

**U.S. House of Representatives
Committee on Energy and Commerce
Post Katrina Health Care: Continuing and Immediate Needs
in the New Orleans Region**

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Subcommittee on Oversight and Investigations**

**Testimony of Dr. Evangeline Franklin,
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I am Dr. Evangeline Franklin, Director of Clinical Services and Employee Health for the New Orleans Health Department. To Chairman and Congressman Bart Stupak, Ranking Member and Congressman Ed Whitfield and distinguished members and guests of the Subcommittee on Oversight and Investigations of the United States House of Representatives' Committee on Energy and Commerce: Thank you for the opportunity to speak with you today about two health clinics that the New Orleans Department of Health recently held in the City of New Orleans. Mayor C. Ray Nagin and members of his administration have sought creative means of addressing our citizens' critical healthcare needs as we work to recover from the tragedy of Hurricane Katrina and the subsequent flooding.

Today I would like to describe to you a city, indeed a region, which continues in health crisis despite the valiant efforts of our organizations. This crisis results from a combination

of factors. The people of New Orleans face many challenges, such as the difficulty of returning to rebuild homes and businesses, the tendency to ignore chronic illness that these stressful distractions have caused or exacerbated, and the complexity of the processes to claim insurance proceeds or funds from the Louisiana Road Home Program, the state initiative to compensate homeowners for their losses in Hurricanes Katrina and Rita. All of these are complicated by a healthcare system that itself is damaged and under stress, further limiting the access to healthcare that even before Katrina was not ideal.

In the aftermath of Hurricane Katrina, the population of the uninsured in New Orleans has expanded from traditionally uninsured groups to include many who have experienced sudden loss of benefits. This includes individuals who were laid off from jobs due to the destruction of their place of employment or the loss of market or tax base. Many of these people returned New Orleans following the floods because of personal or business financial commitments or because they simply wanted to come home. The composition of our uninsured also includes persons who cannot speak English and those who cannot secure health insurance because of their migrant worker status or lack of the proper immigration documentation. Many of our uninsured are part of the working poor, who toil daily in their jobs but are not offered or cannot afford health insurance.

Hurricane Katrina and the subsequent flooding were responsible for the loss of much of the health care infrastructure, including hospitals, doctors, medical records and pharmacies. It also meant that many people lost their medications, dentures and eyeglasses. This, when coupled with the physical and psychological hazards of the devastation, has put patients who were previously stabilized at great risk.

In the past year, was assigned to coordinate two large scale healthcare events designed to provide medical, dental and optical services, and to assist in organizing follow-up. By helping patients regain some control of health problems, the healthcare community could better manage medical resources such as emergency room use and admission to hospitals.

Both of these seven-day events were highly successful. Thousands of patients were able to leave each outdoor event with a 30-day supply of needed prescriptions, as well as eyeglasses, dentures, immunizations, PAP tests and information about where to obtain follow-up medical care. Unfortunately, this occurred only after they endured long lines, sometimes waiting all night in cold and rainy weather to be treated on a first-come, first served basis by volunteers from throughout the country and local professionals. Typically, capacity for each day was reached within an hour of opening the registration. As a result, many who needed care were unable to receive it and had to be turned away to be seen on another day or at other locations.

The first of these events was held in February 2006 at the Audubon Zoo, a location considered by the planning committee to be an oasis in the middle of destruction. Audubon Zoo made a significant contribution by allowing us access to their grounds to set up the clinic locations, by housing volunteers and by having their employees contribute their time for the seven-day event.

This event was an immediate success, in large part because of its location and accessibility to the many patients who did not have cars. Many came by bus or walked to the event. The

zoo is located in an area of the City which was among the first to repopulate because of the lower level of damage.

Because of the magnitude of the catastrophe, very few safety net clinics and pharmacies were available to residents so soon after the storm. Many weary patients reported that they were unable to locate their doctors and did not know where to go to have their prescriptions filled. Others offered poignant stories about their inability to obtain needed care, medications and immunizations.

Of 5,212 persons who received care at the Audubon event, 27 were transferred to local hospitals for emergency care. One of those was a revived cardiac arrest. This woman was having her cholesterol level tested during her visit to the Reach 2010 at the Heart of New Orleans facility when she had what later was determined to be a heart attack. While she was unable to obtain primary care, she could be cared for after having a life threatening event. She is currently doing well.

Others were not so fortunate. One gentleman was given a diagnosis of metastatic cancer. He had been told at one of the local private hospitals that he had to pay for his diagnostic tests before he could receive treatment. He did not have the required money and was refused treatment. Because Charity Hospital had not yet reopened, there was no public facility in the city that could provide cancer care. Further complicating his situation, this man could not speak English and had no transportation. Despite these difficulties, we arranged for this gentleman to go to another facility to receive care.

Many of the volunteers during the week remarked that they had never seen so many people who were so very sick. In all, 1,313 volunteers treated 5,212 patients during this seven-day event. In addition, prescriptions were filled at no charge and social services, including mental health, were made available for interested patients. Volunteers traveled to New Orleans at their own expense.

The second event was held a year later in conjunction with Operation Blessing, a faith-based organization supported by the Christian Broadcasting Network. Operation Blessing operates a clinic with medical, dental and pharmaceutical services in eastern New Orleans. The weeklong Health Recovery Week II was took place in tents. The New Orleans East location of Operation Blessing was accessible by car and bus and had become an anchor by providing free care even before Health Recovery Week II.

This was an ideal location for the second event because the neighboring communities have shown signs of return and rebuilding. FEMA trailers placed in front of houses and the sale and purchase of property for renovation herald the return of significant resources of the professional and business community. In addition, citizens from eastern New Orleans were part of the regular patient population at Operation Blessing. Because the medical director is fluent in Spanish and Vietnamese, non-English speaking residents are drawn to this facility. In addition, this location does not interfere with the function of clinics and services in the part of New Orleans where the population has stabilized.

For this event, Operation Blessing invested nearly \$500,000 for the cost of supplies, lab work, pharmacy services, infrastructure improvement, marketing, and food and lodging for volunteers at their Slidell, Louisiana Command Center.

Even though more medical facilities and safety net clinics had opened in the intervening year, the story was exactly the same as before. Fewer patients were treated but only because there were fewer volunteers who could see them. Again, patients waited in the cold and the rain and were willing to be seen in tents for their medical, dental and optical care. And again, citizens frequently stated that they could not find their doctors and did not know where to get their medications.

The vast majority of patients seen during the health intervention week had never been to Operation Blessing. Many had been referred to obtain services that they could not receive in their regular clinics. Of the 3,800 patients seen at this seven-day event, 21 were transferred to local hospitals. As in the first Health Recovery Week, hundreds were turned away after the capacity of the event filled within an hour of its opening. Among those transferred to the hospital, one patient was experiencing cardiac arrest and, like déjà vu, a man with a terminal cancer told the story of being unable to obtain care. Many diabetics did not have their medications and many people were diagnosed for the first time with hypertension and diabetes. Women who needed preventive care, such as Pap tests, also were identified. The medical, dental and optical services provided were valued at \$1.1 million.

Again there were many non-English speaking patients who told of their fear of receiving health care because they might be identified for deportation.

These events highlight the urgency of our healthcare crisis in New Orleans and demonstrate that we need assistance to expand our capacity. When the Governor's Emergency Order permitting health professional volunteers from out of state to practice in our city is lifted in the next few months, we will no longer be able to accommodate the medical, dental and optical volunteers who want to help and whose help we will still need.

Thank you for your consideration of what I have shared with you. These events and their large numbers indicate that the current solutions are insufficient to meet the needs of returning citizens and the new workforce. Our situation is urgent and we look forward to working with you.