

**Testimony of Mr. Thomas Koehl**  
**Before the House Committee on Energy and Commerce**  
**Subcommittee of Oversight and Investigations**  
**March 13, 2007**

Chairman Stupak and distinguished members of Congress and guests. Thank you for the opportunity to speak to you today.

My name is Thomas Koehl and I work for Operation Blessing, a humanitarian relief organization that responds to both domestic and international disasters. Among other activities, Operation Blessing provides a free medical and dental clinic as well as a pharmacy in New Orleans. We presently see 75 to 100 patients a day with a staff of volunteer doctors, nurse practitioners, and physicians assistants. In the past 11 months we have provided healthcare to over 15,000 patients and dispensed 25,000 free prescriptions to the residents of this stricken city.

They were pulled from roof tops, they waded in water, and spent days sweltering in the heat on highway overpasses and in the superdome. They are a never before seen American, over 100,000 newly made poor, hopeless, homeless and marginalized. Our task – yours and mine – is to relieve their suffering.

When Katrina struck, it washed away people's homes, jobs and health insurance, but not their high blood pressure, diabetes, and other chronic illnesses.

The need for healthcare is so great that our patients begin standing in line at three and four o'clock in the morning every week day in order to see a healthcare provider. Grandmothers, single mothers with sick children, entire families sleeping in the cold to wait to see a doctor. They are uninsured, working for employers that do not provide benefits, and not old enough to qualify for Medicare or not accepted by the states' Medicaid program.

Operation Blessing recently partnered with Remote Area Medical, International Medical Alliance, the New Orleans Health Department and the LA Department of Health and Hospitals to host Medical Recovery Week for the greater New Orleans Area.

On the first morning of this event I met Mike in our triage area. He made his way through a maze of tents, concentrating on staying warm and keeping his place in line. He was one of hundreds who had arrived in the frigid pre dawn hours in the hopes of seeing a doctor. Mike had been in line since 10 pm the night before. I asked Mike why he was there and he said, "I need insulin, I have been out for months and haven't found anyone that could help."

Like thousands of returning hurricane evacuees, Mike had returned to a city where health care was limited and the majority of residents are now uninsured. "This was a new reality check for me," Mike said. "My insurance is gone, my job is gone, and my home is gone."

On this day, however, he along with nearly 600 other patients received free medical care during Operation Blessing's Medical Recovery Week.

More than 400 doctors, dentists and nurses flew in from across the country to volunteer for the event, providing more than 9,000 medical services to more than 3,000 patients by the week's end. Services included dental work; eye exams and glasses; primary healthcare; OBGYN services, diabetic care, pediatrics and cardiology.

To accommodate the influx of patients, we set up 20,000 square feet of tent space to serve as additional exam rooms outside the Operation Blessing medical and dental clinics – which have been providing free medical care to more than 15,000 Katrina victims since April 3, 2006.

This was simply a larger version of what we do everyday in New Orleans. For Mike, help was as simple as receiving a new meter to test his blood sugar and several vials of insulin.

It's not uncommon day-after-day to hear people sit and cry and say, I worked across the street at the hospital 24 years. I had insurance, I had retirement, and its gone. The population that we are serving is not just those who were poor before Katrina, but tens of thousands of newly-made poor . . . people who had jobs, cars, homes, and health insurance.

Our patients still, 18 months after Katrina, get in line before daylight every weekday to receive healthcare. Over 50% of these patients have High Blood Pressure and a third of those are in crisis when they arrive at our door. 26% of our patients have diabetes and many blood sugars are so high when they walk through our door that they cannot be measured. We still see two to three patients a week that have not had their insulin since Katrina and have just heard about our clinic.

These citizens are not what you would classically think of when you think of indigent patients. These citizens just 18 months ago owned their own homes, worked fulltime, went to the children's band performances and volunteered in their community. They were people just like your neighbors. People you would have invited to your home for dinner.

Would you feel comfortable if your neighbors had to stand in line all night in the cold to be seen by a doctor? Or be sent to a hospital and have to wait in an ambulance for 4 hours before they can be seen in the emergency room. The question then is who is our neighbor. Is it just the family whose grass meets ours or should we be concerned about those Americans that we have not yet met.

This population is our modern day Job. They have lost loved ones, their homes, their cars, their jobs, and their insurance. We have 127,000 uninsured residents in the city of New Orleans. They see others profiting from a disaster in which they lost everything, including their faith in a system which had promised them health insurance, a pension and, most importantly, protection.

Today the mortality rate in New Orleans is 48% higher per capita than it was before Katrina. I am not talking about traumatic injury but death caused by heart attack, diabetes, and stroke. The infant mortality rate in New Orleans is five times higher than it was before the storm. The level of depression is present at rates never before seen in the United States of America. The depression and stress act to worsen and exacerbate individual healthcare issues and disease processes.

We are here to discuss what needs to be done going forward.

Build a system where it is easier for non-profit agencies to operate in disaster stricken areas. Operation Blessing can provide its own infrastructure, but not all non-profits are able to provide buildings and appropriate utilities so they can care for the victims of disaster.

Build a system that encourages for profit providers to return to the region, where “the dollars follow the patient,” where the uninsured have choices and can seek care in private health care facilities and those doctor’s offices and hospitals are reimbursed for that care. The charity hospitals would have to compete with private hospitals to survive and would raise the overall level of patient care in the region.

Among the recommendations being considered to improve primary and preventive care are technology initiatives to track a person’s medical history and to create community clinics, health centers and other neighborhood facilities to coordinate care for those who depend on the state for services. The community clinics would refer patients to specialists, manage disease care and provide a consistent system for tracking care.

Please remember that everything that is needed by the city of New Orleans is also needed by the healthcare system that you seek to rebuild. Infrastructure such as housing, schools for the doctors and nurses children, utilities, and people with the economic ability to pay for the service that is being offered. All of these are necessary for a sustainable healthcare system.

Since April 3, 2006, Operation Blessing has provided free medical and dental services to more than 15,000 residents devastated by Hurricane Katrina and filled over 25,000 prescriptions free-of-charge. We can only do this by partnering with other agencies and with the financial support of our donors. I would like to thank all who have made it possible for Operation Blessing to care for the residents of New Orleans. We are truly grateful for the opportunity to serve.