

Nurses Respond to Hurricane Katrina

Presented to:

**Subcommittee on Health, and
Subcommittee on Oversight and Investigations
Committee on Energy and Commerce
United States House of Representatives**

For the Hearing:

Assessing Public Health and the Delivery of Care in the Wake of Katrina

On:

September 22, 2005

Presented By:

**Barbara Blakeney, MS, RN
President,
American Nurses Association**

8515 Georgia Avenue, Suite 400
Silver Spring, MD 20910
(301) 628-5000
www.nursingworld.org

Good Morning. I am Barbara Blakeney, President of the American Nurses Association. I am also a nurse practitioner with nearly 30 years of experience in public health. I am here today to speak to you about the lessons learned from Hurricane Katrina and the immediate need to invest in our health system.

ANA is fully supportive of this Committee's efforts to provide for the immediate needs of the Americans hardest hit by this natural disaster. We look forward to working with you to ensure that these efforts are swift and effective. Nurses from across the nation have been at the forefront of efforts to rescue and provide care to countless patients and residents of Gulf Coast communities hard hit by Hurricane Katrina, and ANA is prepared to assist in any way possible.

Throughout our history, nurses have always answered the "call to care" during times of need and crisis, in times of war, epidemics and natural disasters. During the hurricane, nurses risked life and limb to provide for their patients. Nurses with very little food and less sleep worked heroically to care for the sick and to protect the vulnerable. We are continuing to respond to this disaster.

ANA has been working with nurses associations in the affected states, the federal government, the American Red Cross, and Project Hope. We have used our website - NursingWorld.org - to spread the message about how nurses can help with relief efforts. Thanks to these efforts, more than 20,000 nurses have volunteered to assist — exceeding the immediate need for help. ANA's board members have also personally joined the efforts in the Gulf area.

Additionally, in response to a request from the Substance Abuse and Mental Health Services Administration, ANA and the American Nurses Credentialing Center are recruiting approximately 100 certified psychiatric/mental health and gerontology nurses to work in Louisiana, Mississippi, and other Gulf Coast states. These nurses will be assigned to two week deployments, and there will be four deployment cycles starting on September 18, with the last two-week deployment cycle starting on November 1, 2005.

As a nurse practitioner who has worked with the homeless, I know that people from the Gulf Coast will require many months of medical and mental health services to deal with the consequences of this horrific storm. Their needs are not temporary, and neither should the response be. That is why I am here today asking this Committee to abandon plans to reduce funding for Medicaid in the reconciliation process. Now is not the time to further unravel the health care safety net.

Hurricane Katrina has shed light on many issues. One of these being the long-standing inadequate access to health care services in the Gulf Coast. Here are a few quick facts;

- Prior to Katrina, one out of every three children in the Gulf Coast were dependent on Medicaid for their health coverage.
- Prior to Katrina, 22% of Louisiana residents and 19% of Mississippians lacked any health insurance (compared to 15.7% nationally).

- Prior to Katrina, a family of three could earn no more than \$174 per month to qualify for Medicaid in Louisiana (this is 14% of the national poverty threshold).
- Prior to Katrina, 23.5% of all Mississippians were living in poverty.

These people would have been hard hit by cuts to Medicaid before Katrina hit. Their needs are even greater now. And their plight is shared by many other Americans.

In August, the U.S. Census Bureau reported that:

- Last year, the number of uninsured in America had increased by more than 800,000. In 2004, the number of Americans without access to health insurance reached 45.8 million. This does not include the thousands upon thousands of Americans who have lost everything, including health care coverage, as a result of this disaster.
- More than 150,000 people lost employment-based health insurance in 2004 (60.4% of Americans had this coverage in 2003; 59.8% has it in 2004). Since 2000, more than 3.6 million Americans have lost this coverage.
- The number of Americans relying upon Medicaid increased by 1.8 million in 2004 (the percentage of Americans covered by Medicaid increased from 12.4% in 2003 to 12.9% in 2004). Since 2000, nearly 8 million have been added to the Medicaid rolls.
- In 2004, the number of Americans living in poverty increased by 1.1 million. Since 2000, the number of Americans living below the poverty level has increased by more than 5.4 million.

So, we are facing a situation where hundreds of thousands of Gulf Coast residents have joined the tens of millions of Americans without access to health insurance. Nurses understand the terrible choices that people face when struggling to afford basic health care services. No one should have to choose between paying the rent and getting their child immunized, or between purchasing food and buying much needed medicine to manage conditions like diabetes, high blood pressure and asthma. The simple truth is that those who don't have health insurance live sicker and die younger. In fact, the Institute of Medicine has reported that the lack of health insurance causes 18,000 working-age Americans to die unnecessarily each year.

I would like to leave you with one simple message - compassion and common sense should prevail. Our nation should provide basic health services to those who require them. The first step in this direction is to abandon plans to cut funding for health care for the medically needy and indigent. Now is not the time to reduce access to needed health care services. Now is not the time to cut Medicaid funding.