geological, climatic, biological or terror-related.**

Here is what I see are some of the major problems in terms of effective long-term, major disaster recovery capacity in the United States:

1. **There is no master plan or framework**. Although a National Disaster Recovery Strategy, commonly called the "National Recovery Framework," was mandated under the Post Katrina Emergency Management Reform Act of 2006 (S.3721), that Strategy has yet to appear. Equally concerning, the statute requires the National Disaster Recovery Strategy to be developed among FEMA, EPA, HUD, Treasury, USDA, Commerce, and SBA –but HHS is not included. That said, I believe **under new and highly motivated and capable leadership at HHS and FEMA, that we may soon see the emergence of this critical document.** In the meantime the lack of coordination, lack of clear lines of responsibility and absence of focused accountability among relevant federal agencies and the White House is a persistent reality.
2. FEMA has responsibility for the disaster recovery functions under ESF 14, but historically that agency has neither the skills nor experience to be responsible for long-term recovery.
3. There is an important lack of clarification of what we actually mean by the term "recovery". For some it is about the rebuilding of structures, including housing, health systems, schools and so forth. For others it is about helping families sustain themselves through periods of severe trauma and loss, to recover conditions of normalcy as rapidly as possible and to rebuild communities to levels that may actually substantially improve conditions over and above what had existed prior to the disaster. In reality, effective recovery subsumes both perspectives. **We need to rebuild the physical environment *and* pay close attention to the human needs –especially for children –during periods of transition.**
4. Until very recently, there has been no apparent recognition that the **needs of children must be understood and absorbed in all aspects of disaster response planning, mitigation and recovery**. This, too, may hopefully change rapidly under new leadership.
5. There is a growing sense –a misunderstanding in reality –that recovery from large-scale disasters is a "local problem" to be solved and managed by states and local jurisdiction. But **the destruction at the level we saw in the Gulf post-Katrina and Rita and the flooding of New Orleans was –and is –a national problem**. The well-being of the affected states is highly material to the well-being, the economy and security of the United States. No state, no community, and no combination of voluntary organizations can rebuild or stabilize 250,000 destroyed homes, countless wrecked local economies, tens of thousand of highly vulnerable families and children without the active participation of the federal government and resources of the American people. And the safeguarding of the Port of New Orleans and the protection of the energy-related industries in that region must not be characterized as a local matter, but a vital security interest of the nation.

Recommendations:

I want to briefly mention several overriding recommendations for enhancing the basic national capacity for effective long-term recovery from major catastrophic disasters and several recommendations under consideration by the National Commission on Children and Disasters:

General:

1. The National Disaster Recovery Strategy must be completed as rapidly as possible, preferably within the calendar year 2009, and must include a principal role for HHS.
2. A high level directorate, reporting to the president should be established to oversee and coordinate all relevant federal assets and agencies with respect to long-term recovery.
3. Recovery must be seen as responding, at every level, to human services needs during recovery transition, as well as rebuilding of the physical environment and infrastructure.
4. Federal financial resources and other assets to assist recovery in states must strongly incentivize rapid progress and disincentivize delays in decision-making and implementation of restoration and recovery.

Under NCCD Consideration (selected):

1. The National Recovery Strategy should have an explicit emphasis on safeguarding the health, mental health and academic success of displaced children until they and their families return to normal community environments.
2. The Federal government must assure a robust, uniform case management program for every child displaced by a major disaster. This program must coordinate all essential needs and provide funds for direct services, as needed. It must be under the auspices, with full accountability, of a single federal agency charged with developing the template of services and working with relevant state, local and voluntary agencies.
3. Families with school age children should be prioritized for permanent housing placement.
4. The Department of Education, Department of Health and Human Services and relevant agencies within the Department of Homeland Security must coordinate efforts to make sure that every school-age child during a recovery be eligible for rapid enrollment in a local school, accessible to the temporary placement.
5. Child care and after-school programs should be classified as essential services under the Stafford Act to ensure availability of needed funding for these programs.
6. Health, dental and mental health services for every displaced child should be assured and funded under a “medical home”, comprehensive care model.

I want to express my profound gratitude to Senator Landrieu and the Committee for calling this hearing and for helping to keep our focus on some of the most critical challenges facing our nation.