

# Children displaced by Katrina face severe health risks

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Thousands of children displaced from their homes by Hurricane Katrina are suffering serious illness or chronic conditions of ill health, according to a recent report by the Children's Health Fund (CHF). And these children are getting sicker as the months go by.

Of the 160,000 children displaced by hurricane Katrina in August 2005, about 20,000 of the poorest in Louisiana are still without permanent homes. By FEMA's own estimates, in the Gulf Coast area at least 9,300 families displaced from their homes were still living in trailers as of November of this year, and another 1,600 were living in hotel rooms.

Dr. Irwin Redlener is the president of the Children's Health Fund and a professor at Columbia University's Mailman School of Public Health, where the National Center for Disaster Preparedness has been housed since 2003. When *Legacy of Shame: The On-Going Public Health Disaster of Children Struggling in Post-Katrina Louisiana* was released in early November, Redlener told *Newsweek* magazine: "As awful as the initial response to Katrina looked on television, it's been dwarfed by the ineptitude and disorganization of the recovery."

The report estimates that between 46,000 and 60,000 Gulf Coast children remain at-risk as a result of having been displaced. These children have experienced a decline in academic achievement, lost access to health care, or the new onset of a psychiatric disorder.

The CHF reviewed 261 medical records of children living in a federally funded Baton Rouge trailer park called Renaissance Village. It covered the period from January 2008 through this past summer. By the time FEMA closed the last of the trailer villages in the early summer of 2008, children had spent two-and-a-half years living in formaldehyde-contaminated trailers.

Reviewing medical records from a mobile health unit the group set up in the trailer village, the doctors found high levels of nutritional deficiencies and related medical problems among the children of New Orleans families relocated there. There were also many others with serious chronic medical conditions.

Among young children under four years of age, the rate of iron deficiency anemia was by far the highest yet documented anywhere in the US, 41 percent, over four times the national average. This level is two-and-a-half times the highest recorded by the CDC for high-risk minority populations. Anemia was found even in older and obese children. In young children, anemia is often associated with developmental problems and later academic underachievement.

More than one-third of children under the age of four had ear infections or impacted wax in the ear canal. These conditions can affect speech-language development and school performance.

Hearing and vision problems were diagnosed in 27 percent of children. These were generally protracted and recurrent conditions. More than a quarter had vision problems, but did not have the eyeglasses they needed for school.

It was hardly surprising, then, that nearly one-fourth of the children had a cluster of upper respiratory, allergic, and dermatological diagnoses. Forty-two percent of the children were diagnosed with allergic rhinitis and/or upper respiratory infection.

The crowding of families, first in communal shelters and then packed into tiny trailers, resulted in repeated exposure of individuals to infectious disease.

Those who ended up living the longest in trailer villages were usually the poorest and most vulnerable before the storm. Average income for the young patients' families was \$5,000 a year—extreme poverty.

Such an income cannot provide for a permanent home.

Review of the medical records also corroborated previous population studies that documented ongoing and increasing mental health problems among children. The stress of unstable living arrangements had added to the trauma already caused by the hurricane. Two years into their ordeal, a higher percentage of displaced Louisiana children had new developmental, behavioral or emotional problems compared to six months post-Katrina. Sixty percent of these poor children did not have health insurance. The report found that 55 percent of children had learning or behavior problems at school.

Within six months of the hurricane, households had moved an average of three-and-a-half times. Some had to relocate as many as nine times, sometimes to different states. Sixty thousand displaced Louisiana school children had to change schools, some multiple times. By the end of the first post-hurricane year, 10,000 displaced children still were not in school.

The families' distress was compounded by FEMA's ignorance and disregard for vital community connections that had supported the most vulnerable families of pre-Katrina New Orleans. Many trailer villages were isolated, located in areas far from the services and facilities all families need: schools, safe play areas, health care, even grocery stores. Over time these FEMA villages became increasingly unsafe, with open drug dealing, prostitution and other crime. Such conditions only increased stress, resulting in further mental health problems.

Six months after Katrina almost half of the children with previous access to good health care, or a "medical home"—access to continuous, comprehensive, and coordinated care—lost access to this crucial service when the health infrastructure in the affected region of Louisiana was essentially wiped out. Of those safety-net facilities that finally did reopen, their service capacity was lower than before the hurricane.

While community-based mental health facilities were destroyed, the need for their services increased dramatically. As many as one in five people who did not have a psychiatric disorder pre-Katrina met diagnostic criteria for one afterward; hurricane-related stress was associated with this increased incidence of mental illness.

Dr. Redlener told *USA Today*: "This is the first wave

of data and it's extremely alarming. Who knows what's happening to kids we're not seeing?"

The CHF report calls for several changes by the federal and state governments to address the ongoing problems, but FEMA has blocked these basic measures.

The CHF recommends the deadline for case management services be extended to 2010, since thousands of families never received the services to which they were entitled. To date, FEMA has only reluctantly agreed to provide this specific help for families.



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