



IN THE EYE OF THE STORM

A Special Report About
the Robert Wood Johnson Foundation's Response to the
2005 Gulf States Disasters

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■ INTRODUCTION

Katrina was one of the biggest disasters our country has experienced. It certainly exposed the fundamental flaws in our society, as well as many of the ways in which the system infrastructure for health care and public health was inadequate. At the Robert Wood Johnson Foundation, it also taught us several key lessons about who we are as an organization and how we can help make a difference.

I still vividly recall the conversation John Lumpkin and I had the morning after the levees broke about what we should do to help with this unprecedented crisis. We quickly determined that RWJF needed to make a difference in the immediate suffering of people's lives, but also that we would do something to prevent that kind of total population devastation in the future. Within 48 hours we committed several million dollars to disaster relief. What's remarkable is that we were able to make that commitment and expedite payment following our existing governance structure.

Over the following weeks we developed an expedited system of grant making and appointed a special internal team to manage the grants and process related to relief along the Gulf Coast. Recognizing that our expertise in disaster relief and the region were limited, we focused on making grants to intermediary organizations with in-depth knowledge of the Hurricane affected area. These intermediaries in turn made grants at the ground level to organizations and individuals.

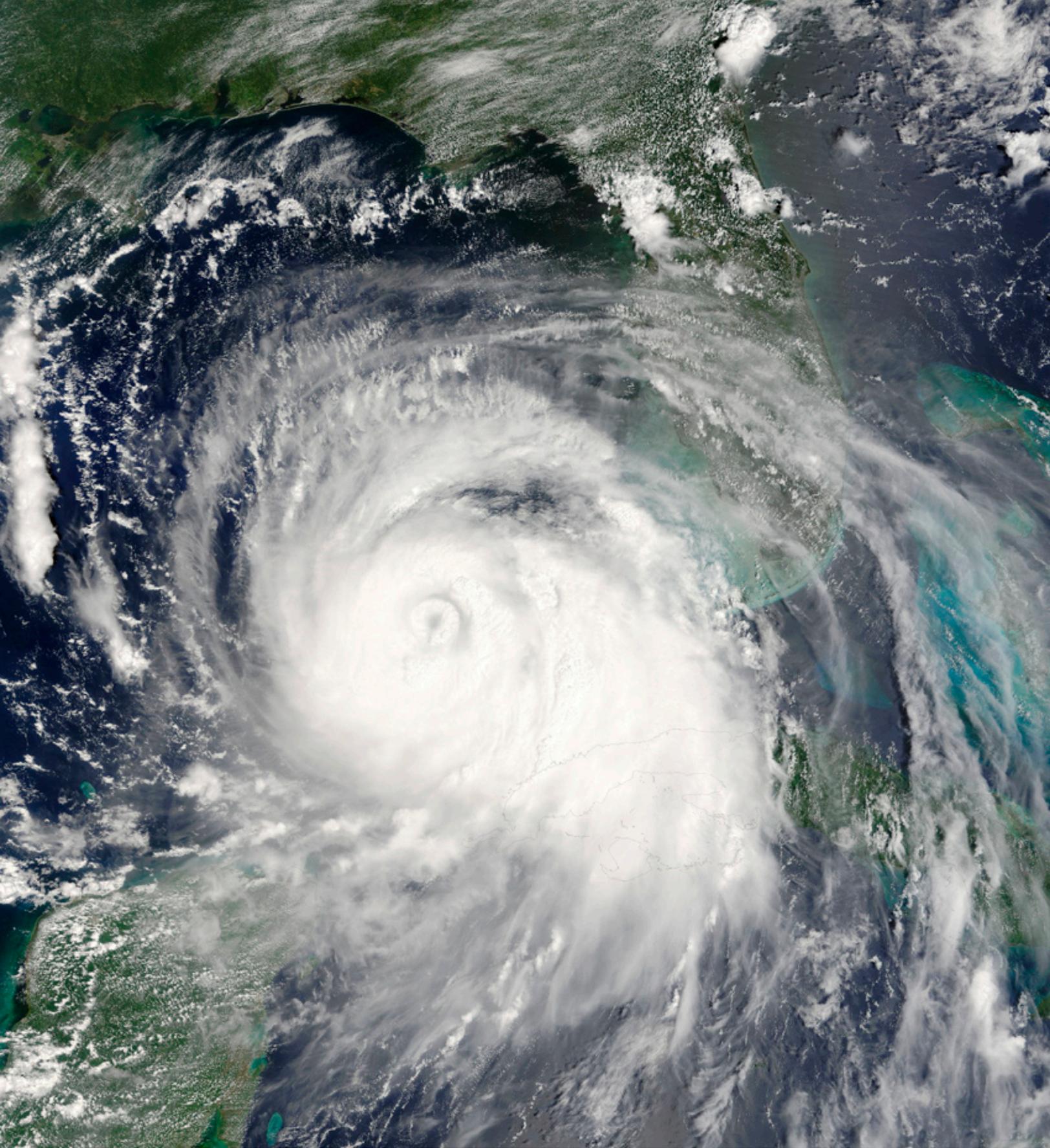
The Foundation's commitment didn't, and hasn't, ended with immediate relief. We made a long-term commitment to rebuilding that primarily focuses on three different approaches—targeting health care issues in which we have some expertise, including mental health and information systems; informing how to rebuild; and then being a part of a larger collaborative that is making an ongoing investment in the rebuilding itself. Our goal is to build capacity within local organizations and use what we have learned about creating healthy environments to inform the rebuilding effort.

Robert Kennedy once said, "Each of us can work to change a small portion of events, and in the total of all those acts will be written the history of this generation."

As you read the following report, and revisit not just the devastation and massive human suffering, but the total failure of public and private systems to meet people's most basic needs, I hope you will also be inspired as I have been by the many acts of individuals and organizations that are rewriting the history of Katrina and the Gulf Coast.



Risa Lavizzo-Mourey, M.D., M.B.A.
President and CEO



Hurricane Katrina heading to the Gulf Coast.

■ KATRINA HITS

Residents in the Gulf States region have learned to live, however uneasily, with the threat of hurricanes. But, by most accounts, the gigantic storm looming in the Gulf of Mexico during the last days of August 2005 was scarier than most.

In Princeton, N.J., Calvin Bland, the Robert Wood Johnson Foundation's chief of staff, watched televised newscasts into the wee hours Monday, August 29, as Hurricane Katrina gathered strength and took aim at New Orleans.

"At some point I realized, this was the first time that a hurricane was seriously threatening an American city," Bland recalls. He watched, knowing that whatever happened, the Foundation would need to quickly assess the situation and marshal its resources for a response.

Katrina made landfall just after 6 a.m., 60 miles southeast of New Orleans. By that time the storm had been downgraded from Category 5 to Category 3. "It appeared we had dodged it," Bland recalls.

The images on the television were telling a different story.

"Everything was flooded and people were in great distress," Bland recalls. "I remember watching this black man in Mississippi saying, 'She's gone, she's gone.' His wife had slipped out of his hand. She said, 'Take care, take care of the babies,'—his grandchildren—because he couldn't hold onto her hand, and the water pulled her away.

"It was the most traumatic scene, the most painful scene of many painful scenes that week."



New Orleans after Katrina

■ THE EARLY RESPONSE

GRAPPLING WITH THE DISASTER'S MAGNITUDE

RWJF President and CEO Risa Lavizzo-Mourey was returning from a trip to Iceland as Katrina roared ashore. On the plane for the better part of a day, she was shocked when a taxi driver told her that the levees had broken in New Orleans and 80 percent of the city was under water. And that was just the beginning. She soon learned that in Gulfport, Biloxi and other Gulf Coast towns, Katrina had swept entire communities right off the map.



Swept away on the Mississippi Gulf Coast

At RWJF headquarters early Tuesday for her usual morning workout, Lavizzo-Mourey ran into John Lumpkin, senior vice president and director of the Foundation's Health Care Group, in the gym. The two began to discuss how to quickly mobilize the Foundation's response to Katrina. "I want you to get a team together and start looking at it," Lavizzo-Mourey said.

Lumpkin, trained as an emergency medicine doctor, had directed the Illinois State Health Department and spearheaded the state's public health emergency response planning, before joining RWJF. While in state government, he had led Illinois' response to the Great Flood of 1993, where the Mississippi and Missouri Rivers and their tributaries did \$15 billion damage in nine Midwest states.

"Obviously, that was nothing of this magnitude," he said. "Having been through that, though, it gave me a feel for the urgency of the response [to Katrina]."

One clear lesson from Lumpkin's work in disaster preparedness was: Make as many decisions as possible ahead of time. The initial response to the Katrina catastrophe was clear based on RWJF's past practice. "We knew we would do general relief. We would do that through the Red Cross. We knew we would support volunteers to go to the area," Lumpkin said. "We did not have to do a lot of decision-making around those areas."

The longer-term response presented a challenge, one that the Foundation had faced with past disasters. After the September 11th attacks, for instance, RWJF gave grants to the American Red Cross and a few other organizations but waited to see what gaps in the relief effort the Foundation could logically fill.

It found a few: providing masks to the rescue workers and making a number of grants addressing the mental health issues of the Chinese-American and Hispanic communities that were particularly affected. Chinatown was just east of the twin towers, and many Latin American immigrants were directly affected by the September 11th attacks, including families of the deceased, displaced workers, clean-up and recovery workers and evacuees.

Because of the generosity of the American public, however, major gaps never appeared, and half of RWJF’s initial authorization of \$5 million for the September 11th response went unspent.

As Stephen Isaacs’ reported in a 2004 *Robert Wood Johnson Anthology* chapter about [RWJF’s emergency response](#) practices, some felt the Foundation should have done more in the aftermath of September 11th, particularly because the emergency happened just 50 miles from Princeton. Others felt the response was appropriately prudent. The internal debate signaled, however, that RWJF needed a more coherent strategy for responding to emergencies.

THE EMERGENCY RESPONSE GRID

In 2004 Lumpkin and a small working group had created a kind of road map—internally called the “grid”—that set RWJF priorities for an emergency response based on the event’s location and the scale of the disaster. RWJF would give priority to events affecting the immediate geographic area of Princeton, then the state of New Jersey, and the tri-state area, and finally, national disasters (such as the attacks on September 11th) and certain international cataclysmic events (such as the Tsunami in Southeast Asia).



United States Navy personnel rescue Lillie Williams from Hurricane Katrina’s rapidly rising storm surge in Gulfport, Mississippi.

Katrina clearly fell into the last category, but in many ways it was a categorically different catastrophe than the September 11th attacks. “September 11th was horrific. There was tremendous loss of life,” Lumpkin said, “but it was a very focused event. It was a complex of buildings and the surrounding areas.

“We’re talking square miles with Katrina. We’re talking about a population of a million displaced. We’re talking tens of billions of dollars of damage that will impact that city [New Orleans] for a generation. The magnitude of human suffering is so much different.

“[9-11 happened in] Manhattan. It was a corporate nerve center of many organizations, but they had resources. Here it was a storm and an event [affecting] people who were already, health wise, at the bottom.”

To address the immensity of the disaster, Lumpkin turned to this emergency response working group first to confront it: Sue Hassmiller, a senior program officer who sits on the Board of Governors of the American Red Cross; Senior Program Officer Victor Capoccia, and Program Officer Marco Navarro, both with past experience in emergency medical services; David Waldman, vice president of human resources and administration; and Kristine Nasto, the operations manager in charge of RWJF’s Foundation Services.

The latter two team members had specific roles internal to RWJF: Waldman would oversee the creation of a new leave policy that would allow RWJF employees to volunteer in the Katrina relief effort. Nasto, whose job on the original disaster group had been to handle food provisions in the event that a local disaster required RWJF staff to be quarantined, made herself available to do any required research about food provisions for the post-Katrina situation.

“LET’S NOT REINVENT THE WHEEL.”

In the immediate aftermath of Katrina’s landfall, RWJF staff were able to track down the 15 Trustees—including one who was traveling in Europe—who authorized \$2 million for immediate relief grants and another \$3 million over one year for a Katrina Relief Fund.

Risa Lavizzo-Mourey, RWJF president and CEO, signed off on an expedited grantmaking process that allowed the Foundation to forgo its usual, and often lengthy, grant approval mechanisms. Lumpkin, with help from other staff, wrote the Precis (RWJF’s document for its board and staff) in hours and by the end of the week two checks for \$1 million each were on the way to the American National Red Cross and to the National Foundation of the Centers for Disease Control and Prevention (CDC).

The Red Cross grant supported social service relief for Katrina evacuees—including shelter, clothing, food, financial support and reunification for displaced family members. (Another grant of \$500,000 for the same purpose, drawn from the Katrina Relief Fund, went out to the Salvation Army two weeks later.)

RWJF’s grant to the CDC Foundation went into its Emergency Preparedness and Response Fund, which the CDC had created after the terrorist attacks of September 11th and the following anthrax attacks. The Fund allows CDC experts in the field to immediately purchase specialized equipment or services, when needed, to respond to emergencies.

Julie Gerberding, the CDC director, believed the extent of the Katrina disaster called for greater flexibility in the use of the Fund. With the possibility of a public health disaster looming because of contaminants in the water, lack of medications and the closing or destruction of health care facilities, she approved the Fund’s use for immediate resources for state and local health agencies working on the front lines. See [Appendix 1](#) for a list of subgrants. [Read more...](#)

RWJF’s early grants followed a well-established pattern from previous disasters. “The hallmark of our initial response was—let’s not reinvent the wheel,” Lumpkin said. “Let’s work through organizations with a clear reputation or that we have worked with before. We could in good conscience suspend our due diligence, or minimize it, because they were organizations with which we had a track record.”

“WE’RE IN PRINCETON. WE NEED TO FIND OUT WHAT’S GOING ON.”

With the initial large grants out the door, RWJF began gathering information from those “on the ground” in the devastated region.

On September 8, Lumpkin sent an urgent e-mail memo to all RWJF national program offices and national centers. Even in that first communication, there was recognition that the Gulf region was in for a long, protracted recovery from the disaster. “Our immediate concern is to provide urgently needed support to the most vulnerable and those who have been hardest hit by the disaster,” Lumpkin wrote. “We will also be considering a longer-term response as we learn more about the full extent of the damage over the coming weeks, months and years.”

“We will also be considering a longer-term response as we learn more about the full extent of the damage over the coming weeks, months and years.”

—John Lumpkin, RWJF

Lumpkin asked program directors to report back within a week to a dedicated e-mail box, *Katrina@rwjf.org* about how their grantees had been affected, what they and their grantees saw as the most critical needs and biggest challenges, what efforts they were mounting to respond to needs, and what additional activities would support both the immediate relief and the longer-term recovery effort. In particular, he wanted to know “where our assistance can fill gaps and unmet needs rather than duplicate the efforts of others.”

Meanwhile, Bland generated a list of all active and pending grants in the zip code areas where the U.S. Postal Service had suspended service due to the hurricane. In an e-mail, he asked all program officers overseeing active or pending grants in the Gulf region or other evacuation sites to immediately e-mail the project directors “to determine how we can assist them in either meeting or being relieved of any grant requirements that may be burdensome.”

■ UP CLOSE AND PERSONAL

RWJF STAFF VIEW THE POST-KATRINA LANDSCAPE

In the days following Katrina's landfall, several staff requested leave so that they could go to the Gulf as volunteers. RWJF's new policy allowed staff to take two weeks leave with pay to work with recognized organizations in the relief effort.

Phil Hagerty, director of RWJF's Web Support Center, watched the CNN newscasts about Katrina with growing frustration at the awful conditions and the slow response. By Tuesday, August 30, Hagerty and two of his friends had resolved to take a truckload of supplies down to the Gulf. Jeff Meade, RWJF's managing Web editor, was on the fence about going.

"So are you in or are you out?" Hagerty asked.

Meade thought for a minute. "I'm in."

Over the next few days, the four raised about \$30,000 from family and friends in the Philadelphia and Princeton communities, rented two 24-foot Ryder trucks—the largest that can be driven without a trucker's license—and filled them to the brim with relief supplies. By Monday, September 12, two weeks after Katrina's landfall, they were on the road to the Gulf. [Read more ...](#)

RWJF Senior Communications Officer Ann Christiano was on vacation at home caring for her seven-month-old daughter and watched the Katrina drama unfold on CNN. "My husband and I had honeymooned in New Orleans," Christiano recalled. "It was horrifying to watch. I said to my husband, 'I have to go down there.'"

Within days, Christiano had signed up as a volunteer, but because the Red Cross was inundated with people wanting to help, it took several weeks for her to get deployed. By that time, Hurricane Rita, another Category 3 storm, had swept through the Louisiana and Texas coastlines.

Instead of New Orleans, Christiano was assigned to Beaumont, Texas, where she bunked with some 800 others at Ford Arena, the Texas Wildcatters hockey stadium, which had been taken over as a relief staging area. Her responsibility was to get accurate information in a timely manner to evacuees of Rita—a tall order, with electricity out, communications channels down and rumors flying. The experience would serve her well when she returned to Princeton and joined the Katrina Response Team as its communications officer. [Read more...](#)

In early October, Lavizzo-Mourey and Lumpkin joined other leaders of national foundations for a tour along the devastated coast from Biloxi to New Orleans conducted by the American Red Cross.



A call to action—Hagerty and Meade of RWJF collecting donations in New Jersey



Signs of life in Biloxi, Miss.

“Nothing I saw on TV or heard on the news prepared me for the reality on the ground,” Lavizzo-Mourey wrote of the experience in her [President’s Message](#) in the 2005 RWJF Annual Report. “The rawness of the human and physical destruction literally took my breath away... when faced up close with such immediate need I wasn’t even sure of my role or what I could do. Should I roll up my sleeves or roll out my checkbook?”

Lavizzo-Mourey came away with a picture, in sharp relief, of America’s two-tier society of haves and have-nots and a clearer vision for how RWJF’s financial and leadership capital could be most effectively channeled. “The disaster forces us to come to terms with the depth and breadth of an entrenched inequality that spreads disadvantage and unfairness through every sector and segment of life in America...the mission of the Robert Wood Johnson Foundation is to improve the health and health care of *all* Americans.

In early November, Hassmiller also traveled to Biloxi and Gulfport under the auspices of the American Red Cross, where she not only served on the Board of Governors but chaired the Disaster and Chapter Services Committee. Her informal notes from the trip capture both the devastation and the irrepressible hope of the people, as well as practical dos and don’ts for disaster relief in a [report](#) on the RWJF Web site:

We had special permission to drive on the beach road in Gulfport, a road that is still guarded. The houses (antebellum mansions to small homes alike), churches, etc., lining the streets are completely gone. There is nothing but timber spread over the earth. Live oak trees hundreds of years old, torn from their roots. Clothing and other really weird items (set of golf clubs) hanging from trees. Some families going through their belongings, without much to find. Special codes spray-painted on houses, signifying dead or alive. Personal notes spray-painted from families to others looking for them: “We’re OK.” “Hope Lives.” “We will rebuild.”

Donations of clothing go to waste in Mississippi.



...There are large piles of clothing strewn all over the parking lot of a shopping center, left by very well-intentioned citizens from other communities, but the clothing largely will never be used, quickly becoming a public health nuisance.



Sending clothing at times of disaster is almost always the wrong way to help as it adds to the work of clean-up. It’s frustrating (and undignified) for folks to pick through, unless highly organized (which is hardly ever the case). Mold gets on the clothes if left outdoors (which they almost always are), and eventually rodents appear if the piles get too big and too damp. Importantly, it hampers the money from going into the local community.

People are experiencing all levels of grief, lots of crying—including longtime, hard-core, experienced Red Cross disaster professionals. But there is lots of hope. I heard pleas of “Come back next year and we will show you what we’re made of. We will rebuild!”

REACHING OUT TO RWJF GRANTEES

The flurry of responses to Lumpkin's September 8 memo, conference calls with grantees and others in the region, and the early visits by staff revealed a disaster breathtaking in its scope and devastation, far worse than even the most dramatic newscasts could convey. And the hardest hit were the poor, minorities and other vulnerable people with few resources prior to the storm and even less afterward.

Lavizzo-Mourey quickly allocated an additional \$4.25 million out of the President's Reserve for the Katrina Relief Fund, bringing the total allocation to \$9.25 million. To help its grantees in the region, RWJF immediately made several individual grants. They included the following:

- Mississippi Methodist Senior Services in Tupelo, Miss., was one of the original participants in the RWJF-sponsored [Green House® Project](#) to develop alternatives to large nursing homes. After the storm, the organization provided emergency housing to some 55 evacuees of the nearby Seashore Retirement Community in Biloxi, which was wiped out by Katrina. RWJF provided a \$50,000 grant to defray costs of providing care, services and mental health counseling to the staff and elders.
- Mary Hall Freedom House, whose founder, Lucy Hall Gainer was an RWJF [Community Health Leader](#), got a grant of \$50,000 to lease and furnish 30 apartment units in Metro Atlanta to house evacuees from Katrina—some 45 adults and 25 to 30 children for up to a year. Case managers were assigned to each person or family to help them rebuild their lives.
- The National Network of Public Health Institutes, headquartered in New Orleans, was in the midst of reviewing applications for an RWJF-funded multistate learning collaborative to enhance accreditation of public health schools. Staff members had to evacuate in the wake of Katrina, but with \$50,000 from RWJF, were able to continue working from remote locations and to resume the review process in Colorado, from the office of a network consultant. Around the country, public health institutes function as convenors to improve health status and foster innovations in health systems. The Louisiana Public Health Institute, a member of the national network and housed in the same offices in New Orleans, would become a key player in city efforts to design a plan for rebuilding a healthier New Orleans. [Read more...](#)
- Another grantee, the Tulane University School of Public Health and Tropical Medicine, had just gotten an RWJF grant to create neighborhoods that promote physical activity. Then Katrina hit. Thomas Farley, professor and chair of the Community Health Sciences at the school, was project director, and got permission to head up a team of government and community-based groups to work on plans to rebuild the devastated New Orleans. The hope was that the team could infuse the rebuilding process with healthy rebuilding concepts. See [callout](#) for results of project.

Rebuilding Healthy Neighborhoods for Children and Families in New Orleans (Grant ID# 053855)

Between January and July 2006 a team from Tulane participated in 59 government and neighborhood groups discussing plans for how to rebuild New Orleans.

In April 2006 the Tulane team fielded a survey that asked residents around New Orleans to rate the importance of 24 characteristics and features of a rebuilt neighborhood. Citizens said they wanted low crime, good street lighting, as well as other features that made it pleasant to spend time outdoors—sidewalks and crosswalks, trees and greenery, parks and playgrounds, and quiet.

The survey results garnered intense media coverage, both nationally and locally, including an editorial in the *New Orleans Times-Picayune* supporting the use of the survey results for planning the city rebuilding. Read more about the [survey](#)...

- The school district in Poplarville, Miss., was about to launch a new curriculum to curb childhood obesity, funded under the RWJF [Local Funding Partnerships](#) program, when Katrina wiped out the community. Nurses hired for the program turned their attention to distributing food, clothing, medicines, referrals and counseling, and RWJF redirected the LIFP grant to support emotional and mental health care for children in the devastated region.
- Two projects supported under RWJF's [Community Partnerships for Older Adults](#) national program were on the front lines of an effort to help elderly people stranded by the storm or languishing far from home in temporary shelters.
- In Atlanta, the Aging Atlanta Partnership had provided social workers to “super centers,” created by the [Federal Emergency Management Agency](#) (FEMA) to give evacuees access to available services. But the “super centers” were to close by September 19 and funding for housing and immediate needs would end soon after.

Staff at the partnership was concerned about the plight of vulnerable older adults and those with disabilities who would continue to need assistance long after short-term resources disappeared. An immediate RWJF grant of \$35,000 paid for a part-time case manager to help connect elders and families with needed resources and for temporary financial support. This help included gift certificates to local grocery stores, adult diapers, medical equipment, clothing for individuals with special needs, hospital beds, furniture and medications.

The partnership was able to provide ongoing case management and material aid to more than 500 individuals in the 12 months following Hurricane Katrina. Among those getting help were a 93-year-old woman and her 70-year-old daughter. The daughter had had to put her mother in a nursing home upon their evacuation to Atlanta, but was very unhappy with the quality of the care. The partnership provided four hours of in-home care, and the daughter and granddaughter were able to bring the mother back home. After two months, other relatives arrived to assist on a more permanent basis.



Graffiti—Identifying needs in Biloxi

- In Houston, which received an estimated 50,000 adult evacuees over the age of 60, Care for Elders (a program of Sheltering Arms) had assisted some 500 older adult evacuees using the Seniors Without Families Tool. (SWiFT) The tool helps identify older adults in need of immediate medical attention, crisis case management and/or relocation from mass shelters, such as Houston’s Astrodome or Convention Center.

A grant of \$50,000 from RWJF supported Care for Elders’ continued efforts to deploy SWiFT teams to assist elderly evacuees. The grant paid for nine per diem social workers and case managers who provided 1,800 hours of direct service from September through December 2005.

See [Appendix 2](#) for a list of all RWJF grantees.

RWJF CLINICAL SCHOLARS GET INVOLVED

In addition to this immediate funding, two RWJF [Clinical Scholars](#) working on RWJF-supported clinical research projects spent time in the Gulf region after Katrina. Two weeks after the storm, Kristina Cordasco, M.D., a scholar from UCLA, accompanied a colleague to Houston to interview evacuees from New Orleans about what drove their decision to evacuate or not prior to Katrina's landfall.



Evacuees in Houston's Astrodome

“What was interesting to us was the complexity of the decision not to leave,” said Cordasco. “It wasn’t one or two factors, it was many factors, the collusion of those factors. People might have a car, for example, but not one big enough for their extended family.”

“We think about social networks as being helpful,” Cordasco said, “but in this situation, it kept people from evacuating because they were not going to leave their family members.”

Clinical Scholar Ben Springgate, M.D., was visiting friends in New Orleans, where he had grown up, when Katrina came ashore. He evacuated to California but then came back to Louisiana as soon as he could to help the state public health department coordinate relief efforts.

“There was essentially no infrastructure to try to support deployment of volunteers or the supplies that were arriving,” Springgate said. “There was no place to house the volunteers, no way to feed them, no infrastructure at all to accommodate any of this. No one had anticipated in advance.”

Springgate eventually extended his Clinical Scholar fellowship and stayed in New Orleans to help create community/academic partnerships to respond to the many pressing health needs in the city. One of the last grants made by the Katrina Relief Team went to support this work. [Read more about the Clinical Scholars work after Katrina...](#)

Sixty of the 302 health delivery sites in Alabama, Mississippi and Louisiana were damaged by Katrina.

AN EXPANDED EFFORT TO HELP ELDERLY PEOPLE

A broader effort to help vulnerable elderly in the affected Gulf States came about by serendipity. When Katrina hit, Jane Lowe, a senior program officer in charge of RWJF's Vulnerable Populations Team, and Carol Farquhar, executive director of [Grantmakers in Aging](#), were in California at a meeting of Family Caregiving Consensus. John Wren, director of the U.S. Administration on Aging (a part of the Department of Health and Human Services), telephoned a staffer who was also at the meeting. "You have Carol and Jane there," he said. "I wonder if you could talk with them about some kind of philanthropic response to help meet the needs of older adults."

Lowe and Farquhar called colleagues in philanthropy, and in a few days had gotten commitments from Atlantic Philanthropies and RWJF to put up a combined \$1 million to seed the [Hurricane Fund for the Elderly](#), administered by Grantmakers in Aging, to receive charitable contributions from corporations, foundations, individuals to meet the needs of elders affected by Katrina. The Fund would target Alabama, Mississippi and Louisiana, three states in which the needs were profound and the aging services delivery system fragile, at best.

"That \$1 million eventually leveraged an additional \$5 million from other foundations and organizations, including United Jewish Appeal, AARP, Retirement Research Foundation and Hartford Foundation," says Lowe. "That allowed our funds to go a pretty far ways." In total the funding supported 20 projects in the Gulf region.

RWJF's grant of \$250,000 to the Fund was used to make re-grants to support six projects: in Louisiana, a community-based evacuation plan for older adults in New Orleans and a dementia policy office; in Alabama, disaster planning and preparedness and an emergency response center for senior citizens; and in Mississippi, a unit to address older adults' legal issues and expansion of an information and referral program. See [Appendix 3](#), Grantmakers in Aging, for names of organizations receiving subgrants.

BOLSTERING COMMUNITY HEALTH CENTERS IN THE GULF STATES REGION

Community health centers serving 600,000 of the neediest and most disadvantaged residents along the Gulf also had been hard hit: 60 of the 302 health delivery sites in Alabama, Mississippi and Louisiana were damaged by Katrina, and health centers in other states, including Texas, Arkansas and Kansas, were serving not only their own patient populations but many evacuees as well.

In order to funnel resources to the health centers most in need, RWJF made a \$750,000 grant to the [National Association of Community Health Centers](#) in Bethesda, Md. Out of this money, the national group made individual subgrants to some 18 health centers in four states. The Association also got \$500,000 from Johnson & Johnson and \$350,000 from Direct Relief International, a pharmacy wholesaler based in California.

One of those centers receiving RWJF grant money was Coastal Family Health Center, which serves a predominantly low- to middle-income population along the Gulf Coast of Mississippi, about 50 percent of which have no health insurance coverage. Hurricane Katrina swept away the Center's administrative office in Biloxi and a clinic in Bay St. Louis, as well as two mobile clinics.



Lost records and patient services at Coastal Family Health Center, Biloxi, Miss.



Joe M. Dawsey, M.D., the Center's executive director, returned to the Biloxi office the day after the storm and found three of his employees wandering around in the rubble, dazed. "We didn't know what to do," Dawsey said. "I started trying to develop a plan."

By Friday, Dawsey, a nurse practitioner and two others had opened up a clinic in an old hospital building in Leakesville, Miss. The grant of \$64,640 from the National Association of Community Health Centers helped pay the staff.

The loss of health care workers would continue to dog the recovery process, though. Of the Center's 180 employees, half had lost their homes and 75 percent their cars. A third of the employees never came back; half of the staff lost were nurses. [Read more...](#)

See [Appendix 4](#) for a list of subgrantees of the National Association of Community Health Centers.

RWJF also made an individual grant to the Bayou La Batre Health Clinic in Bayou La Batre, Ala., which had been destroyed in the storm. The clinic's founder Regina Benjamin, M.D., M.B.A., is the sole family practice physician serving this poor shrimping community of 2,500 residents, most of whom were left homeless by Katrina. Benjamin used the RWJF grant to continue operating out of a temporary trailer. (In January 2008, Benjamin, who is also the associate dean for rural health at the University of South Alabama College of Medicine, was appointed to RWJF's Board of Trustees.)

RWJF, along with a number of other funders, supported the Markle Foundation in New York in the creation of www.KatrinaHealth.org. This secure, online service, developed with the U.S. Department of Health and Human Services, connects Katrina evacuees, doctors and pharmacists with important information about the prescription drugs that evacuees were taking before they were forced to flee their homes.

In the three months after the storm, Markle staff and consultants spread the word about the service to evacuees, health professionals, consumers, community organizations, religious groups, and the media. The 29 communities with the highest concentration of Katrina evacuees were the main targets of the media blitz.

■ AN EMERGING KATRINA RESPONSE STRATEGY

One primary concern was bolstering groups providing health and mental health services in the region.

THE KATRINA RESPONSE TEAM GROWS

Within a few weeks after Katrina, a number of staff members who had joined the original emergency response group, including Nasto and Waldman, the two focused internally on RWJF staff matters, dropped off. New members to the Katrina response effort brought expertise in key areas impacted by the disaster.

The day after Katrina hit, Robin Mockenhaupt, RWJF's associate chief of staff, had made a presentation to the program staff on the National Commission on Health, a new RWJF national effort designed to tackle the issue of health disparities. "What we were hearing on the news and especially the visual images were a personification of what I was presenting, how differences in race, class, income impact health," Mockenhaupt recalls. "The program sold itself." She joined the Katrina Response Team soon after.

Lowe brought to the team the focus and the strategy, which she had already put in place, for reaching the vulnerable elderly population in the Gulf. Debra Perez, a program officer in Research and Evaluation with a focus on racial and ethnic disparities in health care and public health, wanted to be part of any leadership RWJF could exert to reach the most vulnerable.

Connie Pechura, at the time a senior program officer with expertise in mental health and substance-abuse issues, also joined the team. Russell Brewer, a newly-hired program associate with the Public Health Team, came to the Katrina Team with valuable experience as a grassroots health educator with local and state public health departments and an interest in international health and disaster response.

To provide administrative support to the team, Lumpkin tapped Ann Pomphrey, program associate with the Vulnerable Populations Team, and Joanne Baquilod, a grants administrator, to track hurricane-related proposals coming in and to process the grants going out. Mockenhaupt's executive assistant, Carole Harris, became coordinator for the Katrina Response Team, preparing agendas for the team meetings, taking notes on the discussions, and managing many details.

THREE PHASES OF GRANTMAKING

To give the Katrina planning process the attention it deserved, team members had to carve out time from already challenging work schedules. The only feasible time to meet was after work. Beginning September 6, 2005, the Katrina Response group met every Monday from 5 to 6:30 p.m. It was in those early meetings that the team identified three phases of grantmaking for RWJF's response: immediate relief, early recovery, and long-term.

A strategy had already emerged for how to direct the response for immediate relief—give grants to national organizations with affiliates in the region to funnel funds to appropriate clinics and centers in need of relief. In addition, Lavizzo-Mourey and the team had their sights on opportunities aligned more directly with RWJF's strengths.

“One of the things we are mindful of is that our work is not in disaster relief,” Lavizzo-Mourey noted. “What we are better at, and what our philanthropy’s mission really is, is to look at how to shore up systems so they are best prepared to deal with those kinds of tragedies.”

One primary concern was bolstering groups providing health and mental health services in the region, services that had been fragile before the storm, and in some cases, severely compromised afterward.

RWJF made a grant of \$300,000 to the Project Helping Hands Fund administered by the [National Council for Community Behavioral Healthcare](#) in Washington. The Council made subgrants ranging from \$500 to \$30,000 to 26 community mental health centers in six states that were serving evacuees. See [Appendix 5](#) for a list of subgrantees.

Jefferson Parish Human Services Authority in Metairie, La., the Parish’s main provider of mental health, mental retardation and substance-abuse services, got a \$30,000 subgrant from Project Helping Hands to replace computers damaged in the storm. Like other agencies in the storms’ paths, the Authority had to contend with damaged facilities, loss of staff, and a state-wide hiring freeze and possible budget cuts for social services.

In the months after Katrina, people with acuity levels “off the charts” were seeking help, according to Jennifer Kopke, executive director of the Authority. Many had never received mental health services before. Twenty-eight percent were non-residents, having fled to Jefferson Parish from New Orleans or other flooded areas.

The authority eventually got a \$9.25-million grant through the federal Social Services Block Grant program and staff used the funds to launch a school-based mental health program for children in Jefferson Parish. [Read more...](#)



A file room at Jefferson Parish Human Services Authority, Metairie, La.

RECOVERY FOR SUBSTANCE-ABUSE TREATMENT PROGRAMS

The Gulf region has a higher than average incidence of substance-abuse related health problems. And Katrina disrupted an already precariously fragile network of substance-abuse treatment programs and in-patient facilities.

Many treatment centers in the path of the storm were destroyed, flooded or damaged and had to shut down. Others with less damage were able to reopen, but often their regular clients, and in many cases staff, had scattered and were difficult to reach.

To help addiction treatment centers in affected areas, RWJF awarded a \$200,000 grant to the [State Associations of Addiction Services](#) (SAAS) in Washington (the group later received an additional \$200,000 grant from RWJF). Out of that combined fund, SAAS made 21 subgrants ranging in size from \$3,000 to \$75,000. See [Appendix 6](#) for a list of organizations funded.

Bridge House, a New Orleans treatment facility located on high ground near the river, escaped flooding, but its main fundraising programs—a secondhand store and a used car dealership that brought in some 83 percent of its annual budget of \$4 million—suffered serious looting.

Faith-based groups and churches are responsible for organizing much of the on-the-ground relief in rural Delta communities.

Richard “Buzzy” Gaiennie, the program’s director, used one of the SAAS subgrants to replace refrigerators and pay for supplies. Slowly, staff and clients came back and within a month of Katrina’s landfall, Bridge House reopened and began accepting clients. [Read more...](#)

Other treatment facilities caught in the Catch-22 of “no clients, no staff, no program, no income” did not fare as well. Grace House, a program for women run by Gaiennie’s daughter Michelle Gaiennie, lost its entire staff and used a subgrant from the State Associations of Addiction Services to hire licensed counselors and to mount an effort to find their clients and return them to treatment. The effort failed and the board decided to shut Grace House down; it later merged with Bridge House.

When Cenikor Foundation’s New Orleans outreach office flooded, staff that had relocated to the Foundation’s Baton Rouge facility struggled to track down former clients. “We were under the assumption that our facility [in Baton Rouge] was going to fill up,” said George Mills, vice president of Cenikor. “No one realized that people were not using our services because they were being subsidized and put in other areas. Lots of places opened up—Louisiana State University, churches, gymnasiums, parks. It was a mess.”

If a hurricane were to hit again, Mills says Cenikor would do things differently. “We would increase our outreach efforts sooner, to get back out on the streets sooner to try to help people and work on getting them into services.”

SUPPORTING FAITH-BASED GROUPS

Observations from RWJF staff who visited the Gulf States and reports from staff members of projects in the region confirmed the heroic efforts of many churches and faith-based groups in the wake of Katrina and Rita. A September 16, 2005 report from a conference call with the federal Office of Rural Health Policy and the Delta States Network, representing eight affected states, noted:

Faith-based groups and churches are responsible for organizing much of the on-the-ground relief in rural Delta communities. Churches are collecting cash donations; providing shelter for evacuees in church halls and centers; providing food and clothing; providing transportation; providing faith and personal counseling and support; and providing all imaginable types of support to evacuees.

The report recommended that RWJF provide monetary support to churches that are already providing volunteer support to storm victims: “Federal dollars can go much further if leveraged with church donations and volunteers; and they are most likely to address immediate needs.”

In order to get funds to faith-based groups, particularly those serving poor neighborhoods, RWJF made a \$300,000 grant to the [Foundation for the Mid South](#), headquartered in Jackson, Miss. This organization had for years been working to strengthen the leadership of faith-based organizations in a region with a very weak nonprofit/philanthropic sector.

“These groups can be very effective and creative in addressing unmet needs,” says Chris Crothers, the communications director at the Foundation for the Mid South. “In communities where there are no Boys and Girls Clubs or YMCAs, faith-based organizations are often the groups working to better the opportunities of children and families in the area.”

The Foundation for the Mid South parceled out RWJF funds to 55 churches and other faith-based groups to use for emergency relief. The subgrants ranged from \$1,000 to \$15,000, small but by no means insignificant dollars for groups that had been reaching into their own pockets to help storm victims. See [Appendix 7](#) for a list of subgrantees.

One of the groups going the extra mile was REJOICE, Inc., the outreach arm of the New Birth Cathedral of Glory Ministries in Kenner, the suburb adjacent to the New Orleans airport. When floodwaters forced the church from the Travelodge hotel where the congregation had been worshipping, REJOICE's Director Debra Edwards and her husband, Pastor Richmond Edwards, opened up their own home as a worship space and as a center to receive food, supplies and clothing for flood victims. The Foundation for the Mid South provided a grant of \$5,000 to support this relief work.



Debra Edwards, director of REJOICE, Inc., Kenner, La.

“The area of Kenner...flooded significantly and a lot of those folks lost most of their homes, their clothing, everything,” Edwards recalled. “We just tried to be there for emotional and spiritual support. We prayed with folks, we allowed them to come in and take showers and baths, because some of them were living in cars.”

Edwards, a skilled networker, enlisted the help of church congregations in Kentucky and New Jersey, whose members gutted and rehabbed flooded houses, provided clothing for children and helped build a day care center. [Read more...](#)

Another small grant of \$15,000 went to Desire Street Ministries in New Orleans to help it relocate its boys' academy after the post-Katrina flooding buried its school building under eight feet of water. Prior to Katrina some 190 boys attended Desire Street Academy, which serves children living in the impoverished Desire neighborhood in New Orleans Upper Ninth Ward. Two months after the storm, school staff reopened at a temporary location in Florida, having tracked down its students at evacuation sites around the country. [Read more...](#)

RWJF subsequently made another \$500,000 grant to Foundation for the Mid South to match funds for the Baxter International Foundation Health Recovery Fund, which the Foundation administers. Out of RWJF monies, the Foundation for the Mid South made five larger grants to organizations addressing a variety of health needs in the community, including: restoring health clinic services, mental health programs, clinic visits and health education for uninsured and underinsured, socially disadvantaged and minority residents and disease prevention and health promotion.

One of the organizations receiving a subgrant was Boat People SOS, a group that assists Vietnamese refugees and immigrants in their progress toward self-sufficiency. The grant of \$192,480 supported two programs: Health Awareness Project for Immigrants (HAPI) and Survivors of Torture Empowerment Program (STEP). These programs are designed to have long-lasting social and behavioral impacts and to decrease the health inequalities affecting Vietnamese women and seniors in New Orleans and Biloxi.

See [Appendix 7](#) for a list of Foundation for the Mid South subgrantees.

“When I stood up and made the announcement that the Louisiana Rural Health Services Corporation had received a grant from the Robert Wood Johnson Foundation, I saw for the first time a glitter in their eyes.”

—Richard Blouin

SUPPORTING BASIC HEALTH INFRASTRUCTURE IN RURAL AREAS

More than one million people were displaced in the wake of Hurricane Katrina. A large number of evacuees found their way to Louisiana’s rural communities, many of which were then hard hit by Hurricane Rita. The influx of evacuees into these communities—together with the physical damage sustained by rural clinics, hospitals, and other providers—strained the health care infrastructure beyond capacity.

To help rural health care facilities recover, RWJF provided \$1 million in seed capital to the Louisiana Rural Health Services Corporation, a newly created nonprofit that had taken over RWJF’s revolving loan fund provided to Louisiana under the Foundation’s *Southern Rural Access Program*. An additional \$200,000 went for technical assistance and \$50,000 for staff support to ensure that funds were deployed rapidly. The loan fund had previously been administered by the Southeast Louisiana Area Health Education Center Foundation (SLAHEC).

In the early recovery stage after the hurricanes, the Louisiana Rural Health Services Corporation used the fund to make grants to rural health centers to support facility repair, renovation, staffing and cash flow. In some cases, grants were converted to loans where the applicant’s financial status warranted it.

Ten health clinics in Louisiana got a grant or loan for technical assistance from the Louisiana Rural Health Services Corporation to handle immediate needs, as well as longer-term needs, with a minimum of red tape. See [Appendix 8](#) for a list of subgrants.

One of the clinics getting help was Shirley Medical Clinic in rural Jennings, La., which is operated by a nurse practitioner. A \$5,000 grant helped with repair of a leaking roof that had been damaged by heavy wind and water from Hurricane Rita. St. Thomas Clinic in New Orleans, an important safety-net clinic and teaching site for the LSU Medical School, also got a grant that enabled it to reopen when other hospital facilities remained shuttered.

Richard Blouin, who administered the RWJF grants for Louisiana Rural Health Services, recalls how important even a small grant or loan was to the staff of clinics struggling to recover.

“I could not believe the devastated look on the faces of the people who attended the first recovery meetings lead by Department of Health and Hospitals (Louisiana’s state agency),” Blouin said. “They seemed so tired and worn down by the magnitude of the devastation that had taken place and were looking for someone, anyone, who was willing to help them recover. They seemed to have lost all hope.

“When I stood and made the announcement that the Louisiana Rural Health Services Corporation had received a grant from the Robert Wood Johnson Foundation,” he continued, “...I saw from them for the first time a glitter in their eyes and received a five-minute standing ovation.

“Shortly after that the USDA announced they would also make available low-interest loans and small grants,” Blouin said. “The demeanor of the attendees seemed to transform from one of no hope to ‘Let’s go back home and begin to rebuild.’”

HOUSING: “IT’S A HEALTH ISSUE.”

The magnitude of the devastation wreaked by the hurricanes also had elevated housing to the level of a serious health issue. The U.S. Department of Housing and Urban Development estimated that the hurricanes caused major or severe damage to 265,000 homes and apartments in Louisiana and Mississippi alone—and 44 percent of the damaged housing was occupied by families with very low incomes.

“People need the basics,” Program Officer Marco Navarro told the Katrina Team in one of its early meetings. “We need to go back to the basics, and housing is one of the basics.”

Navarro felt RWJF could play an important role in the planning process for rebuilding devastated communities in the region. Not all team members agreed

that RWJF should venture into the housing business, but the team eventually signed off on grants of \$1 million each for the Local Initiatives Support Corporation (LISC) in New York and the Enterprise Foundation in Columbia, Md.—two groups with a long history of creating healthy redevelopment projects in neglected communities across the country.

The hope was that these groups would develop a presence in the region and fill an “expertise vacuum” by training and coaching non-profit organizations to meet the housing needs of low-income Gulf residents and evacuees and by advising local government agencies in their recovery efforts.

The earlier grant to the Tulane University School of Public Health and Tropical Medicine came into play here. Staff at Tulane could work closely with city and state officials to advocate for “healthy neighborhood” ideas to be included in city and state plans for rebuilding New Orleans.



Housing health hazard, Biloxi, Miss.

■ LOOKING TOWARD THE LONGER-TERM RESPONSE

“WHAT ARE WE GOOD AT?”

With a strategy for addressing immediate needs in place, the Katrina Response Team was already beginning to strategize how to be involved in the longer-term recovery effort.

In December 2005, Lumpkin asked each team member to submit one typewritten page outlining where he or she thought RWJF should concentrate its grant funding. He asked them to think about “What are we good at?” rather than focusing solely on the needs—which were overwhelming and would continue to be for some time.

Many of the team members’ suggestions fell in line with RWJF’s established grantmaking strategies and team goals. Those members of the Katrina Response Team representing Vulnerable Populations, for example, stressed the need for intensive mental health services for hurricane victims well into the future. Perez and others from the Public Health Team wanted to focus on restoring the public health system in the region, with a focus on the rural and urban poor.

Hassmiller, with her Red Cross experience, urged RWJF to invest in initiatives that would “transcend and endure over time”—particularly in the area of preparedness, response and recovery capabilities. A concrete idea was to make sure that more families have a family emergency plan and disaster kit.

Shocked by the fact that thousands upon thousands of patient records had been destroyed in the storm and flooding, Lumpkin was pushing for RWJF to take the lead in creating a whole new system of electronic records in the Gulf region.

Navarro wanted to continue making investments in the rebuilding of housing and argued that it fell in line with RWJF’s previous grantmaking to support the housing needs of special populations.



Ruined records at the Coastal Family Health Center, Biloxi, Miss.

- In the early 1990s, RWJF had provided funds to AIDS Housing of Washington (AHW) in Seattle to establish a skilled nursing home and day health program for 200 people living with HIV/AIDS—and to assist other communities in launching similar housing efforts for persons living with AIDS (see [Grant Results Report](#)).
- RWJF also had joined with Pew Charitable Trusts and the Ford Foundation to support the [Corporation for Supportive Housing](#) in its efforts to leverage private and public funds to create supportive housing for the chronically homeless. See [Special Report](#) on this effort.

Jane Lowe made a plea not to overlook the small, rural communities along the Gulf Coast that had often been left out of discussions about rebuilding the region.

- In 1992 RWJF and [NCB Capital Impact](#) (formerly NCB Development Corporation) had launched the [Coming Home](#) national program to develop affordable models of assisted living, with a focus on smaller and rural communities and low-income seniors.

Navarro made the point that the citizens left homeless by Katrina needed a similar kind of intervention—and that their health depended on it. “The stress of being poor and marginalized had taken its toll on these residents long before the hurricanes hit,” Navarro wrote in his memo to Lumpkin. “It is critical that redevelopment efforts incorporate the social and health needs of the residents as well as their physical needs for housing.”

He recommended that RWJF continue the partnership with the Enterprise Foundation, look for ways to attract and leverage bank and other capital investments, and strengthen the partnerships with groups that are central to the rebuilding effort.

Lowe made a plea not to overlook the small, rural communities along the Gulf Coast that had often been left out of discussions about rebuilding the region. “We will need to explore the needs of rural versus small town versus urban communities,” she said, “which will force us to confront how health, housing and service capacity and socio-economic variables vary within specific geographic boundaries of the region.”

Pooling all the suggestions, the Katrina Team agreed to focus on four areas in its early recovery and longer-term efforts. Grants made beginning in early 2006 reflected these priorities:

- Helping vulnerable populations, with a special focus on mental health and substance abuse-services.
- Restoring public health and the public health care infrastructure, especially systems of preventive services at the local level.
- Providing local leadership for rebuilding communities in a way that promotes health.
- Supporting efforts to restore health records using health information technology.

VULNERABLE POPULATIONS: A FOCUS ON YOUTH AND SUBSTANCE ABUSE

By early 2006 Lavizzo-Mourey had expanded the Katrina Relief Fund allocation to \$19.25 million. Grants made in the first half of 2006 focused on the special needs of children and youth, as well as the ongoing needs of substance-abuse treatment centers struggling to recover.

The John D. and Catherine T. MacArthur Foundation had funded the Technical Assistance Collaborative, a Boston-based nonprofit consulting firm focused on vulnerable populations, to help the state of Louisiana improve health and human services for children under age 18 in the wake of the hurricanes.



Making due with donations,
Biloxi, Miss.

RWJF's grant of \$189,240 to Technical Assistance Collaborative targeted Louisiana youth in the critical transition age range of 18–24 years. The two foundations' combined funds supported salaries for local people and expert consultants to work with the Governor and key Children's Cabinet officers as they planned changes to the service systems for youth and young adults.

The State's goals were to create a common intake form for use across child-serving agencies; expand behavioral health services for children, youth and young adults so that Medicaid also funded them—instead of agencies using 100 percent state dollars; and to create a better system for collecting, analyzing and using data to make policy decisions.

During the life of the grant, the directorship of the Children's Cabinet changed three times, slowing progress toward these goals. By the summer of 2007, the Medicaid authority was preparing a state-wide amendment to expand access to behavioral health services for Louisiana youth. The State was also moving forward to create a Louisiana "data warehouse," to be the repository of data of multiple state agencies.

RWJF also funded work on the ground. St. Thomas Health Services, operating from a renovated school building, is the largest clinic for indigent and uninsured in the city of New Orleans and one of a group of important safety-net clinics. Its building suffered extensive damage in the hurricane, and with most of its staff scattered around the country, had to close.

With support from faith-based groups and volunteers, the clinic reopened two months later and found itself serving a growing population of children and teenagers, some living in the city far from their families. RWJF gave a grant of \$50,000 to help the clinic's director, Donald Erwin, M.D., hire a full-time pediatrician.

RWJF also made a follow-on grant of \$200,000 to the State Associations of Addiction Services (SAAS) to continue to help addiction treatment centers in the affected states get back in business. Responsibility House Social Detox Program in Kenner, La., across the river from New Orleans, used an SAAS subgrant to replace damaged office equipment. Since the hurricane, staff with the program has seen a change in their client demographics and an increase in illness severity.

"Many coming into the program are not Louisiana natives," said Mike Martyn, Responsibility House's executive director. "They are from other parts of the country. They came here after the storm and thought maybe they were going to get rich... and got stranded here."

Martyn says there has been an increase of at least 50 percent of clients with co-occurring disorders—substance abuse and a serious mental illness such as bi-polar disorder, depression, or thought disorder. Martyn is not sure how to account for the increase.

"My guess is that it has less to do with situational stuff resulting from the storm and more to do with the people who are most debilitated," says Martyn. "The homeless, HIV-infected, chemically dependent and/or chronically mentally ill...there just aren't too many places for them to go."

PUBLIC HEALTH INFRASTRUCTURE: IMMEDIATE NEEDS, LONGER-TERM LESSONS

RWJF has a history of making key grants with long-term impact on public health delivery. One of those past grants paid off hugely in the aftermath of Hurricane Katrina.

In 1977, as part of its [Emergency Medical Response Program](#), RWJF made a \$400,000 grant to Louisiana Hospital Association to create an emergency communications system in New Orleans. Richard Zuschlag, head of Acadian Ambulance Service, the nation's largest privately owned ambulance company, recalls helping the association install 50 \$3,000 radios in Louisiana hospitals to communicate with ambulances. The rest of the grant went to build Acadian's first communication center and outfit its ambulances with radios.

That early investment in emergency communications seeded Acadian's growth, putting it in a position to respond quickly to the Katrina disaster, as reported in the December 2005 *Inc. Magazine*:

After Katrina wiped out the communications infrastructure of New Orleans, Acadian had the only reliable radio system in the region. As a result, Zuschlag was aware of the extent of the damage to the region before local, state, and federal officials were...

Holed up in the command center at Acadian's headquarters, he stationed medics on the roofs of New Orleans's six hospitals to help evacuate patients, staffed first-aid stations in the Superdome, and established a triage center on the Interstate 10 causeway, serviced by Acadian's fleet of 200 ambulances.

Public health projects funded in early 2006 had something of the same practical nature as those of earlier RWJF interventions, ranging from an effort to reach low-income residents with safety information to projects to extract "lessons learned" from the public health response to the Katrina disaster.

In the aftermath of Katrina, broadcast news media and the Internet were the primary sources of health and safety information as citizens returned to New Orleans. But using only mainstream media ran the risk of bypassing the city's lower income African-American residents. Project staff at Tulane University School of Public Health and Tropical Medicine in New Orleans used a grant of \$186,408 to provide health and safety messages via radio stations with large minority audiences.

Emergency department physicians have the special qualifications and training needed to respond to disasters. But if they come to a disaster site—as they did after Katrina—without being part of an official team of federal volunteers, they cannot be mobilized. The Emergency Medicine Foundation in Dallas, the nonprofit affiliate of [The American College of Emergency Physicians](#), used a \$50,000 grant to create a video examining the work of emergency physicians during Katrina and extracting lessons for future disaster response efforts. See [Grant Results](#) for more information. The video is available [online](#).

Hurricane Katrina placed tremendous demands on the public health systems of the coastal areas of Louisiana and Mississippi. The actions of the state and local health departments were critical in the management of this public health disaster. Faculty at the Columbia University's Mailman School of Public

In the aftermath of Katrina, broadcast news media and the Internet were the primary sources of health and safety information.

It was not enough for Catholic Charities to provide direct relief assistance. “We need to do something to try to bring people home,” Jim Kelly, the CEO, recalled.

Health in New York got a \$104,775 RWJF grant to conduct an oral history of experiences and observations of professionals working in city and state health departments in the areas affected by the hurricanes. The historians wanted to assess what issues—organizational, structural, systems or other—had an impact on how well they performed.

The project director was Nancy Van Devanter, at the time associate professor of Clinical Public Health and director of the Center for Applied Public Health at Columbia University (she joined the faculty at New York University in January 2007). Colleague David Rosner, a public health historian at the Mailman School, had conducted a similar set of interviews with New York City Department of Health and Mental Hygiene leaders and staff in the aftermath of the September 11, 2001 attacks (Van Devanter had assisted on some of those). The results of those interviews appear in the May 2003 [report](#) of the Milbank Memorial Fund.

The two historians hoped that creating a similar oral history archive about the public health response to Katrina would provide a rich source of data that could be used in the future by historians and policy-makers. As of December 2006, 47 interviews had been completed. The project is scheduled to be completed in July 2008.

HEALTHY REBUILDING: FUNDING LOCAL COMMUNITY DEVELOPMENT

In the housing arena, RWJF’s support of the Enterprise Foundation’s work in the Gulf region was beginning to pay off. Doris Koo, then head of Enterprise’s Gulf Coast Initiative and in 2007 the president of Enterprise, had spent many days in the region meeting with city and state officials, staff of community-based organizations and citizens trying to get a sense of where Enterprise might help with the rebuilding process.

In late December 2005, Koo, along with other local, regional and national housing advocates, had gone to Baton Rouge to meet with the head of the state housing finance agency. Jim Kelly, the CEO of Catholic Charities in New Orleans, made his way through stop-and-go traffic to get to the meeting, having come to the realization that it was not enough for his agency to provide direct relief assistance. “We needed to do something to try to bring people home,” he recalled.

Arriving late, Kelly discovered that the meeting with the state housing finance agency had been postponed. Kelly then had what he later called a “providential” conversation with Koo over lunch. By January 2006 the two had agreed to collaborate in an effort to renovate damaged properties and revitalize New Orleans neighborhoods. By April 2006 Kelly and Catholic Charities had spun off a community development corporation to head up the rebuilding effort. At Koo’s suggestion, it was called, aptly, Providence Community Housing.

With Enterprise's expert assistance, Providence eventually got a commitment from the U.S. Department of Housing and Urban Development (HUD) to do a phased redevelopment of one of New Orleans' public housing complexes, which had been closed to residents since Katrina. [Read more...](#)

Meanwhile, the Local Initiatives Support Corporation (LISC) provided grants and loans to four community development corporations in coastal areas hard hit by the storms to create strategies for rebuilding homes and clinics:

- In Gulfport, Miss., grants from LISC helped Mercy Housing and Human Development plan for the repair or development of 40 affordable homes and a health clinic in D'Iberville, Miss. This community of 8,000 before Katrina lost or suffered major damage to nearly 70 percent of its housing stock.
- Pearl River Valley Opportunity, with main offices in Columbia, Miss., is using LISC funds, Low Income Housing Tax Credits and other loans and grants to develop 40 new affordable apartments in Wiggins, Miss., a community of close to 4,000 that received an influx of Katrina evacuees. The group also created a countywide coalition to promote health and healthy lifestyles among community residents.
- Southern Mutual Help Association in New Iberia, La., serves residents in 11 southern parishes hit by both Katrina and Rita. The association created a plan to build Teche Ridge, a new healthy community on the outskirts of New Iberia. By November 2006, the Association had repaired or rebuilt 136 homes heavily damaged by the storms in the two small towns of Delcambre and Erath, La.
- Pineywoods HOME Team, in Nacogdoches, Texas, serves people living in a dozen east Texas counties damaged by Rita. Lufkin, Texas, near the Louisiana border, was the main evacuation center for the east corner of Texas. Pineywoods addressed the growing problem of domestic abuse by working with community agencies to build a safe house and 26 affordable apartments to serve as transitional housing for abuse victims. As of November 2006, Pineywoods was also working with the town of Silsbee, Texas to develop some 176 affordable homes and apartments.

By November 2006, the Southern Mutual Help Association in New Iberia, La., had repaired or rebuilt 136 homes heavily damaged by the storms.



Community development corporations in coastal areas have work cut out for them.

EMPOWERING LOCAL VOICES

Louisiana Governor Kathleen Blanco established the Louisiana Disaster Relief Foundation in the aftermath of the hurricanes “to provide resources for the relief, recovery and betterment of its people and communities.”

The Katrina Team, concerned that local residents and their nonprofit organizations were not being consulted in the planning and rebuilding process, saw an opportunity to help the Foundation empower local citizens. Using Living Cities of New York as its fiscal agent, RWJF and several other foundations made grants to help establish the new foundation and encourage a more collaborative and public-minded recovery process.

EYES AND EARS ON THE GROUND

The Katrina Team also funded three consultants with first-hand knowledge of the issues affecting the recovery and rebuilding effort in the affected areas:

- Eric Baumgartner, director of Policy and Program Planning at the Louisiana Public Health Institute in New Orleans.
- Clyde H. Bargainer, director of the Office of Primary Care and Rural Health with the Alabama Department of Health.
- Kaye W. Bender, former state health official in Mississippi and dean of the University of Mississippi Medical Center School of Nursing.

The consultants were charged with interviewing RWJF grantees in the impacted areas, identifying key issues and needs which provide opportunities for RWJF, giving regular updates to RWJF staff and coordinating on-site visits. “It really worked to have consultants on the ground,” program associate Russell Brewer notes. “They helped us understand how to proceed and advance our work.”

KATRINA TEAM COMINGS AND GOINGS

In March 2006, Judith Stavisky, then a senior program officer with RWJF’s Vulnerable Populations Team (she later moved to the Building Human Capital Team), moved on to the Katrina Team. Stavisky had attended Tulane University and had lived in New Orleans for 20 years. She recalls that the possibility of a levee breaking “was a kind of white noise background all the time.”

“Everyone knew that if there was a flood, there would be nowhere for the water to go,” she recalls. “People had an emergency plan if things flooded. It’s pretty comical now. Big rubber boots, canoes and kayaks in the neighborhood. Come August and September, people would have tape on their windows and an emergency kit of food, water, clothes by the door.

“It’s a very compelling place...a different kind of place. Because of my personal connections down there, I knew I wanted to be on the Katrina Team.”

Andrew Hyman, formerly policy director for the National Association of State Mental Health Program Directors, joined RWJF in March 2006 and the Katrina Team two months later. He brought a strong background in community mental health and immediately began working with the Vulnerable Populations Team



A memorial for Hurricane Camille is destroyed by Hurricane Katrina.

to develop strategies for addressing the mental health needs of storm victims and evacuees.

Fred Mann, a long-time editor at the *Philadelphia Inquirer*, came to RWJF in April 2006 as deputy director of communications and soon after joined the Katrina Team, replacing Ann Christiano as the team's communications officer. As Web editor at the *Inquirer*, Mann had headed up a team that worked closely with the *Biloxi Sun Herald*, a sister paper in the Knight-Ridder chain, to keep its Web site up and running after the Gulf storms passed through.

“They couldn’t publish anything in print for a few days, so they would e-mail stories out to us when they could and we would put them back on the [Biloxi Sun Herald Web] site,” Mann said. “And they used that as a public information Web site, but also as a spot for communications among the newspaper staff and sending out messages about who is lost and who is missing.”

■ KATRINA TEAM'S NEW ORLEANS SITE VISIT

“WE NEED TO SEE FOR OURSELVES.”

In May 2006 almost the entire Katrina Response Team—then 14 strong—made a site visit to New Orleans. It was now eight months after Katrina hit, and for most members of the team, it was the first opportunity to see for themselves the situation on the ground and to evaluate RWJF's role in the recovery process.

Over the course of three days, team members toured devastated neighborhoods, visited trailer camps housing evacuees, and met with an array of people—leaders of grassroots community groups, school teachers and counselors, local and state government officials, citizens attempting to rebuild their homes and relief workers.

Team members reacted with shock and dismay to what they saw—both the extent of the devastation and the lack of more tangible signs of recovery.

“You don't expect to see something like this here [in the United States],” Bland said, “and to go back almost a year later and see almost the status quo. It's terribly troubling.”

This writer offered reflections on the visit in an article called “Dancing Through the Tears,” which was included as background for the RWJF Trustees when they did their annual site visit—this time New Orleans—in September 2006. [Read more...](#)

Hassmiller related how different New Orleans seemed from the equally devastated Gulf Coast areas in Mississippi she had visited months earlier. “In Gulfport and Biloxi there was a feeling that the hurricane did this to us...” she said. “There was a feeling, even at that early date, that we are going to rebuild. We're going to be okay. It was great pride.

“The feeling in New Orleans was very different. Everything was about the politics—about what the levees had done to the black folk, it was the government's fault, it wasn't just the hurricane, because they would have been just fine with the hurricane, thank you. The levees broke, and some people thought it was done on purpose.”

For Perez, the starkly different beliefs about the causes of the disaster revealed “huge issues of trust” among black residents. “They were saying that they bombed us so they could salvage the Garden District and the French Quarter,” Perez recalls, “and the Lower Ninth was decimated. It was clear that not just the city, but the nation had some healing to do.”

Beyond the physical damage, team members noticed the tremendous emotional toll that the storms and the slow recovery process had taken on people in all walks of life.

Pomphrey recalled the lingering trauma she heard in the voice of Paul Berette, M.D., the coroner for St. Bernard Parish, one of

Destroyed homes in the Ninth Ward, New Orleans



the hardest hit areas of New Orleans proper, as he talked about efforts to get funding to rebuild their community hospital. “He said that he had come some way,” Pomphrey recalled, “but still was not at the point where he could wear his white coat. That was what he wore at the hospital when the water was up to his chest. He had graduated to wearing khakis and a shirt but he could not wear his white coat.”

And yet there was hope, uncanny and inexplicable. Mockenhaupt recalls a conversation with a local homeowner in New Orleans. “He was a lovely man, very positive, but still nothing had been done to rebuild his house. I asked him, ‘How do you do it day to day?’ He said, ‘Faith.’ You hear that a lot and it’s true. Either religious faith or faith in something. But I don’t know how you can wake up and have faith every day.”

POST-SITE VISIT RECOMMENDATIONS

The site visit, while overwhelming and discouraging on many levels, helped the Katrina Team members focus ever more sharply on the role RWJF might play in the long-term recovery process. At Lumpkin’s request, team members again shared their impressions and suggestions for RWJF grantmaking in a one-page memo. The recommendations ran the gamut and differed somewhat from earlier suggestions.

During a meeting with state officials in Baton Rouge, the team had heard that Mike Leavitt, secretary of the U.S. Department of Health and Human Services, had thrown down the gauntlet, pledging all the influence he had at his disposal to help the City of New Orleans deliver a viable plan for rebuilding the city. (At that point several plans had been put forward, but none had gotten the consensus needed to move ahead.)



Left in Katrina’s wake months later in New Orleans’ Ninth Ward.



Several team members thought RWJF could play a role in convening stakeholders working on such a plan. (Months later, the Rockefeller Foundation put up \$8 million to do just that and RWJF moved on to other priorities, according to Robin Mockenhaupt, associate chief of staff.)

Other team members wanted RWJF to take a different tack—giving assistance to neighborhood groups and associations, which had been largely bypassed

“Minority populations were disproportionately affected in the Gulf States region. Our interventions were directly having an impact on the most vulnerable populations.”

—John Lumpkin, RWJF

in the City’s planning process, so that they could become true players in the rebuilding process.

An area in which Navarro thought RWJF could have an impact was with a family “supportive services” strategy that finances both on-site facilities and provision of services in new housing projects.

Pomphrey wondered how best to coordinate the work of local, regional and national philanthropies that planned to remain engaged in Katrina-related grantmaking over the long term. “What can we do to create a process for collaboration with other funders (beyond a ‘Katrina affinity group’) that would maximize our combined resources, serve as a single ‘go to’ source for continued dialog with government entities and other NGOs [non-governmental organizations], and work to keep the Gulf Coast situation on the public agenda?”

During a visit to a school-based clinic in Baton Rouge, team members had been moved by the needs of children, especially as both summer vacation and the next hurricane season loomed. Several team members wanted RWJF to spearhead an array of activities and services for children and youth, including adding evening hours to school-based clinics, supporting cultural and arts programs, such as poetry slams, and beefing up recreation programs in the FEMA trailer camps.

Baquilod wanted to continue to support faith-based groups, as had been done through the Foundation for the Mid South grant, but this time with a different focus. “It seems to me they are the ‘heart’ of these communities and provide much needed services to a population in real need,” she noted. “Is there a way we can link up mental health services through these faith-based groups?”

Baquilod also reminded the task force that during the visit with state health officials in Baton Rouge, Fred Cerise, secretary of the Louisiana Department of Health and Hospitals, had requested technical assistance regarding integrating the state’s Medicaid program with the federal Medicare program. “We need to close this loop, especially in light of Marco’s [Navarro] comment to stop ‘observing’ and start offering expert advice.”

CONFRONTING THE RACIAL DIVIDES...OR NOT?

The inequities wrought by race and class were plain to see in the aftermath of Katrina. But the team could not agree on whether RWJF should confront them directly.

Perez wanted RWJF to take the lead in convening a conversation about race. “When you think of the black and brown faces that were essentially left behind,” she said, “to me that was just so emblematic of the issue of race in this country, the huge divide, the economic divide between black and white in this country.

“I just felt profoundly saddened by that.”

But Lumpkin questioned whether a New Jersey-based foundation had enough standing in the region to take the lead in promoting a dialog about race. “We did not want to be seen as carpetbaggers coming down and

telling them how to run things,” he said. “We were not a big enough player to have an impact in this arena.”

In the end RWJF did no convening around race issues. Perez believes it was a missed opportunity—not only to address the black/white divides but the inequities experienced by other ethnic groups.

“New Orleans was a magnet for undocumented, low-paid workers,” she said. “I asked, ‘Why are Mexican immigrant workers staying in Red Cross shelters?’ The contractors would hire them and not provide any housing.

“Because we missed an opportunity to talk about race, we also missed the opportunity to talk about immigration.”

Other team members thought that by sticking to its focus on addressing the intermediate needs of disaster victims it was at least implicitly addressing the racial divides. “Minority populations were disproportionately affected in the Gulf States region,” Lumpkin said. “Our interventions were directly having an impact on the most vulnerable populations.”

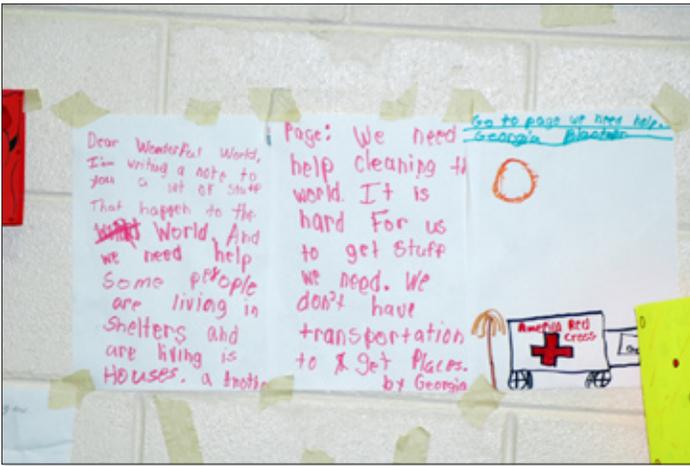
■ NEXT ROUND OF GRANTMAKING

MENTAL HEALTH A PRIORITY

In October 2006, the Katrina Team decided to devote \$6 million of the approximately \$10 million remaining in the Katrina Relief Fund allocation to projects that addressed the mental health needs of children, adults and families affected by the Gulf disasters.

The Vulnerable Populations Team took on the task of reviewing and voting on the mental health grants, forwarding selected proposals on to Lumpkin, the program executive group as an FYI item, and Lavizzo-Mourey or the Board for final sign off. The process was still semi-expedited: proposals did not have to go to a Program Staff meeting for review and vote—a standard requirement at RWJF for grants over \$400,000. The grants not related to mental health remained within the Katrina Response Team.

Picking up on Baquilod and others' observations about the importance of faith issues as part of the healing process for those affected by the storm, RWJF made a \$100,000 grant to Christian Health Ministries in New Orleans. This group contracted with qualified pastoral counselors to provide mental health services to Katrina survivors without insurance coverage or the money to pay for services themselves.



A child's letter: "We need help cleaning the world."

In November 2006, the Katrina Team made a \$15,120 grant to the National Center for Child Traumatic Stress at UCLA to produce an updated edition of its psychological first aid field operations guide. The guide provides a rigorous, systematic protocol for giving psychological help to children, adults and families in the immediate aftermath of a terrorist incident or a natural disaster. Coupled with trainings across the region, the guide aimed to enhance provider capabilities in responding to people in trauma.

In 2006, with funding from the McCormick Tribune Foundation in Chicago, Memorial Hospital in Gulfport, Miss., had set up a program to provide free, school-based counseling and therapy services to students in 13 schools in Harrison County, Miss., an

area that sustained catastrophic damage from the hurricane. In the project's first month of operation in August 2006, therapists served approximately 144 children. The Katrina Team made a grant of \$98,000 in March 2007 to continue the services for another six months. According to Memorial Hospital, a local foundation had promised funds to offer the services for another 12 months thereafter.

In New Orleans, children and families were beginning to return to the Metro area, but the trauma wreaked by the storms and their aftermath was ever present. Families were facing great economic loss, unstable living arrangements and uncertainty about the future. First responders, such as police, firefighters and emergency workers faced both personal stress and the difficulties of staffing shortages and increasing demand for services.

The exodus of health care providers from the affected Gulf region severely hampered the delivery of mental health services.

To address these needs, the Katrina Team made a \$749,695 grant to the Louisiana State University Health Center in New Orleans for its New Orleans Metropolitan Area Family Resiliency Project. The project provided mental health services for children and families in school settings and to first responders and families in Orleans, St. Bernard and Plaquemines parishes. It also trained parents and teachers to recognize red flags in children of mental health needs and mental health professionals in screening for children, adolescents and first responders who were traumatized by the disaster. [Read more...](#)

In other parts of the affected region, thousands of others were suffering the mental health affects of the hurricanes and their aftermath. By March 2007, an estimated 90,000 to 120,000 evacuees from New Orleans were still living in Greater Baton Rouge, an hour away. Experts on the impact of disasters estimate that 5 percent to 16 percent of disaster victims are at risk of developing serious mental health disorders. Their treatment needs go beyond the short-term and non-clinical services provided through the federally-funded crisis counseling program.

To help fill this gap, RWJF awarded \$500,000 to the Baton Rouge Area Foundation to train therapists and agency-based clinicians to use an evidence-based intervention—Cognitive Based Intervention for Post Disaster Distress—to screen and care for those in Baton Rouge affected by the disaster. The project team wanted to develop a model that could be replicated for response to other disasters.

In Houston, a city that received large numbers of Katrina evacuees, DePelchin Children’s Center got a \$243,841 grant to create a school-based project to train personnel at various levels to assist traumatized children and families. A member of the National Child Traumatic Stress Network, the Center had used a 2003 grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to provide trauma training throughout the community and had created a network of some 200 community professionals that meets regularly to share resources. The goal of the RWJF grant was to embed trauma-focused services as an integral part of the schools’ health programs. [Read more...](#)

The exodus of health care providers from the affected Gulf region severely hampered the delivery of mental health services. A team at the Morehouse School of Medicine in Atlanta got Katrina funding to try a novel approach to filling that gap in access to care: creating a telehealth program to provide mental health services at a distance.

Telehealth is the use of information and communication technology to deliver health services, expertise and information over distance. It includes [Internet](#) or Web-based “[e-health](#)” and video-based applications, and can be delivered [real-time](#) (live) or through [store-and-forward](#) (record now, view later) mode.

The project planned to establish telehealth care sites in six clinical settings across four states, including Louisiana, Mississippi, Alabama and Texas, and to create a mental health disaster relief model that can be used in the future disasters.

RECOVERY OF HEALTH RECORDS: A ROAD MAP FOR ELECTRONIC MEDICAL RECORDS

Hundreds of thousands of health records, mostly in paper form, were destroyed by flooding in the aftermath of the hurricanes. RWJF provided \$735,060 to the Council of State Governments, Southern Governors' Association in Lexington, Ky., for a task force to provide guidance in developing an electronic medical records system in the four-state region of Louisiana, Mississippi, Texas and Alabama.



Corroded files in Montgomery County Health Department, Mississippi

The team would eventually discover that the four states were at very different levels of readiness to embrace the challenge of converting to electronic records. “So we looked at what is the base where you could get interoperability [between the states],” said Diane Duff, project director. “That would be emergency evacuation information and prescription drug data.”

The team set to work developing a system whereby physicians in the four states could get access to prescriptions for an evacuee from outside of their home state.

REDESIGNING HEALTH SYSTEMS

The flooding from Katrina dealt a deathblow to New Orleans' main safety net hospital—the Medical Center of Louisiana at New Orleans (which includes the well-known Charity Hospital). Prior to Katrina, the hospital provided more than 90 percent of the uninsured care in New Orleans and was the main teaching hospital for Louisiana State University and Tulane University Health Sciences Centers.

Whether and how to rebuild Charity had been a topic of contentious debate among city and state health leaders. Some Louisiana legislators wanted to rebuild the hospital smaller, with more care for the uninsured funneled to private and community hospitals and clinics that have provided much of the care since Katrina.

In May 2006, the Katrina Team funded the Georgia Tech Research Corporation in Atlanta to develop a vision and framework for the replacement of the LSU/Charity systems that utilizes best practices in ways that lead to improved health for all citizens in the region. It produced a *Project Planning Guide for Healthcare Facility Owners*.

In 2007, staff at Louisiana State University Health Care Services Division, an eight-hospital system that, with its partners, is the largest health care provider in Louisiana, agreed to collaborate with experts in hospital design to plan and develop a new academic medical center following the plan developed by Georgia Tech.

The division acts as a statewide safety net system in caring for the uninsured and provides training opportunities for future health professionals. Hurricane Katrina has caused the division to lose the use of the Medical Center of Louisiana at New Orleans, its flagship tertiary care facility and Level 1 trauma center.

In June 2007, the Katrina Team, seeing an opportunity to have an impact on the health care of people in the region, made a \$1,242,384 grant to the Medical Center of Louisiana Foundation (the funding arm of the medical center), to support the planning process to develop an approved facility design plan.

Louisiana State University would build the hospital jointly with the U.S. Department of Veterans Affairs. The VA charity hospital in New Orleans also had been shuttered since Katrina.

■ STAYING FOR THE LONG HAUL

CHANGING SYSTEMS TO IMPROVE HEALTH AND HEALTH CARE

“One of the early concerns in areas that we focused on was that for a lot of people this tragedy and the hardships that follow it would be very quickly forgotten as it became no longer newsworthy,” Lavizzo-Mourey said.

“What philanthropy in general can do,” she continued, “and what we like to do in the manner of the way we do our work, is to stay in there for long term—to make sure there are long-term commitments, to go back and keep looking and asking, ‘Are things getting better? What needs to happen now?’ That was one of the principles that we really came up with and put in place.

“Yes, we need to be part of the immediate relief but more importantly we need to be part of the rebuilding, and rebuilding in a way that is smart, to do it in a way that people are able to be healthier than they were before, that they have more opportunities to get high quality health care, more opportunities to look at health lifestyle, more opportunities to live in housing that is going to be less concentrated poverty and so on.”



FEMA trailers in Biloxi, Miss.

[It is also important] “that we bring not only our financial resources to that task, we also try to bring the learning we have accumulated over 30 years, trying to improve health status for people. We also bring to this our ability to stay in the game for a long time.

Toward that end, RWJF made some major investments in areas of its interest and expertise and some smaller grants aimed at filling gaps that had the potential to be strategically important in the rebuilding process.

SUPPORTIVE HOUSING

Permanent supportive housing provides decent, safe and affordable rental houses combined with essential supportive services for vulnerable people with disabilities who are homeless or most at risk of homelessness. RWJF has been a major promoter of using this approach to provide better care and to reduce the use of costly and inefficient facilities such as emergency rooms, inpatient medical care, state psychiatric and substance-abuse facilities, homeless shelters, jails and prisons.

In late 2006, the Katrina Team decided to make a major investment in this area, through a \$2,353,248 grant to the Technical Assistance Collaborative (Boston) in developing 3,000 units of permanent supportive housing, as part of the state of Louisiana’s The Road Home Plan, approved by U.S. Congress.

The RWJF funds provide direct capacity building, technical assistance and policy support to key service system organizations to ensure they can effectively undertake the development, ramp-up and delivery of sustainable supportive services for the 3,000 new units.

NEIGHBORHOOD REBUILDING

One hindrance to the rebuilding effort, as it proceeded sporadically across New Orleans, was the lack of even the most basic data about neighborhood demographics, housing, employment, education, infrastructure, security and health indicators. Without primary data, health and social service agencies were hard pressed to know how to plan for community recovery.



Rebuilding starts in storm surge areas of Bayou La Batre, La.

With a grant from the Katrina Fund, a coalition of social service and rehabilitation agencies launched People Count—an effort in New Orleans to collect basic household level data and to gather information about the organizations and program resources available to communities as they recover. Nancy Mock, professor at the Tulane University School of Public Health and Tropical Medicine, oversees the project.

The neighborhood groups plan to use the information to set priorities for their recovery needs, to better estimate the resources they will need and to provide a basis for monitoring the effectiveness of the recovery process. For example, one of the collaborating agencies, the New Orleans Police Foundation, needed neighborhood demographic data in order to design violence prevention and gang control efforts in three neighborhoods.

PLANNING FOR DISASTERS

Hurricanes Katrina and Rita revealed important shortcomings in the nation's disaster relief capacity. One was the issue of allowing out-of-state medical professionals to provide emergency health care services in the affected areas. Thousands of medical professionals were at the ready to volunteer, but the states' emergency response systems lacked a uniform process and legal framework to recognize out-of-state professional licenses.

In July 2006, the Katrina Response Team funded a national conference of Commissioners on Uniform State Laws in Chicago to draft an emergency

volunteer health care services act to remove roadblocks to interstate recognition of volunteer health care professionals during emergencies.

In June 2006, the Foundation Center in New York got an RWJF grant to track and analyze hurricane related giving by foundations and corporations—information thought to be vital for nonprofit organizations looking for funding for new and expanded programs to meet the immense needs in their communities.

By the end of 2006, Foundation Center lists included 237 independent and community foundations' grants and pledges totaling more than \$310 million—and 311 corporations' and corporate foundations' cash contributions totaling more than \$445 million. A third list reported the in-kind contributions of more than 120 donors, including the recipient and the contribution value when available.

In August 2006, the Foundation Center released [Giving in the Aftermath of the Gulf Coast Hurricanes: Report on the Foundation and Corporate Response](#) that documents the extent and purposes of institutional contributions and explores funders' perspectives on their role in responding to major disasters.

■ THE KATRINA RESPONSE TEAM PHASES OUT

By the spring of 2007, the Katrina Response Team had met 33 times and made some 55 grants totaling just over \$18 million. Through subgrants, RWJF had funded more than 150 organizations providing services in the devastated Gulf States.

With some \$1.25 million left in the Katrina authorization—and requests for more than that amount being seriously considered—the Katrina Team was winding down and RWJF modified the expedited process for Katrina-related projects. Katrina grants are reviewed and managed by the Vulnerable Populations Team and funded through the President’s Reserve Fund.

A number of team members expressed regret at the phasing out of the Katrina Team and in particular the expedited grantmaking process that had enabled them to work with great efficiency to address the crisis in the Gulf States.

For Jane Lowe of RWJF, the nature of the longer-term grants being considered for rebuilding argued against retaining the expedited grant-making process.

“THERE’S STILL AN EMERGENCY.”

For Hyman, it was a question of how one defines an emergency. By the spring of 2007, for example, the prevalence of mental illness for the populations affected by the Gulf Coast hurricanes and the levee failures had more than doubled. Nearly one third of New Orleans residents were screening positive for symptoms of mental illness, while one in six adult residents were at moderate to severe levels.

“Aren’t we still in an emergency?” Hyman wondered aloud. “Isn’t the reason we are doing this because of an emergency?”

“Yes, there are problems when you react as though it is an emergency,” he continued. “The problem is you may make boneheaded mistakes and do terrible programming. You have to balance those things, but we do know that folks down there are frustrated [waiting for help].”

With a nod to the fact that mental health problems were emerging, quite predictably, some 18 months after the catastrophe, one of the last Katrina Relief Fund grants—a large one at more than \$1.2 million to the Rand Corporation, starting August 2007—went to support a grassroots effort in New Orleans to create the kind of mental health and resilience services that citizens will trust and use.

Called Rapid Evaluation and Action for Community Health in Louisiana (REACH-LA), the program builds on the UCLA/Rand National Institute of Mental Health Center (NIMH) approach to assessing partnership capacity and adapting approaches to the New Orleans environment. RWJF Clinical Scholar Benjamin Springgate, M.D., is the project director. [Read more...](#)

Baquilod, who provided administrative support to the Katrina Team, believes that overall the team made sound grants using the expedited process. “But it’s hard to imagine that RWJF could adopt the Katrina style of grant processing across the board,” she said. “The institution, like many institutions, wants to control the process and pay attention to detail. The institution expects to operate that way.”

For Lowe, the nature of the longer-term grants being considered for rebuilding argued against retaining an expedited grant-making process. “When you start to move into a concerted effort to rebuild systems,” she says, “there’s a lot to be argued for following your processes and going a little bit more slowly and using the [regular RWJF] team structure. You get to ask many more questions and you get differing points of view that only make the grant stronger.”

“THERE ARE REAL PEOPLE BEHIND THESE PAPERS.”

Even so, some felt that taking a cue from the Katrina experience would help the Foundation. One of those, speaking at the end of what she concedes was a particularly trying day, was Sue Hassmiller.

“This place is so process burdened and so process laden,” she said. “[For the Katrina response] I was pleased with fact that some of those processes were lifted and it was burden free. It was a very freeing and creative process, which is very different from the way we normally do work. You see an immediate need, you try to figure it out, you come up with solutions, you get to put things together very quickly, you get money [out the door] fast. Can’t we do things like that [all the time]?”

For Hassmiller, the Katrina experience helped clarify what, for her, grantmaking is about. “I was proud of the Foundation during Katrina. It had to do with... being human, dropping your...I don’t want to say...pretenses. I know we need processes. I understand that, but it was like, ‘Let’s put the important stuff forward for a moment here.’

RWJF staff members whose jobs are primarily administrative found the experience of working on the Katrina Team particularly illuminating.



“When your job is doing paperwork, doing project assistance work, it can be hard to wrap your arms around the work out there,” Baquilod said. “So being on the team helped me to be there and to feel it, to sense it. The sense I brought back with me was that all of this paper has some purpose to it. There are real people behind these papers.”



It doesn’t take much to bring a smile to the face of a young girl in Biloxi, Miss.

■ THE LESSONS OF THE KATRINA RESPONSE

THE PROCESS

Resolve to be agile and then do it. Getting quick authorization from RWJF's Board of Trustees helped the Foundation respond quickly. Adopting an expedited process for Katrina grantmaking was essential.

Form a diverse team. Team members brought expertise in areas important to the Katrina situation—mental health, public health, supportive housing, community-based health social services and communications.

Create your own team infrastructure. The Katrina Team tapped its own grants administrator and team coordinator to handle the many administrative tasks associated with Katrina funding.

Meet weekly. Regular meetings allowed team members to address issues and move grants through quickly.

Gather information from your grantees and program directors. Early calls and e-mails helped the team address immediate needs and identify longer-term opportunities for strategic grantmaking.

Hire consultants who know the communities. Consultants in the three states hard hit by the hurricanes helped the team understand the culture and zero in on funding opportunities.

See for yourself. Site visits put a face on the disaster, helped clarify priorities, and provided a reality check about what RWJF could reasonably accomplish.

"I remember being overwhelmed by the vastness of the scope of it. Such a huge amount of land and people impacted. I had been to New Orleans before, but mostly just in the French Quarter or Garden District, when I was at a meeting. I had never been into any of the neighborhoods. It was devastating, overwhelming that it was such a large area, mile after mile on the bus looking at this. I came back feeling pretty hopeless. How can it ever recover from the vastness of this? And the political situation was disturbing too. Very little planning had been done. I remember visiting that woman in her home in Gentilly [neighborhood of New Orleans], not knowing what the city was doing or how to get help. I thought, 'That could be me.'"

—Robin Mockenkaupt, associate chief of staff

THE GRANTMAKING STRATEGY

Resist making decisions strictly on the basis of the need—which is overwhelming. RWJF followed its usual practice of making large grants to relief organizations, but then looked for ways to make an impact beyond the initial emergency, by focusing its grantmaking in areas of its expertise and interest.

"What is it that we think we are good at? Rather than looking at it just based upon need, we identified, 'We're good at substance abuse, good at dealing with vulnerable populations, good at health and informatics. We have experience with

supportive housing.’ So we built off of our strengths, rather than just saying, what are the needs and where can we establish programs? We tried to do it in a very strategic way.”

—John Lumpkin, senior vice president, head of the Health Care Group

“It’s difficult because I think everyone has this overwhelming desire to want to help. And when you see the vast scope of the need, it is difficult to get a sense of how you can do anything. I just hope that some of what has come out of this is more collaboration among foundations on a national basis. One of the big struggles for the team is how to be strategic with a relatively small amount of money and really try to help. As opposed to the knee jerk reaction, ‘Oh my God that is a good cause and we have to give money.’”

—Ann Pomphrey, program associate

“What I have learned is that a foundation really has to take care that the money it is giving is going to good effect. It would be easy to toss millions of dollars at anything in the Gulf region at this point. But we have not done that. We have been very precise about our spending and our giving, making sure they give it to causes that make sense.”

—Fred Mann, deputy director, Communications

“A lot of our projects we want to test over several years, right? Well, that’s kind of annoying to the folks down there when you talk that way. They need things today. They don’t want money to do a needs assessment. They are not looking to be a pilot project for the benefit of the rest of the world. They need providers today. They need people trained today. That’s not really what we’re good at and what we like to do. We don’t like to provide funding for direct services, for example. We like to have our dollars leverage other activity and to be sustainable, have a long-lasting affect. Well, when you’re going into an area that has been devastated it’s very hard to create such a program. That’s also a challenge in terms of figuring out what is the right thing to do.”

—Andrew Hyman, senior program officer

In a disaster like Katrina, there may be no perfect role for RWJF. Be willing to do some things that may make a difference way down the road.

Use large organizations with knowledge of the area to funnel funds where they are needed most. National and regional groups used RWJF grants to reach some 150 separate organizations in the affected areas. In a disaster, even small grants make a difference; they impart hope.

“I think our best programs were with other funders. We gave other funders a lot of money for seniors, say, and they redistributed the grant because they know the community. That’s a good model. There’s the Foundation for the Mid South. We should have partnered with them. We should have given them \$5 million.”

—Debra Perez, program officer

Choose areas to focus where RWJF funds can leverage and encourage other funding.

RWJF’s support of the Hurricane Fund for the Elderly, for example, helped spur other foundations to give. Funding the Enterprise Foundation helped local groups get commitments from other funders for the rebuilding effort.

Figure out when to move from expedited grantmaking to the regular RWJF team approach. How long do you treat a crisis such as Katrina as an emergency and continue to use your expedited process? The team struggled with this question and in the end retained some elements of the expedited

process for more than a year after the emergency, but gradually moved the projects into the appropriate RWJF teams.

Be willing to take some risks. It was a stretch for RWJF to fund groups working to rebuild housing in the Gulf States region. While not all team members agreed with the strategy, they saw the overall value of taking risks. In fact, at least one team member thought RWJF could have played a role, albeit a risky one, in encouraging a conversation about race in the aftermath of Katrina.

Be humble. In a disaster like Katrina, there may be no perfect role for RWJF. Be willing to do some things that may make a difference way down the road.

CDC Foundation's Flexible Funding Pays Off

When there's an emergency, it's important to move quickly. If you need equipment, you need it now, not after going through a long procurement process. Such alacrity is not something large government organizations are particular good at.

Based on its experience confronting the terrorist attacks of September 11, 2001, and the following anthrax attacks, the CDC Foundation created the Emergency Preparedness and Response Fund. The Fund enables CDC experts in the field to immediately purchase specialized equipment or services, when needed, to respond to emergencies.

When Katrina hit, CDC director Julie Gerberding approved the expansion of the Fund's use for immediate resources for state and local health agencies working on the frontlines. The Robert Wood Johnson Foundation gave \$1 million to the Fund for hurricane relief.

GETTING FUNDING WHERE IT IS MOST NEEDED

John R. Moore, Ph.D., R.N., on the job as a program officer at the CDC Foundation for just one month, was assigned to administer the Fund for Katrina relief. "There was no mechanism to make this happen," Moore recalled. So he quickly drafted a brief funding request form asking the basic questions—what do you want, how much do you need, why do you need it, why is this important for public health, if you're expecting money from FEMA, can you send the CDC money back?



Devastated Montgomery County Health Department, Mississippi.

Moore's first calls to health departments in Alabama, Mississippi, Louisiana, and Texas, found staff overwhelmed by the crush of the disaster. "We don't even have time to fill out a form," they told him. So Moore often took down the necessary information over the phone, filled out the form and submitted it on the behalf of the health department staff.

Staff in Biloxi and Gulfport, told Moore, "We don't have time to even *think* about what we need." "I told them, 'We'll put aside some of the money,'" Moore recalls, "and when you know, let us know." Eventually, staff in the health departments in Bay St. Louis and Pascagoula, who had been working out of tents, asked for funds to put up modular buildings created by General Electric to house their offices.

In Alabama, many evacuees escaped the storm, but without their medications or prescriptions. The CDC Foundation made a commitment to provide funds to the Alabama State Health Department so it could purchase medications as needed, up to \$100,000.

In Texas, volunteer teams of physicians and other health care professionals were able to move quickly into affected communities, because the CDC Foundation provided a letter of credit to the state, promising to reimburse the volunteers' travel expenses. Another letter of credit went to Louisiana to pay honoraria for health department staff who were displaced from their homes but still working in the response effort.

In each of these cases, the states did not need as much funding as they anticipated and returned unused funds to the CDC Foundation. Being able to

commit to funding various projects and then being able to reallocate funds that ultimately were not needed paid off.

“It enabled the Foundation to essentially accomplish more with the same level of funding,” Moore says.

A New Way of Doing Business

Providing emergency funds directly to state and local health departments was a first for the CDC Foundation, and has prompted a shift in its emergency response operating procedures. Now CDC Foundation staff members participate in the Emergency Operations Center of the CDC and attend its exercises for confronting pandemics.

Regular face-to-face contact with the people orchestrating disaster responses at the CDC will help the CDC Foundation do an even better job in the next emergency, Moore believes. “We refined things as we went along. We learned how important it is to be flexible about what people need in a situation like this,” Moore says. “This is not traditional public health.”

Postscript

Moore got to meet some of the public health workers he had known only as voices on the phone during an October 2005 site visit to the Mississippi Gulf Coast. Even as a professional schooled in disaster preparedness, he was in no way prepared for the devastation. At one point, he said, it became too much and he retreated to the van to call his sister. When she heard where he was, she said cheerfully, “Oh, we used to vacation down there. In Waveland.”

“I am in Waveland,” Moore replied. “It’s gone.”

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Frustration Among RWJF Staff Members Turns to Action

Phil Hagerty, director of RWJF's Web Support Center, is a self-described CNN junkie. After Katrina came ashore, he sat for hours, absorbing the horrors of the disaster and what appeared to be an ineffectual response. When he could watch no longer, he got up and called two friends, Mary Ellen Martelli and Jan Deruiter, with an audacious idea.

"We need to fill up a truck with supplies and drive down to the Gulf Coast," he said. They took little convincing. At work on the Tuesday after the storm, Hagerty buttonholed his friend and colleague Jeff Meade, a RWJF Web editor, about the plan.

"So, are you in or out?"

Meade thought for a minute. "I'm in."

Getting to Work

Over the next few days, the four set to work, e-mailing and calling friends and family members. "Like all of you, I'm sure, we have been moved by what we have seen in the last week or so in the Gulf States," Hagerty's e-mail read. "Many of us have watched in horror, and wondered 'What can we do?' There is the long-term answer of donating to one of the larger charities that will be helping the victims of this disaster in the coming months.

"However, we have learned, first hand, that many of these agencies are falling short when it comes to doing something NOW. The situation has moved us to take action in a very direct way. The relief group [Veterans for Peace] we have found has set up a grass roots organization that is helping people in need privately and effectively."

They rented two 24-foot Ryder trucks—the largest that can be driven without a trucker's license—and began filling them up with the kind of supplies they had learned were most needed. Water. Trash cans. Bleach and sterile gloves to clean mold. Plywood. Lumber. Diapers. Baby food and formula.

At one point they parked the truck in the parking lot of the Stop and Shop in Mt. Laurel, N.J., and put up a big banner announcing their mission and what kinds of items they needed. "People would go in for groceries and buy more that they would donate to us," Hagerty said. "The timing was serendipitous. It was easy to sell from a fundraising perspective. It was a national tragedy everyone could relate to."

On the Road

In just a few days, the group raised \$30,000 in cash and goods from folks in the Princeton area. By Monday, September 12, 2005, two weeks after Katrina's landfall, they were on the road to the Gulf region. Their destination was a campground in Covington, La., 25 miles northeast of New Orleans. With the Red Cross' blessing, volunteers with Veterans for Peace had set up a relief distribution site and were making daily runs into areas not yet reached by the Red Cross or FEMA.



Donations for storm victims pile up in a Mt. Laurel, N.J., parking lot for Phil Hagerty and friends' trip to the Gulf Coast.

“We didn’t want to go in there like the cavalry,” Hagerty said. “It was important to hook up with a group on the ground. They were very well organized as to where supplies were needed.”



A floating casino washed ashore by the storm surge along the Mississippi coast

As Hagerty and his team neared the Gulf of Mexico, Katrina’s devastating reach began to show itself. Still hundreds of miles out of New Orleans, all trees on both sides of highway were broken half way up. Soon uprooted trees littered the road, blocking traffic, and cars were scattered about like tin cans.

In Gulfport, Hagerty’s group got permission to drive along the beachfront. “Everything along the waterline was gone,” Hagerty recalls. “There was a huge floating barge casino that had been lifted up and was in the parking lot of a shopping mall.”

Nearing Covington, all power lines were down. Hagerty recalls seeing a woman sitting quietly on her front porch, a tree sliced through the middle of her house.

Hundreds of people waited in lines outside the Home Depot.

Hagerty checked in by cell phone with his Veterans for Peace contact, who asked Hagerty to arrive while Cindy Sheehan was there. The group had gained a reputation for setting up an anti-war protest site outside the grounds of President Bush’s Crawford, Texas, ranch. Now they wanted to time the arrival of the supply trucks with another event involving Cindi Sheehan, the military mother turned vocal anti-war activist who had lost her son in the Iraq war.

“I’m pulling the trucks off the road right now,” Phil told him. “We’re not moving until you cancel that. That’s not why we’re here.”

The group backed off.

Delivering Supplies

At the Covington campsite, Hagerty’s team found a teeming village of about 2,000 people—National Guard, power company workers, evacuees and professional protesters-turned-relief workers. The campsite residents didn’t take kindly to the group from Crawford, but tolerated them.

In one of the supply runs, Hagerty pulled into an apartment development that had been hit hard. “The police saw us pull in,” says Hagerty, “and they were pissed off. It could have turned into hostile feeding frenzy. The police stayed until we left for the next stop. In spite of their visible displeasure, we were grateful for their presence.”

A couple of churches had teamed with the National Guard and turned their buildings into distribution centers and staging areas. They unloaded the trucks quickly.

Over the next three days, Hagerty and his team took supplies out to surrounding neighborhoods. At first people were cool. “They would say, ‘who are you what you doing here? No one comes here,’” Hagerty recalls. “We said, ‘here’s what we got. Who needs help?’”

Meade, trained as an Emergency Medical Technician, made a trip to Gulfport with a group of physicians. The doctors were able to help a young girl who had a foot infection that no one had been able to diagnose. “The timing was perfect,” says Hagerty. “The Red Cross was there right after the group left.”

Thinking Back

The drive back to Princeton in the now empty trucks left time for letting what they had experienced sink in a bit. “Hours into the trip, Mary Ellen starts crying uncontrollably,” Hagerty recalls. “I remember thinking, ‘What we were just talking about was not that big a deal.’”

But walking the halls of the Robert Wood Johnson Foundation, getting congratulations from coworkers for what he had done, Hagerty felt his own tears welling. “I thought, ‘I should still be down there helping. There’s so much more work to do.’ We sort of did a hit and run. They have to stay day-in a day-out.”

After being in the Gulf States region, Hagerty watched the relief effort on CNN with a different eye. “There’s lots of fault and blame to go around, but I don’t dwell on it,” he says. “It’s easy to be an armchair quarterback. Those who provide relief, it’s a monumental effort. Now I understand the news reports. Now I know why supplies are not getting in. I have an appreciation of the magnitude.”

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Who needs help?
Hagerty and friends
distribute donations in
Covington, Miss.

An RWJF Communications Officer Discovers the Power of Good Information—On the Ground

“Those were some of the most contentious, scary public events I’ve ever participated in.”

—Ann Christiano
of RWJF

Hurricane Rita followed so closely on the heels of Katrina as to almost be lost in its horrific shadow. But the folks living on the Louisiana and Texas coast who felt its fury won’t soon forget it.

RWJF Senior Communications Officer Ann Christiano arrived in Beaumont, Texas, September 30, 2005 about a week after Rita blew through, wiping out Port Arthur, just 17 miles to the southeast. She was put up at a hotel in Houston with other public affairs people to keep them closer to the disaster headquarters. But her work was in Beaumont at the Ford Arena, home to the Texas Wildcatters ice hockey team; the arena had been turned into an emergency staging site after Hurricane Rita and 800 people were bunking there.

“The Red Cross was operating out of a couple of trailers,” Christiano recalled. “So, we had FEMA, the Red Cross, the forestry service, the 911 operators, all operating out of Ford Arena. There were ambulances as far as the eye could see.”

Accuracy Counts

Christiano was put in a public affairs role. She made it her responsibility to get evacuees accurate information in a timely manner—a tall order with electricity out, communications channels down and rumors flying.

“The conventional news media had been significantly disrupted,” says Christiano, “so word of mouth was the norm. I saw it as my role to make sure that the information we shared about where people could go for financial assistance, meals, to pick up supplies was completely accurate. So many people were sent on wild goose chases because nobody would say, ‘I’m sorry, we can’t help you with that.’”

That commitment resulted in many difficult conversations with evacuees in the community, Christiano says. “There’s a point where I was talking to a woman in her late 60s, in a wheelchair, and bless her heart, I was kneeling down to make eye contact and I thought she was going to punch me.”

That anger was particularly in evidence at a series of town hall meetings where a local Congressman, FEMA officials and Red Cross staff attempted to educate people about what relief they could qualify for and how they could get it.

“Those were some of the most contentious, scary public events I’ve ever participated in,” says Christiano. “There was one meeting where the room was completely overcrowded, and I was sitting on the floor and I could see that there were several people around me carrying guns and a fight broke out and I thought, ‘Oh my God, we’re not going to make it out because tensions were running so high.’”

In such a tense environment, precise messaging became key. Christiano recalls listening to a senior Red Cross official from Washington as he told a crowd in Jasper, Texas, “The Red Cross is doing the best it can. The area that is affected is equal in size to Great Britain, if you’ve ever been there.”

Most of the people in the audience were poor and had never been out of the state, let alone the country. Christiano feared the official’s remarks had come across as out of touch and callous. “The first thing we did was jump on the cell phone,” Christiano recalls. “We needed to find a state that is the same size and

land mass as Great Britain, so that when he went to the next town he didn't make those kind of remarks."

"They [the Red Cross] didn't give him the support he needed to really speak to people," Christiano says, "and they didn't have a clarity of message on what qualifies people for financial assistance. This contributed significantly to the feeling among people that resources were distributed unfairly."

Lessons Learned

Dealing with issues such as these taught Christiano some lessons that she could apply broadly in her role as communications officer for the Katrina Response Team and for the Vulnerable Populations Team—and to the Foundation as a whole.

"I think entirely differently now about the importance of good information and how frustrating it is when information isn't reliable or credible," she says. "I think a lot about the power of rumors and I have seen how devastating they can be to people."

"In talking to grantees, it is so much easier to say, 'Look, I'm sorry, no,' than to raise people's expectations unnecessarily. In the long run, people appreciate that much more, even if they want to punch you in the face."

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Louisiana Public Health Institute: Rebuilding a Better New Orleans

Through strategic rebuilding of the city, could many of New Orleans' systemic health problems be resolved?

The destruction from Hurricanes Katrina and Rita set the stage for a public health disaster in Greater New Orleans. Flooded safety-net hospitals. Health care providers dispersed around the country. Lack of medications. Thousands of people crowded into the Superdome or makeshift trailer villages. Standing water a breeding ground for disease.

All this in a state that ranked 49th in overall health before the storms (50th after).

That a full-fledged public health disaster never materialized owes in no small part to the work of organizations such as the Louisiana Public Health Institute (LPHI). Three days after Hurricane Katrina hit, the President of the Louisiana Senate and the Speaker of the House turned to LPHI to set up a communications command center where legislative staff could field calls from evacuated legislators and constituents and guide emergency resources to where they were needed most.

Later, working with the State Department of Health and Hospitals and the CDC, LPHI staff created “Stay Healthy Louisiana,” a statewide media campaign that provided timely health and safety information to evacuees about the post-disaster environment. The campaign offered guidance on prevention and first aid, infectious disease control, food safety and hygiene and immunization and stress management.

Evacuees Return

As evacuees began to return to their homes, “Stay Healthy Louisiana” kept citizens informed about managing the dangers related to mold, exposure to toxic substances and the risks of heavy construction and clearing equipment.

LPHI, part of a growing movement of public health institutes in the United States, sees one of its roles as a convenor to improve health status and foster innovations in health systems. The aftermath of Katrina provided an unusual opportunity. Through strategic rebuilding of the city, could many of New Orleans' systemic health problems be resolved?

Within days of Katrina, staff at LPHI, the U.S. Department of Health and Human Services and Tulane University, had convened a task force of stakeholders—representatives of local, state and federal health agencies, private healthcare providers, nonprofit organizations and community groups—to develop guidelines and priorities for the city's reconstruction process. Some 100 people eventually participated in the process.

“We were not operating on the goal of bringing things back to where they were before Katrina,” said Clayton Williams, Director of Urban Health Initiatives at LPHI. “We wanted to establish that this is something where we are using this tragedy to transform [the city's public health and health care systems] and maybe do something new and better...a fresh start.”

“We need data on everything from how wide you make a sewer pipe to how many health clinics we need.”

—Clayton William,
Director of Urban Health
Initiatives at the Louisiana
Public Health Institute

A Framework

The group’s report, *Framework for a Healthier Greater New Orleans*, envisioned a city grounded in evidence-based practices supported by ongoing demographic analysis, effective health information technology and a healthy neighborhood design.

Even as other plans for the city’s rebuilding proliferated, the original vision in the framework was not lost, Williams says. The report became the core guiding document of the subsequent Bring Back New Orleans Commission convened by New Orleans Mayor, C. Ray Nagin. The Louisiana Healthcare Redesign Collaborative, spearheaded by Michael Leavitt, Secretary of the U.S. Department of Health and Human Resources, also built on the document’s framework.

“There were several subsequent planning efforts that I believe contained a thread of continuity which began with this framework,” says Williams. “It [the framework] helped expand the conversation and [provided] a broader view of the factors that affect health and what considerations we should come back to—building our neighborhoods and building our health care institutions and financing them. All those things need to be considered as part of the big picture of what’s going to help us improve health.”

Secretary Leavitt, in his conversations with state officials, had cautioned the planners to find one trustworthy source of data and use that. LPHI took on that task and, with the CDC and the U.S. Census, conducted population studies in some 18 coastal Louisiana parishes. The data is guiding recovery planning for the drastically altered post-storm human landscape.

“Having a good understanding of the numbers of people here and their characteristics—their income, their language, their health care needs—is foundational to most decisions policy-makers need to make around allocation of resources and emergency preparedness,” says Williams.

“Everything from how wide you make a sewer pipe to how many health clinics we need. Those decisions need to be, as much as possible, founded in the reality of the population. We settled into that role here, to provide that data.”

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When Communities Crumble: RWJF Clinical Scholars Confront the Issues

The *Robert Wood Johnson Clinical Scholars Program*[®] is one of the Foundation's oldest programs, and, in many ways, one of its most audacious. The Foundation chooses bright, young physicians for the two-year fellowship during which they learn to conduct innovative research and work with communities, organizations, practitioners and policy makers on issues important to the health and well-being of all Americans.

Starting in 2005, the Scholars program adopted a new focus, encouraging its scholars to emphasize the creation of community/academic partnerships and community-based participatory research in the research projects they pursued. That's a fancy way of saying: "Find out what the people want and involve them in the process of creating health care systems that work for them."

The Katrina disaster created an unexpected opportunity to test this approach in a situation where many of the former systems of care had been swept away or severely hobbled. Two of the 2005–2007 class of Clinical Scholars, Kristina Cordasco, M.D., and Benjamin Springgate, M.D., went to the Gulf States region after the storm to support the relief effort and pursue research projects.

"You Must Tune in to Issues of Trust."

Cordasco entered the Clinical Scholars Program at the University of California, Los Angeles, (UCLA) with a research interest in making health systems work for the most vulnerable patients.



Houston's Astrodome after evacuation from Katrina

"Katrina hit during my first few months as a scholar," she recalled. "It was so compelling to me and, quite honestly, when we talk about system failure there is no better example than the post-Katrina situation. The system obviously failed and something needed to be learned or done about it."

When a research colleague in disaster medicine and public health at UCLA asked for researchers to go to Houston to interview Katrina evacuees, Cordasco volunteered. She thought it would be a great opportunity to learn qualitative research methods.

"Our main [research] interest was 'facilitators' and 'barriers' to evacuation, pre- and post- Katrina," Cordasco said. "If they did choose to evacuate before the hurricane, what enabled them to do that and make that decision? If they did not, which was the overwhelming number of people, why didn't they leave New Orleans before the hurricane?"

The research team conducted semi-structured interviews with some 50 evacuees in three evacuation shelters—the Astrodome, the George R. Brown Convention Center and the Reliance Center. What Cordasco heard from the evacuees was both disturbing and illuminating, she said.

The conversations about trust drove home the importance of involving people from the community in disaster communications efforts.

“What was interesting to us was the complexity of the decision not to leave,” she said. “It wasn’t one or two factors, it was many factors, and the collusion of those factors.”

“There was the issue of transportation, but it wasn’t just that people didn’t have transportation,” she said. “If you asked them, ‘do you have a car?’ They would say ‘yes.’ They had a car that fit five people and their family was seven people. Together, [there was the issue of] the lack of transportation and having a large, extended family.”

“We think about social networks as being helpful. In this situation, they kept people from evacuating because they were not going to leave their family members.”

Cordasco also was struck by the lack of trust that people expressed. “People didn’t trust the message they were getting before the hurricane,” she said. “They had heard these messages before and didn’t think this was any different.”

Some evacuees also believed that the levees in New Orleans had been blown up, rather than breached by the floodwaters. “After the first person told me that he thought the levees had been intentionally blown up, I thought, ‘Oh, that person is really out there.’ When the second person told me that, I thought, ‘Wait a minute!’ Then seven people said that [the levees had been blown up].... I realized just how different our worldviews are.”

See [abstract](#) (with a link to the article) for more on the results of the study.

The conversations about trust drove home the importance of involving people from the community in disaster communications efforts. “It is important, because the community leaders already have the trust of the community,” she said. “[It’s also important] taking advantage of that and partnering with them, and also the community leaders being able to give feedback and helping to shape the message in the way that will be received the best.”

Community involvement is crucial for disaster medicine, but no less important in other public health and community health settings, Cordasco found. “As I have moved forward with other projects dealing with [vulnerable] populations, in county hospitals, for example,” she said. “I have been encountering other issues of distrust. I have a better insight into that and realize what is going on, even in...ordinary circumstances [when it] is not being named.”

“Change Needs to Come From the Community Itself.”

Ben Springgate, M.D., was in New Orleans as Katrina threatened, and evacuated along with thousands of others. He returned to the city four days later with a sense of dread. Springgate had grown up in East New Orleans and gone to medical school at Tulane University.

“It was devastating for me to see my hometown under six to 10 feet of water and the areas where I grew up completely inundated,” Springgate said. “Recognizing the longer-term consequences, looking forward from that point, that was quite a horrible thing as well.”

But there was little time for reflection. The Louisiana State Office of Public Health immediately put Springgate to work coordinating the volunteers arriving from across the country and the world and the donations of supplies coming in by the truckload.

“There was essentially no infrastructure to try to support deployment of volunteers or the supplies that were arriving,” Springgate said, “or for that matter, there was no place to house the volunteers, no way to feed them...there was no infrastructure at all to accommodate any of this.”

Springgate and a team of volunteers and public health staff cobbled together a system to assess needs, deploy volunteers and distribute supplies. “It was makeshift, but it was better than nothing,” Springgate said.

Several hundred volunteer health care professionals came in and out during those early days. Teams provided health care services to people stranded in dozens of shelters in Baton Rouge and Southeast Louisiana and to New Orleanians who had not evacuated and survived. Springgate also led groups providing services to the first responders who were still in New Orleans but did not have access to health care.

“We set up clinics in the make-shift precincts, because they [police and firefighters] were flooded out of their precincts,” Springgate said. “We set up rotating shifts of physicians to provide services and then went into other areas. One of those clinics, now called the Tulane Covenant House Clinic, was not a clinic beforehand and now is one of the largest providers of safety-net services to the uninsured in the city.”

The massive loss of the health care infrastructure and the disruption of the usual social and organizational networks in New Orleans actually presented an unusual opportunity that Springgate and a number of returning faculty from Tulane were quick to capitalize on.

“[We saw that we could] draw strength from the grassroots efforts... to address the emerging population health needs as well as emerging health care services needs,” Springgate recalled.



RWJF Clinical Scholar Springgate and his coalition sign

Developing a New Coalition

With the support of RWJF’s *Clinical Scholars Program* and funding from the Joint Center for Political and Economic Studies, Springgate and his team brought together a small coalition of neighborhood organization leaders, church leaders, church health programs, and new community-run clinics like Covenant House that had not existed before the storm.

During the summer of 2006, the coalition held community discussion groups and interviewed key informants in diverse neighborhoods. They listened as citizens talked about their health care needs, the state of access to care post-Katrina, and where they saw not only gaps in care but also the opportunities for community groups to move forward and make a difference.

The gaps identified were plentiful, Springgate said. “There has obviously been a significant decline in the availability of health care services,” said Springgate, “particularly for certain vulnerable populations—uninsured, mentally ill, and [those with] chronic illnesses that require a lot of intensive management, like cancer, renal failure and the like. The resources are not available to provide many of those services. Even basic stuff like management of diabetes is very difficult for people who are uninsured.”

The trick was to identify the gaps that community groups wanted to address and to build their capacity to respond using evidence-based processes. The team created an academic/community partnership called REACH Louisiana (Rapid Evaluation and Action for Community Health in Louisiana) to help achieve this goal of community empowerment. The project partners include the local

universities of Tulane and Xavier, as well as UCLA and Rand, and grassroots community groups, such as:

- Holy Cross Neighborhood Association in the Lower Ninth Ward.
- Israelite Baptist Church in Central City.
- St. Anna Episcopal Medical Mission in the Treme neighborhood, a mobile health unit that goes out to areas devastated by the storm.
- Common Ground Health Clinic in Algiers, a clinic serving the uninsured that came together through volunteer efforts after the storm.

Support From RWJF

Based on the gaps identified in the 2006 neighborhood assessment, members of REACH-LA had decided that they wanted to focus on addressing the rising burden of mental illness, PTSD (Post Traumatic Stress Disorder), and depression in the wake of Katrina. In July 2007, the Katrina Relief Fund made one of its last grants—a large one at more than \$1.2 million—to support this effort.

The project plans to pilot community-based resilience and mental health interventions in at least two sites in New Orleans, evaluate the results and, it is hoped, roll out more centers across the city. Springgate will direct the project and continue for a third year—until June 2008—as an RWJF Clinical Scholar.

“We want to deliver on our goal of building the capacity of community members and organizations to do something positive for themselves,” said Springgate, “and then hopefully demonstrate the value of that and generalize it. We have made it pretty far, but I want people to be able to look back on it and say, ‘That’s why they did this.’” Springgate wrote an article about his experience that was published in *Health Affairs*.

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What the storm surge left behind

Coastal Family Health Center, Biloxi, Miss.: Health Care Workforce Shortage Stymies Rebuilding Post-Katrina

Joe Dawsey, M.D., is a no-nonsense kind of guy, so when Hurricane Katrina swept ashore, he expected there to be damage to the Coastal Family Health Center he heads up. And he was steeling himself for the hard task of recovery.

But in some ways, fixing the physical damage has been the least of the challenges.



The first stage of clean-up outside the Coastal Family Health Center, Biloxi, Miss.

The Center serves a predominantly uninsured population in several clinic sites along the Gulf Coast of Mississippi. Katrina swept away the Center's administrative office in Biloxi and a clinic in Bay St. Louis, as well as two mobile clinics. A board member and her husband, who did not evacuate, died in the storm.

The day after the storm, Dawsey went to the Biloxi office and found three of his employees wandering around in the rubble, dazed. "We didn't know what to do," Dawsey said. "Then I started trying to develop a plan."

Starting Up Again

By Friday, Dawsey, a nurse practitioner and and the two other staff members had opened up a clinic in an old hospital building in Leakesville. There was no power or gasoline, so Dawsey

brokered a deal with the local sheriff's department to provide gasoline so the clinic staff could get to work.

Dawsey admits that he may have been unrealistic in expecting many of his 180 former employees to return to work. Using a grant of \$64,640 from the National Association of Community Health Centers, he met the payroll for two weeks and then held the jobs open for three months.

"After three to six months, everybody who was going to come back had come back," he said. A third of the employees never showed; half of the staff who did not return were nurses—a critical blow to clinic services.

Dawsey would eventually learn that nearly half of the Center employees had lost their homes; 75 percent had lost their cars. "They didn't have a place to live," Dawsey said. "Some had houses in low-income areas, and they just couldn't come back. The professionals, like nurses, just left. They didn't have to worry about finding a job."

Getting Creative

The loss of clinical staff meant Dawsey had to get creative. Several organizations were offering to help, so Dawsey got [Project Hope](#), a global health care philanthropy (which also publishes *Health Affairs*), to supply volunteer nurses and [Hands On USA](#), located in Biloxi, to find them places to stay. Coastal took care of transportation. Project Hope also gave \$1.2 million to Coastal Family Health Center for [dental care](#).

Some 16 nurses came to the Gulf Coast to work with Coastal. While the help was crucial and appreciated, the situation was far from ideal. Staffing continued to be a major problem.

“Some [volunteers] were just excellent,” Dawsey said, “and some, frankly, should not have been here. They were not qualified.”

But Dawsey’s network of far-flung friends, nevertheless, would help the Center navigate through a very difficult time. Staff with Project Hope and Hands On put Dawsey in touch with financial people and lawyers, even a retired CEO, who provided much-needed expertise and counsel during the slow rebuilding process.

Nurturing that network is one of the strategies that Dawsey thinks he got right. “We have a conference call every week,” Dawsey said. “We have all these different people. We talk and if we have a problem, we get some action and reaction. We all know each other, and have a common goal, a mutual interest in providing health care down here. That’s the best thing.

“We feel that now we could respond to a disaster if they [the state] wanted us to. I believe that we could respond as well as anyone.”

Adding Mental Health Services

The next big challenge—almost two years after the storm—is finding a way to provide desperately needed mental health services. “Mental health has gone to pot,” Dawsey said. “Early on, the psychiatrist and psychologist told us, ‘You’re really going to see it about 18 months. It will start to hit.’ It was just as factual as anything I’ve ever heard.”

Not surprisingly, the barriers are the same as before.

“I know how to address it,” said Dawsey. “[But] even if someone came up today and said, ‘Here is the money,’ I don’t know where I would find the staff.”



Postscript

In 2006 Joe Dawsey was one of six health care leaders in the Gulf States region honored by the RWJF’s Community Health Leaders Program for exemplary service in the aftermath of the storm. See [press release...](#)

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Joe Dawsey and Martha Milner, board president, at the ribbon-cutting ceremony for the new Coastal Family Health Center

“The Other Shoe Has Dropped”: Addressing Post-Katrina Mental Health Problems in Jefferson Parish

A year and a half after Katrina, there are signs that Louisiana’s Jefferson Parish is on the mend.

The 600-square-mile expanse that encompasses most of the suburbs of New Orleans has almost gotten back to its pre-Katrina population level of 450,000. Former residents are beginning to come back and are rebuilding their homes. New people are coming for jobs, which are plentiful, and staying.



Scars left by Katrina—both inside and outside—have not healed.

Little by little, schools are reopening, playgrounds reappearing. Drive through the streets and you’ll see boarded-up schools, now reopened, new playgrounds, damaged libraries fixed up.

Jennifer Kopke, executive director of the Jefferson Parish Human Services Authority, is heartened by the progress. But she worries about what the catastrophe and its aftermath did—and is still doing—to people’s psyches.

Kopke and her staff at the Authority are the main providers of mental health, mental retardation and substance-abuse services for the Parish. In the months after Katrina, they saw numerous people—many of whom had never received mental health services before—whose level of acuity was “off the charts.” Some 28 percent of the people seen were from outside the Parish, people who had been displaced by the storm.

Depression and Substance Abuse

“We had anticipated PTSD,” Kopke said, “but it is depression we’re seeing and substance-use issues. We never used to see heroin use, but that’s become an issue.” Other addictions also are on the rise. The Authority recently opened a gambling treatment facility.

Kopke also fears that the constant post-Katrina stress may be affecting people’s physical health. The obituaries in the New Orleans *Times-Picayune* newspaper used to run half a page. In the months after Katrina, the notices began to fill three and four pages.

Since the storm, five staff at the authority have died, the last by suicide. “That’s not necessarily directly related to the storm, but certainly indirectly,” Kopke believes. “People who had bypass surgery and for five years were fine, and then post-storm, they have a heart attack and die.”

“The Authority has been around for 18 years and we have never had a staff person die on the job,” says Kopke. “I just look at us as a microcosm of what’s going on.”

“People now somewhat have their lives kind of back in order and the overwhelming realization of what’s happened, the loss, has hit home.”

—Jennifer Kopke,
Executive Director,
Jefferson Parish Human
Services Authority

Kevin Stephens, director of the New Orleans Health Department, and colleagues later would confirm what Kopke and others have noticed: using the monthly totals of death notices in the *Times Picayune*, they documented a 47 percent increase from the baseline mortality before Katrina. Read more about the story in [Disaster Medicine And Public Health Preparedness](#) 1(1):15–20, 2007.

Like other state-funded social service agencies in the Gulf States region, the authority faced damaged offices, reduced staff, and uncertain funding in the aftermath of Katrina. In the weeks after Katrina, the state of Louisiana, anticipating a huge loss of tax revenue because of the thousands of citizens who had fled the state, instituted a hiring freeze and cut funds for mental health services. “We lost \$700,000 of our funding for 2005,” Kopke said.

More than a quarter of the authority’s 220-person staff did not return to their jobs after the storm. The staff that remained doubled or tripled up in offices that had escaped serious damage and some resorted to conducting business from their cars. And all the while, many were dealing with their own flooded homes and disrupted lives.

Angela Hernry-Wilklow, director of the Child and Family Services Division, had four feet of water in her home. “I was able to save a few things off the top floors,” she says matter-of-factly.

“There was a lot of depression and exhaustion,” Kopke says. “People are trying to be resilient, to stay pumped up, to get through this. And then people start to get tired of rebuilding.”

As in other post-disaster situations, Kopke thinks that now, more than a year out from the hurricane the “other shoe is dropping.”

“People were so busy just figuring out how to survive day to day that first year,” she says. “A trip to the grocery store was a monumental task. Nothing was open past 5 o’clock. Traffic was horrible... People now somewhat have their lives kind of back in order and the overwhelming realization of what’s happened, the loss, has hit home.”

The impact of the storm may be showing up in a rise in crime, too, especially among young people. “With youth, we are seeing about the same amount of criminal activity, but the percentages have shifted,” says Hernry-Wilklow. “There’s a huge increase in violent crime. There was such a sense of lawlessness.... A considerable number of youth have been either victims or perpetrators.”

Fighting Back

In August 2006, the authority used a \$9.25 million grant through the federal Social Services Block Grant program to launch a school-based mental health program for children in Jefferson Parish. The project is using evidence-based research to reach children impacted by Katrina and its aftermath.

“We targeted middle and high schools initially because they have the fewest school social workers per student,” says Hernry-Wilklow, who administers the program. “We have a high school with 2000 kids and a half-time social worker. We tried to put a full time person into the largest schools. That started with high schools and then the middle schools with whatever money we were going to have. Then we added staff to elementary schools.”

More than 30 staff members are working with the Integrated Psychotherapy Consortium, a group of professionals out of Columbia University who worked with children suffering trauma after the September 11, 2001 attacks.

“We chose them,” says Henry-Wilkow, “because there was so much focus on PTSD after the hurricane, we felt there would be plenty of training available without that. They said that after 9-11, that they had predicted a lot of PTSD, but found that they didn’t have the level of PTSD that they expected.

“With kids in Jefferson we were finding more disruptive behavior and depression,” Henry-Wilkow continues, “not necessarily kids experiencing a lot of PTSD.”

Henner anticipated some initial struggles getting the program off the ground. It’s not easy trying to meld school social workers with new people coming in to work with their kids. “We were really cognizant of that systems issue,” says Henner, “I anticipated a lot of turf issues, and there were some. But it’s gone even better than I expected.”

The school project has been a bright spot in what has been a period of time largely devoid of reasons to celebrate. The progress makes a difference. It communicates hope, says Kopke.

“People are pretty tired of the analogy, but we really have an opportunity here to make lemonade of the lemons we have been dealt,” Kopke says. “We could figure out how to implement best practices, to develop those things through research [on what] works. I really think we could make this a much better place to live and be a model.”

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Post-hurricane hope shines through in a sign by a child.

Bridge House Recovers from Katrina “One Day at a Time.”

Richard “Buzzy” Gaiennie has a healthy respect for hurricanes. Back in 1959, when he was “young and stupid” he and a colleague rode out Hurricane Betsy in a boathouse. All through the night they ran around in the storm tying up boats, while dodging flying debris “that was going through trees like a knife.”

“It wasn’t until the sun came out the next morning,” Gaiennie recalls, “that I saw that everything around us had blown away. There was this small section of boathouses—we were in one—that didn’t. After that, even the sound of wind terrifies me.”

So there was no question about evacuating as Hurricane Katrina approached. Only this time, Gaiennie had not only himself to worry about but also the 100 residents of Bridge House, the substance-abuse treatment center in New Orleans that he directs. “Our plan for a disaster is to get everybody out of the house,” he said. “We did that to the best of our ability, but some people had no place to go. We allowed about 15 people to stay behind.”

Gaiennie and his wife drove to Jackson, Miss., and then on to Chicago to stay with relatives. Watching news accounts of the flooding and looting in New Orleans, Gaiennie realized that even at a distance, he had to take some action to secure the future of Bridge House.

Bridge House substance abuse treatment center in New Orleans survives Katrina on high ground.



Finding His Staff

He began to text message his program staff—“cell phones didn’t work”—and found them scattered all over the country, from New York to Minnesota. “I didn’t bring a checkbook, but I was able to get our banking account numbers and get a checkbook printed and sent to me,” he said. “I started writing checks and paying all the critical people. That enabled us to keep the staff together. They were very happy to get the money.”

When the National Guard began letting people back in to New Orleans, Gaiennie drove through empty streets—“like a science fiction movie”—to Bridge House. The center’s historic buildings, on high ground near the river, had escaped flooding. But its main fundraising programs—a secondhand store and a used car dealership that brought in some 83 percent of its annual budget of \$4 million—had suffered serious looting.

Gaiennie tracked down two staff members in Metairie, across the river. “We had no clients,” Gaiennie says, “and the only staff was the three of us.” Falling back on the familiar “one day at a time” philosophy of Alcoholics Anonymous, the three asked themselves, “What is the most obvious thing we need to do [today]?”



“My whole vision of connecting and supporting one another is much, much greater. It’s something that happens to your psyche... I’m a different person.”

—Buzzy Gaiennie,
Director, Bridge House

Up and Running

The first order of business was to clear out two walk-in coolers and a large walk-in freezer that were packed with rotting food. “That is the nastiest job I have ever done,” Gaiennie admits. Funding from RWJF, funneled through the State Associations of Addiction Services, paid for new freezers as well as other supplies.

Slowly, clients and staff began to come back. Ike Ferrara, the thrift store manager, had lost his own house, so brought a mattress in and slept by the store entrance with a baseball bat close at hand in case of looters. By late September 2005, Bridge House reopened as a treatment program. Gaiennie and his assistant began leading groups with clients, which generated some income. Meanwhile, Gaiennie and his fund development director, Wayne Olivio, were out raising money to keep the electricity on and the facility supplied with food.

Other treatment facilities caught in the Catch-22 of “no clients, no staff, no program, no income” did not survive. Grace House, a program for women run by Gaiennie’s daughter Michelle Gaiennie, lost its entire staff and used RWJF funding through the State Associations of Addiction Services to hire licensed counselors and to mount an effort to find their clients and return them to treatment. The effort failed and the board decided to shut Grace House down; it later merged with Bridge House.

Unexpected Opportunity

The calamity of Katrina has afforded Bridge House an unexpected opportunity to reassess how it does business and make improvements. Now all Bridge House counselors have master’s level training and a client load of no more than 18 people. “It costs a lot more money,” says Gaiennie, “but they’re much more reliable, know what they are doing, have more expertise, and lot more pride in their work.

“When we had 130 clients, you get into a way of operating and things you are doing that you know aren’t right, but you can’t change them because of the inertia”, says Gaiennie. “We are all as a staff convinced that we will do more good by lifting the quality of what we are doing.”

Bridge House staff are working closely with experts from the University of Wisconsin in an RWJF-funded program called [Paths to Recovery: Changing the Process of Care for Substance-Abuse Programs™](#). Staff of treatment facilities across the country are looking at ways to make it easier for people to get into treatment—and then to stay in treatment for the appropriate amount of time. “The program started three years ago,” says Gaiennie, “and a lot of us have chosen to continue to participate. We meet twice a year to compare notes.”

Bridge House has plans to increase to 100 men’s beds, and with Grace House, to open a facility for women with children—an expensive undertaking that will require of staff a higher level of expertise and licensing.

“We are continuing to study the way we work and ask ourselves, ‘how can we do it better?’” says Gaiennie.

Continuing Impact

Though the future looks brighter, Gaiennie says he can still see the impact of Katrina in the clients who come to Bridge House. There are new faces—day laborers who came to New Orleans hoping to find work and instead fell prey to substance abuse. Former clients are reappearing and getting back into treatment after running out of their FEMA money. And Gaiennie has noticed a troubling up-tick in aggressive behavior that he had not seen before.

“We were accustomed to alcoholics and drug addicts doing weird things,” Gaiennie says, “but they seemed to be doing more super weird things. Stealing unnecessarily. Getting into arguments. Short of temper. Acting out.”

He points up St. Charles Ave. “See those traffic lights? People keep knocking out the red lights, running into them with cars. Why? I have lived here for 30 years and never seen anything like it. Every time you turn around someone is running into another red light. That’s got to have something to do with Katrina.”

Gaiennie, with 32 years of sobriety under his belt, notices changes in himself, too. “I have always believed in living one day at a time,” he says. “I have had a chance to really do that. Each day you just put one foot in front of the other and have faith that something good is going to come out of it.

“I’m not a person who cries a lot, but I hear things and see things and I feel the emotional turmoil...and my connection with other people. My whole vision of connecting and supporting one another is much, much greater. It’s something that happens to your psyche that’s hard to describe. I’m a different person.”

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REJOICE, Inc.: Out of Tragedy, A Network of Caring

Debra Edwards has the bright-eyed look of a woman who believes that good things can come out of bad situations, if you trust the Lord and keep putting one foot in front of the other.



This sign in Gulfport, Miss., exemplifies the spirit of Rejoice, Inc.

Edwards and her husband Richmond, a pastor who claims to be “retired,” formed a church called the New Birth Cathedral of Glory Ministries in the New Orleans suburb of Kenner in 2003. Worshipping in a Travelodge hotel, the congregation embarked on a 40-day process of discovering their purpose patterned after Pastor Rick Warren’s popular book, *The Purpose Driven Life*.

An array of community projects flowed from that period of self-reflection and in 2004, Edwards launched REJOICE, Inc., a 501(c)3 nonprofit, as the outreach and service arm of the church. By 2005 New Birth Cathedral was mentoring other churches—including Lexington Community Church in Lexington, Ky.—that were embarking on the same reflective journey to discover their purpose.

Then Katrina hit.

The Travelodge was flooded and the Cathedral of Glory congregation scattered. But the Edwards’ own home was intact, at least the front part of the house. “We immediately began using that as a resource center,” Edwards recalls. “Groups from all over the country were sending us stuff and we were providing food to people who needed it.”

Help From a Sister Church

Meanwhile, in Lexington, members of the community church were already making plans to come down to Louisiana to help their sister church. They drove the first vanload of supplies down in early October 2005.

“The area of Kenner flooded significantly and a lot of those folks lost most of their homes, their clothing, everything,” Edwards recalls. “We just tried to be there for emotional and spiritual support. We prayed with folks, we allow them to come in and take showers and baths, because some of them were living in cars.”

With the supplies from the Lexington church and other organizations, REJOICE was able to serve over 1100 people—“960 families and 120 single adults came through the center,” Edwards says.

And church folks from Lexington kept coming down south—seven times over the course of a year—and not just from the community church but also from Lexington’s Presbyterian and the Episcopal churches. The volunteers did what was asked of them—gutting houses, dishing out meals, delivering supplies.

For Edwards it was a beautiful demonstration of the power to be found in of networks of caring, faithful people.

“Reciprocal relationships are being developed... We are able to all sit at the table and pool resources and help one another as best we can.”

—Debra Edwards,
Director of Rejoice, Inc.

Following Threads of Connection

The experience emboldened Edwards to follow any threads of connection that presented themselves. She joined the Jefferson County Disaster Recovery Partnership, a collaboration of faith-based nonprofits and other groups.

A FEMA representative at one of the collaboration’s meetings told her that Foundation for the Mid South was awarding subgrants (out of a large RWJF grant) to faith-based groups doing relief work in the aftermath of Katrina. REJOICE got a grant of \$5,000 and from there learned of other funding sources. See [Appendix 7](#) for a list of subgrants from this grant.

“We did another proposal and got \$7,000,” Edwards recalls. “Then another proposal for a bridge grant of \$10,000. With our connections with other resources, we were able to work miracles. It was mind-boggling.”

In another providential twist, an alumni group from Spelman College in Atlanta, which Edwards and her daughter had attended, hosted a fundraising concert to help REJOICE, Inc. A pastor from Red Bank, N.J. was in the audience and heard Edwards speak. “He didn’t know how to get in touch with me, but remembered that I had mentioned Foundation for the Mid South. He got in touch the following Monday.”

From that contact, a consortium of churches in Red Bank provided 585 brand new outfits for kids from infants to preteens. “All we have left is a half a box of Boys, size 14,” Edwards says.

Edwards says small organizations such as REJOICE meet together regularly with United Nonprofits of Greater New Orleans to share ideas and resources. “If you have something I need, you will share,” she says. “Those kind of reciprocal relationships are being developed... We are able to all sit at the table and pool resources and help one another as best we can.”

For Edwards, the web of connections is simply the way she believes God works. “My faith just keeps me going and refreshed, knowing that it’s divine guidance,” she says. “I get up in the morning and say, ‘Lord, what is there for me to do today? I want to walk in your will. I want to do that which you have me today to do.’ That’s how I function.”

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A Street, and a Ministry, Named Desire, Back From the Brink

For students at Desire Street Academy, an approaching hurricane in the Gulf means one thing: play time. At least that's what it meant prior to Katrina.

On August 29, 2005 about 40 of the 190 African-American boys who attend the Academy, a college preparatory school in the impoverished Upper Ninth Ward of New Orleans, traveled north to a camp in Jackson, Miss., called Twenty Lakes. "It was the fourth time we had evacuated there," Oscar Brown, dean of students, recalls. "The kids' parents let them go, because they know they'll be in good hands."

But this time was different. After Katrina roared through and the levees broke, the entire Desire neighborhood, including the Academy building, was under eight feet of water. Students who had not evacuated to the camp were scattered around the country, sometimes with their families, sometimes not.

"We have 40 kids with us at the camp and their parents are far away," Brown recalls. "That was hard. We were loving them, praying with them. We had no other choice but to be strong."

Reuniting Families

As soon as they could, Brown and other staff at Desire Street got on their cell phones, working down through their contact lists to find parents and reunite them with their kids. Within a few days, Desire Street had set up a small temporary office in Atlanta. Staff drove around to shelters in Texas, Oklahoma, Arkansas and Tennessee, posting signs with the new headquarters' phone number.

The Rev. James Willis, pastor of Carver Desire Baptist Church, just blocks from the Desire Street Academy building, saw one of those signs at a reunion center in Dallas where he was trying to locate church members who had evacuated. "I couldn't believe it," Willis recalls. "I wrote the number down and called them up. I was amazed that so soon after the flood, they had reached out. They were driving to shelters to pick kids up."

Staff tracked down Walter Fair, a tenth grader at Desire Academy, in Memphis where he had evacuated with his parents and siblings to an aunt's home. At one point, he says, there were 42 members of his extended family, mostly kids, staying in her four-bedroom home. Not knowing how long they would stay there, Fair enrolled in high school in Tennessee and was playing football on the varsity team.

Jonah and Joshua Lavelle, 18-year-old twins who have participated in Desire Street Ministries' activities since they were young boys, evacuated to South Carolina with one of their teachers. Their mother Darlene Lavelle, a New Orleans city bus driver, gave them permission to go. "I said 'sure,' because they were always at one of their teacher's house," she said. "This instills in them religion and the things they need." Things that Darlene, a former drug addict and single mother, says she couldn't give them.

"This ministry instilled in them what it was going to be like when they became young men," she says. "They want to go to college. The reason they want to go to college is Desire Street Ministries. There is no other way, no other instrument that instilled that in them."



New Orleans bus driver Darlene Lavelle, the mother of two Desire Street Academy boys

Darlene rode out the storm at the downtown New Orleans bus garage, little knowing that she would be out of phone contact with her boys for a long time. “I knew they were okay, but I couldn’t talk to them for three weeks,” Darlene recalls. Meanwhile, the twins moved from their teacher’s family home to be with a cousin to Virginia.

In October, Desire Street staff called all the former students they had numbers for with a tempting offer. The Academy’s executive director, Danny Wuerffel, a Heisman trophy winner and former quarterback for the University of Florida Gators and the New Orleans Saints football teams, had talked his alma mater into allowing the academy to relocate temporarily to a university-owned camp in Niceville, Fla. Tuition would be free, if displaced students wanted to attend.

Walter Fair and Jonah Lavelle were among 80 Desire Street students who decided to go to Florida. Joshua decided to stay in Virginia. “It was a hard transition being away from family,” Fair recalls, “but once you got familiar with the area it was ‘us.’ It was so different, but we had each other.”

Getting Back to New Orleans

But the goal always was to get back home. The Academy edged closer in February 2006 when it bought a former Catholic church and school in Baton Rouge, an hour’s drive from New Orleans. Some 120 students enrolled that fall, including Fair and the twins. Joshua, who by that time was an all-star on the high school football team in Virginia, told his mother, “Oh no, I’m not staying here. They close to you now. I’m ready to come home.”

Most of the students stay in dorm rooms on the school grounds, and a few commute in from New Orleans. Fair lives on campus and on weekends visits his mother and stepfather in the white FEMA trailer which sits on the concrete slab where their house once stood in the Lower Ninth Ward of New Orleans. He’s a member of the Original CTC Steppers, one of the city’s famous Social and Pleasure Clubs, and in mid-January 2007 marched from the Ninth to the Seventh Ward in a vigil against violence.

Fair wants to come back to New Orleans and he hopes others will, too. “I want to be a part of rebuilding the culture of New Orleans,” he says. “I want to build a better New Orleans.”

Meanwhile, the Rev. Willis is heading up a new community organization started by Desire Street Ministries to rebuild the Desire neighborhood. The group is called CURE, Churches United for Revitalization and Evangelism, and Darlene Lavelle

has been asked to sit on the board.

It’s the end of January 2007, and the neighborhood is dimly quiet and there’s little rebuilding going on. But Willis has planted grass, flowers and a tree around the “Welcome to Desire” sign, which sits kitty-corner from the old Desire Academy building.

“In the spring, which for us is only a few weeks off,” he says, “it’s going to look really nice right there.”

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The Desire neighborhood of New Orleans gets a new sign surrounded by flowers—courtesy of Rev. Willis.

Providence Builds Homes and Hope

Jim Kelly sees the fingerprints of a higher power in places and situations others do not.

In his capacity as chief executive of Catholic Charities, Kelly had gone to the New Orleans airport after Katrina to assess the condition of some 5,000 evacuees stranded there. Near the baggage claim area he pulled back a plastic tarp and in a dimly lit alcove found about 30 frail elderly patients on stretchers.

“It was a hospice,” Kelly recalled. “It was clear that most would not leave that airport alive.” Kelly knelt down next to a woman. She told him her name was Edna. He prayed with her and patted her head, and as he got up to move on, she seemed to get agitated. Kelly tried to calm her by tucking the covers around her body. But she fought to free her arms from the tangle of blankets. Then she reached up and made the sign of a cross on Kelly’s forehead.

In the weeks and months that followed, Kelly said he felt that blessing on his head as he moved through his devastated community and as his agency doled out millions of pounds of food and water and counseled thousands of people cast adrift by the storms.

But all the relief measures weren’t nearly enough to restore the city he loved—not by a long shot.

At one of the early “trailer” meetings in Baton Rouge where relief agencies and community groups were meeting with state officials in FEMA trailer parks, Kelly said it struck him. “There was no plan for housing. We needed to do something to try to bring people home.”

Catholic Charities had been involved in community development projects before, but nothing of the scale or difficulty of restoring neighborhoods flooded or damaged by Katrina and its aftermath. Kelly began meeting with other Catholic groups and community-based groups. They formed a collaborative and set an audacious goal of bringing 20,000 people home.

But they needed help to pull it off.

Help Arrives

In December 2005, Kelly crept through bumper-to-bumper traffic to Baton Rouge, where a group of housing advocates were hoping to get an audience with the head of the state housing finance agency. Arriving late, Kelly discovered that the state official had been called into another meeting. He grabbed lunch, sat down at the table, and, as was his custom, bowed his head to pray over the meal.

The woman sitting next to him said, “You just prayed.”

Kelly replied, “Yes, I did.”

Over the next half hour, Kelly says, he had a wonderful conversation with Doris Koo, who was in charge of the Gulf Coast Initiative of the Enterprise Foundation. The Columbia, Md.-based developer of affordable housing had sent her to the Gulf region in the dark days after Katrina and Rita to look for ways to assist local groups in the massive rebuilding effort.

“What a coincidence it is that we would be sitting next to each other,” Koo told Kelly.

“There was no plan for housing. We needed to do something to try to bring people home.”

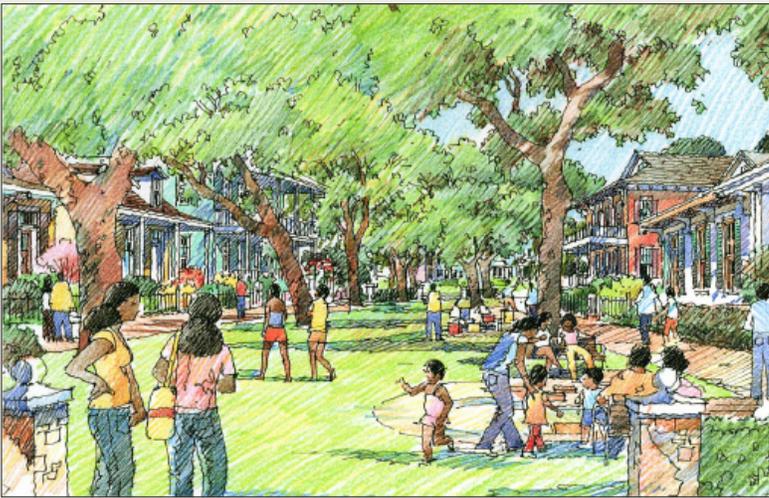
—Jim Kelly, CEO,
Catholic Charities

“Oh no, Doris,” Kelly replied. “I don’t believe in coincidences. I believe in providence.”

Two weeks later, Koo returned to New Orleans, and Kelly showed her other restoration projects that Catholic Charities had completed. The two agreed that their organizations would collaborate in an effort to renovate damaged properties and revitalize New Orleans neighborhoods.

Working Together

By April 2006, Kelly and Catholic Charities had spun off a community development corporation to head up the rebuilding effort. Several different Catholic groups were involved and they were stuck on a name. “I said, ‘What about All Saints?’ But they said, ‘No that sounds like a funeral home or a cemetery,’” Kelly recalls. “Then I got an e-mail from Doris. ‘It’s Providence,’ she said. ‘That’s the name.’”



Providence’s proposed new Treme neighborhood in New Orleans

Providence Community Housing committed itself to restore, rebuild or redevelop some 7,000 homes for 18,000 victims of Katrina over the next five years. Enterprise was its primary partner in the effort.

In August 2006, the U.S. Department of Housing and Urban Development and the Housing Authority of New Orleans selected Providence and Enterprise to redevelop up to 1,500 affordable homes on and around the site of the Lafitte public housing development, a 27.5-acre parcel in the historic Treme/Lafitte neighborhood of New Orleans. Parts of the development were damaged by flooding after Katrina. See the [news release](#).

How to rebuild neighborhoods in New Orleans has spurred vigorous debate—and most recently, a class action lawsuit that alleges racism and an

intention to prohibit the return of low-income African-American families for the inaction and delay in repairing and reopening public housing units.

Yet, proponents of redevelopment say that some public housing projects had long since been left to deteriorate into dangerous places with few services, little nearby businesses and poor schools. While residents acknowledge the problems, many also remember close-knit communities where people looked out for each other.

Reporters Laura Maggi and Gwen Filosa, analyzing the housing situation a year after Katrina for New Orleans’ *Times-Picayune* newspaper, wrote: “The quandary facing New Orleans comes down to some tough questions: Does the city build it right or build it fast? At the same time, while it might be a noble goal to reinvent public housing in New Orleans over the long term, what does that do for displaced poor residents who want to go home now?”

Plans for Public Housing

In their plans for the Lafitte neighborhood, Providence and Enterprise have tried to respond to these concerns by committing to one-for-one replacement of public housing at Lafitte and to a right of return for former Lafitte residents. In the weeks and months after the storm, Enterprise and Providence spearheaded an outreach effort to find the 865 Lafitte resident families, who were scattered across 36 states.

“In many cases, we were the first people residents had heard from since being evacuated,” said Michelle Whetten, who assumed oversight of Enterprise’s Gulf Coast Initiative after Doris Koo became Enterprise’s president and CEO in January 2007.

Their surveys found some residents who did not plan to return. But the vast majority wanted to come home as soon as possible and be part of the effort to improve their community. They wanted a neighborhood with access to health care, day care and other services—and businesses for and owned by residents. Providence and Enterprise have responded by building alliances with partners such as the Urban League, Daughters of Charity and Total Community action to provide comprehensive case-management services.

Plans call for renovating and opening some of the Lafitte apartments for those residents who want to return immediately, while building new homes on and off the Lafitte site for the remaining residents. Enterprise and Providence hope to leverage every federal dollar with some \$8.37 in private and state funds for the rebuilding.

As was true in the initial relief efforts after the hurricanes, faith-based groups are the ones making the most headway in responding to these concerns. “Twenty months after Katrina, there is very little rebuilding going on. Let’s be frank,” Kelly said in an interview in May 2007. “I believe now more than ever that it is going to be the nonprofits and the faith-based groups again leading the rebuilding effort this time because we are about mission, not about money or margins.”

RWJF is supporting Enterprise with a \$1 million seed grant to provide technical assistance to groups like Providence. Program Officer Marco Navarro pushed hard for RWJF to support housing redevelopment after Katrina in hopes that the longer-term impact would be healthier communities—a priority of RWJF.

“The rebuilding would eventually take place,” Navarro said, “and I thought perhaps we could see if the rebuilding could take place in a more reasonable way. If a subdivision is developed, why not have sidewalks, why not have neighborhoods that would promote physical activity and be healthier than what was there before?”

“Now, that is kind of a lofty idea,” he said, “but the idea was to seed that mindset, to seed that notion that if you rebuild something, you should think about it holistically.”

It’s a leap of faith. A concept Jim Kelly and Enterprise understand.

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Enterprise and Providence hope to leverage every federal dollar with \$8.37 in private and state funds for the rebuilding.

Dancing Through the Tears: New Orleans Eight Months After Katrina

It is May 2006. The RWJF site visit bus tour takes us through block after dismal block of devastation. Houses not carried away by the storm surge lean crumpled and abandoned, branded with the Os and Xs that National Guard units used to catalog their search of the premises and the number of bodies found inside.

In neighborhood after neighborhood, hospitals, churches, schools, nursing homes, restaurants and stores are boarded up—wearing only the dark smudge line of the water that buried 140 square miles of New Orleans.

In many parts of the city, it looks as though the storm has just passed. And, most eerie of all, for mile after mile, in the most devastated areas, there are hardly any people.

The floodwaters that forced some 300,000 people from their homes showed no respect to class or station in life. But, as we wind through the city, it is clear that the rebuilding, excruciatingly slow by all accounts, is proceeding unevenly.

Among the hardest hit was St. Bernard Parish—along the Mississippi River just adjacent to New Orleans proper. A 25-foot storm surge lifted large two-story homes off their foundations. Many of these crumpled shells remained otherwise untouched.

Only about a tenth of the parish's 70,000 residents—largely white and upper middle-class—live here full time. Another 20,000 spend their nights elsewhere and commute in to clean up and salvage what they can. Most residents had private insurance and many have the means to rebuild, but express dismay at the lack of state or federal relief.

“We felt abandoned, no question,” Council Member Joey DiFatta tells us. “We’re looking for a hand up, not a handout right now.”

In the middle-class neighborhood of Gentilly, Jennifer Ruley, an urban planning specialist with the city of New Orleans, points to where the waters rose halfway up the side of her modest two-bedroom home. A white FEMA trailer is parked in her front yard, but without electricity, she says, it makes no sense to live there. She bunks with her sister across town.

With insurance money, Ruley has paid off her mortgage. Now with the help of Mexican immigrants, who have streamed into New Orleans in search of work, she is ripping out the rotting drywall by hand and plans eventually to rebuild. She and her neighbors “got tired of waiting” and are concocting their own rebuilding plans and keeping in touch with each other via the Internet. But she worries about other parts of the city where there are few residents left to lobby the city for help.

“You look for signs in your gut that it’s time to come back,” Ruley says. “I don’t see those signs. If there was more of a sense of city infrastructure—trash pickup, electricity, water—maybe that would get people motivated.”

The Lower Ninth Ward (largest of the 17 wards of the city), known both for its art and culture, and its poverty, is one of those neighborhoods to worry about. Our tour found the streets deadly quiet and signs of restoration few.

Community activist and Lower Ninth resident Pam Dashiell is committed to resurrecting her neighborhood. But most of its former residents—retirees, elderly,



Rebuilding: Jennifer Ruley at her house in the Gentilly neighborhood in New Orleans

government workers, musicians—are scattered far from home, in Houston or Nashville, she tells us, and it’s difficult to track them down and then to convince them to come home. Most have no insurance, little money, and besides, in early May, the water in the Lower Ninth is still undrinkable.

When asked what one thing would help catalyze the rebuilding process, Dashiell replies, “Housing. There needs to be somewhere for people to stay, even temporarily, as they rebuild their lives.”

The rebuilding effort lays bare an unpleasant truth. “If you had nothing before the storm, you will have nothing after the storm,” says Randy Ewing, former president of the Louisiana State Senate and recent director of the LA Family Recovery Corps. “People in the cracks, in the shadows, have surfaced and we need to help them.”

And for middle-class folks, the road is not much easier. “Most of the money for housing does not help the person with a \$40,000-a-year job whose house is gone and whose business is gone and who has to get another job,” he says.

Looking Ahead to New Hurricane Seasons

Along the outskirts of New Orleans, Baton Rouge and other towns, in open fields that had once been parks and ball fields for children, new communities have sprung up of white FEMA trailers surrounded by chain-link fences.



A child searches for something to wear among clothing left in a parking lot.

As we pull up to the gate at the optimistically named Renaissance Village near Baton Rouge, security guards stop us to check our papers because, unfortunately, some trailer camps have become hotbeds of drug trade and gun violence.

At the Bernard Parish trailer park near New Orleans, Red Cross workers are talking to residents in the camps about their evacuation plans. It is just weeks before the official start of hurricane season, and the FEMA trailers cannot withstand winds stronger than 40 miles per hour, so there is an urgency to their task. “Even when there’s a regular thunderstorm, people get frightened,” one of the Red Cross workers explains. “The tension is high.”

Rosalie Kunzli, 82 years old, has lived in the trailer park for two months. Her son managed to retrieve a few old photos from her flooded home in the Lower Ninth, but she lost most everything else. Now the house needs to be gutted, and in order to rebuild it must be raised eight feet off the concrete foundation. She doubts she will ever be able to return. Even so, she’s grateful.

“You know, I didn’t have it as bad as most folks,” she says.

It’s a refrain heard often, evidence of an uncanny resilience. Are people minimizing the depth of their anguish? Are they just numb? Kay Wilkins, head of the New Orleans chapter of the Red Cross, worries about that, too. She is especially concerned about her staff. “The public has a huge expectation of what the Red Cross can do,” Wilkins says. “But our people were victims, too. Most had to evacuate along with everyone else.

“The Thursday after Katrina hit, the head of our disaster services walked away,” she says. “She just couldn’t take it anymore. Sometimes your mind just shuts down. You can’t take it in.”

Wilkins tells of accompanying residents on the first bus tour to see their devastated homes. “If they couldn’t find their own home, they began looking for their neighbors’ homes,” she says. “Then they found out, oh, you can’t get off the bus. It’s too dangerous. And this was supposed to be closure for them?”

“They started singing *Amazing Grace* and by the time we got back they were singing *When the Saints Go Marching In*.”

“As life is harder... the dancing and music helps them keep a balance... They dance their way through their tears.”

—Carol Bebell, Director,
Ashe Cultural Center,
New Orleans

Kids and Katrina

The end of the school year and the beginning of hurricane season are a double threat to the 8,000 schoolchildren evacuated from New Orleans who now attend school in the East Baton Rouge school district, some 80 miles away.

Since the storm, mental health workers from the school-based health center at Istrouma High School, one of the two original school-based health centers funded by RWJF in 1987, have invited the youngsters to express their thoughts and feelings through art and poetry.

An art therapist shows us how one child’s drawings changed from all darkness and frowns on faces to some smiles and rays of light. Now the end of the school year means the dismantling of a structure that has helped the children manage their fears. Many had been staying with relatives and now their parents have to decide, do we stay or move elsewhere?

“Children are very concrete,” the therapist says. “They think Katrina is up there somewhere in the sky and that it will come back. The anxiety is getting worse and worse now.”

The Art of Healing

The week of our tour, the New Orleans Jazz Festival was in full swing. Bourbon Street tantalizes with the bluesy refrains of artists who make up so much of the tapestry of New Orleans. There is power in music to uplift and to heal, but so many musicians have left New Orleans in the wake of Katrina.

Kay Wilkins talks about this power in her own church choir. “For months after Katrina I couldn’t sing a note,” she says. “I would open my mouth and nothing would come out.

“Singing for me is about joy; about raising my voice in celebration. About freedom. I just didn’t feel free. Everything was so sad. I was all closed up inside.

“But just recently I started singing again,” she says.

In the Mid City neighborhood adjacent to the French Quarter, Carol Bebel, director of the Ashe Cultural Center, tells us about her vision for activating the vibrant New Orleans arts community to lead the city’s rebirth. Artists are turning “trash to treasure.” People are collecting their losses and sadness on tapestries that will travel around the state—reminiscent of AIDS quilts. Teens are

telling the Katrina story in poetry slams.

“There’s lots of facts that could get on top of your backs and get you down,” she says. “But we’re saying, take what you feel and put it on the side of what you can do about it.”

She tells us about symbolic funeral processions through devastated parts of town, using the old tradition of the “second line” to mourn the loss of musicians. After the funeral procession and the sad dirge, people fall in behind the relatives, and the singing and brass playing and dancing begins.



A child's drawing depicts the rising waters in New Orleans.

“As life is harder,” Bebelles says, “people get into the second line. The dancing and music helps them keep a balance. It’s a balance as old as people on this earth.

“They dance their way through their tears.”

New Orleans will rebuild. Great opportunities arise in the wake of disaster. There may yet be a great social experiment that creates a new city, better and fairer. But it will be a dance through tears, because many people, most of them poor, who once called New Orleans home, will never live here again.

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Katrina's Kids: Helping the Region's Most Vulnerable Come Back From the Trauma

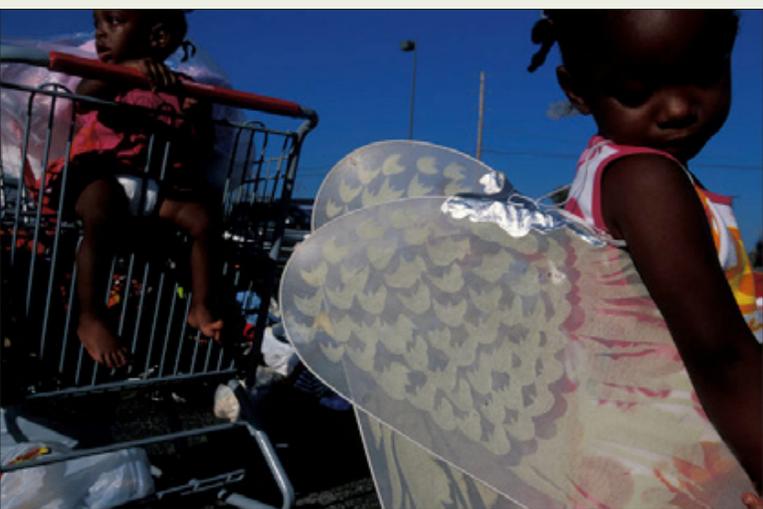
Children are resilient. At least, this is the story adults like to tell themselves when tragedy strikes.

"People think that children will get over it," said Joy Osofsky, professor of pediatrics, psychiatry and public health at Louisiana State University Health Sciences Center in New Orleans, "It will affect them now, but they will get over it, and it won't have a long-term impact."

Unfortunately, the reality is quite different. Children are affected by trauma just like adults—perhaps even more so because of their incomplete brain development, according to childhood trauma experts.

Osofsky and her husband, Howard, chair of the psychiatry department at Louisiana State University Health Sciences Center, worked closely with first responders and their families in the days after Katrina and witnessed firsthand the early signs of traumatic stress symptoms in children. Now, nearly two years after the disaster, the pattern of distress has shifted, but it is no less debilitating.

"What we see more now is increasing discouragement," said Osofsky in June 2007, "a feeling of giving up because things will never change, a fatigue with recovery being slow, and now anxiety with the hurricane season coming."



A child wearing wings—a symbol of resilience and hope

Children and adolescents also suffer from living in an environment of continual disruption. Their parents may be living in different communities. Marriages have broken up. Whole families are crowded into FEMA trailers. "Children are being exposed to things they wouldn't ordinarily be exposed to living in very crowded trailers," said Osofsky, "sexualized behavior, fighting, the ordinary disagreements you could protect children from, but you have an environment with no privacy."

As a five-year-old who was having anger problems at school told Joy, "If I only had my own room back, I would be good."

In New Orleans, nothing is normal. Signs of the destruction wrought by the storm are still evident in wrecked houses and empty neighborhoods. This contributes to the level of stress and anxiety.

"In the last year, we have been seeing the reemergence of problems in children related to prior trauma," said Osofsky, "traumas that occurred before the hurricane and traumas that occurred after. There is a resurfacing of previous trauma and resurfacing of anxiety around what they went through with the hurricane."

Responding to the Children

In response to these pressing needs, the Osofskys have launched a project to provide mental health services to schoolchildren and first responders and their families in New Orleans. In addition to providing direct services, the project aims to train parents and teachers to recognize the "red flags" in children with mental health needs and to train mental health professionals in screening and evidence-based treatment. (See The Model)

In addition to dealing with their own pain, many children intuitively pick up on the distress of their parents.

They are calling the program the New Orleans Metropolitan Area Family Resiliency Project. The name acknowledges a paradox: Although children are mightily affected by traumatic events, positive experiences can lessen the damage and children can develop “strength under adversity,” which is the definition of resiliency.

Already, early in the project, the team is seeing signs of a new enthusiasm, even hope, among the children and adolescents they are working with. Teenagers enrolled in a summer leadership program called Cops for Kids are very committed to rebuilding their city and their lives, Osofsky said.

“They are taking increased responsibility in school settings and in community settings,” said Osofsky. “The older children are reaching out to younger children and to elderly people.”

Osofsky says the program is creating leaders out of teens who never considered themselves leaders. One young woman said she had been forced to make friends and reach out to people because many of the children she had gone to school with were no longer there.

She had also learned tolerance. “She used to talk about the ‘stupid,’” Osofsky said, referring to kids at school who did things she didn’t like. “Then she told me, ‘I don’t mean that those people are stupid. They are just people who make bad decisions.’”

In addition to dealing with their own pain, many children intuitively pick up on the distress of their parents. During the summer of 2006, most teens in the program were living in trailer camps. One teen said her mom would come home from work and sit outside in the car and not come in the trailer. Through the Cops for Kids program, she said she figured out a way to reach out to her mother.

“She went over to the car, knocked on the window, and her mom would roll the window down,” Osofsky recalled. “She would say, ‘Mom, I love you.’ Her mother would turn off the car motor, get out of the car and come into the trailer with her.

“She recognized that it was hard for her [mother] too,” says Osofsky. “So she was learning empathy and tuning in to other people’s feelings and [she was] able to reach out to other people.”

Osofsky believes that children can recover from the aftereffects of the Katrina disaster, but not without skillful and persistent intervention. That’s why it is so important that the clinicians go to the places where troubled kids are. “That’s why we are doing things in the schools so people don’t have to travel somewhere to get services,” says Osofsky. “We will be doing more in school settings and other community settings that are accessible.”

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DePelchin Children’s Center: Reaching Out to the “Hurricane Kids” in Houston

Hurricane Katrina dispersed a million evacuees spread across almost all 50 states.

The largest group of evacuees—about 250,000, most of them from New Orleans—ended up in Houston. Some boarded buses not knowing where they were going, until they reached the Astrodome or another municipal building being used as a shelter. In some cases, the evacuation and displacement were more traumatic than the storm itself.

But what continues to fester in the minds of these evacuated families is the uncertainty about the future. A year after the storms, 60 percent of Houston’s evacuees remained there, according to a study by the Washington-based Applesseed Foundation. Some had resolved not to return to their homes, but most simply did not know if they would ever be able to return and rebuild.

By February 2007, staff at the DePelchin Children’s Center, a mental health and social services agency serving Greater Houston, began to feel a greater sense of futility in the families and children they were seeing. “It’s another stage of the grieving process,” said Judith Gentry, DePelchin’s manager of counseling services, “accepting the fact that maybe they will not be able to go back, maybe not for even a couple or three more years.”

For children, the ongoing disruption in their lives, on top of the trauma they have already experienced, shows up in behavior problems, irritability, anger and now a pall of sadness and depression that’s difficult to dispel.

Help for Traumatized Children and Families

With a grant from RWJF, DePelchin has launched a school-based project to train personnel at various levels to assist traumatized children and families. The project will use the same model of intervention as that being used in New Orleans Metropolitan Area Family Resiliency Project ([NOFRP](#)). The two project teams will participate together in a Learning Collaborative led by the National Child Traumatic Stress Network where they will share their work and fine-tune their interventions.



Kids feel the trauma... and a pall of sadness and depression that’s difficult to dispel.

During the summer, before the start of school, counselors have been going into homes, at the invitation of parents or by referral from the schools, to work with some of these sad children. “They have experienced a great deal,” said Maureen Hannant Cooper, program coordinator for the project, “and sometimes when I look in their eyes I can really feel, oh my goodness, I can get a sense of what they’ve been through. You just see the fragility.”

The key to making an impact, Cooper says, is building trust. There is a stigma attached to having mental health issues and to being a Katrina evacuee. Children are often chided with remarks like, “You deserved for this to happen to you.”

And children and adults' ability to bounce back from the traumas of Katrina has been hampered by their displacement and loss of a network of friends, family and a sense of community, Gentry says.

"This location [Houston] is very different," Gentry said. "I've heard from a lot of clients that the location where they lived in New Orleans, there would be multi-generational families in their neighborhood and all kinds of family friends were there close. If they wanted to get anyplace in town, it was just a matter of getting on the bus.

"Here it is a very large sprawling urban area. We don't have a good public transit system. Most people here depend on cars. We have a few apartment complexes where there are a majority of people who came here from Louisiana. But a number of families are out there in the community. I think they feel isolated."

But Cooper and Gentry also see the potential that is inherent in life's difficulties—the possibility of growing and changing from it. Cooper tells of a young man who she learned recently got a job at an insurance company and his own apartment. A young woman got a job at a Veteran's Hospital and is going to nursing school.

"Out of the displacement has come opportunity," Cooper said. "I am very inspired because I see such tremendous courage in the face of adversity."

"Out of the displacement has come opportunity. I am very inspired because I see such tremendous courage in the face of adversity."

—Maureen Hannant
Cooper,
Program Coordinator,
DePelchin Children's
Center

The Model

The Adolescent and Child Component Therapy for Trauma (ACT) Enhanced Services Program is a 10- to 12-session manualized intervention for traumatized and/or bereaved youth for use in clinical or school settings. The National Center for Child Traumatic Stress and the Terrorism and Disaster Center at the University of Oklahoma Health Sciences Center developed it after the Oklahoma City bombing.

This is a flexible intervention that can be used in individual, group or family modalities and used with children and adolescents with moderate to severe traumatic reactions. The program has been widely implemented in the United States and abroad for youth impacted by accidents, community violence, natural and man-made disasters, war and terrorist events.

The current version was modified for children and adolescents exposed to hurricanes and was used in Project Recovery in Florida after the 2004 hurricane season. This protocol includes components on:

- Developing emotional awareness;
- Psychoeducation;
- Anxiety management, problem solving;
- Cognitive restructuring;
- Individual and family narrative construction;
- Relapse prevention.

Several sessions include parent participation to enhance family coping and support. A standardized assessment battery is incorporated in the intervention to facilitate treatment planning and monitoring the course of recovery.

To help train clinicians in the ACT Enhanced Services Program, a learning-collaborative approach is being taken. This is an adoption and improvement model that is focused on spreading and adapting best practices across multiple settings and creating changes within organizations that promote the delivery of effective clinical practices.

This training platform was developed by the [Institute for Healthcare Improvement \(IHI\)](#). In collaboration with other [National Child Traumatic Stress Network](#) centers funded by this program and local partners, a learning-collaborative approach will allow each of the teams to work collaboratively throughout this program and will bring about change within systems so that effective practices can be sustained longer-term.

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APPENDIX 1:

National Foundation for the Centers for Disease Control and Prevention, Subgrants

National Foundation for the Centers for Disease Control and Prevention

Atlanta, Ga.

\$1,000,000 (09/09/2005 to 09/08/2006) ID# 055669

Emergency service, equipment and supply funding for state and local public health agencies impacted by Hurricane Katrina

The CDC Foundation made Subgrants to:

- Alabama Department of Public Health, Montgomery, Ala.
- Georgia Division of Public Health, Atlanta, Ga.
- Grantmakers in Aging Hurricane Fund for the Elderly, Dayton, Ohio
- Louisiana Department of Health and Hospitals, Baton Rouge, La.
- Louisiana Public Health Institute, New Orleans, La.
- Mississippi State Department of Public Health, Jackson, Miss.
- St. Bernard Parish, Louisiana
- St. Landry Parish, Louisiana
- Texas Department of State Health Services, Austin, Texas

APPENDIX 2:

Organizations Receiving RWJF Grants for Katrina Recovery as of December 2007

Agenda for Children

New Orleans, La.

\$15,000 (10/1/2005 to 10/20/2006) ID# 056002

Hurricane Katrina disaster relief for Covering Kids and Families in Louisiana

American National Red Cross

Washington, D.C.

\$1,000,000 (09/09/2005 to 10/08/2005) ID# 055665

Emergency assistance for the victims of Hurricane Katrina

\$730,000 (12/01/2007 to 11/30/2008) ID# 057295

Developing a coordinated assistance network in response to disasters

Atlanta Regional Commission

Atlanta, Ga.

\$35,000 (09/27/2005 to 09/26/2006) ID# 055797

Support for the aging Atlanta partnership's Katrina disaster relief efforts

Clyde H. Barganier

Montgomery, Ala.

\$25,000 (02/15/2006 to 12/31/2006) ID# 056901

\$14,000 (01/01/2007 to 06/30/2007) ID# 060108

Consultant for the Katrina Response Team—Alabama

Baton Rouge Area Foundation

Baton Rouge, La.

\$500,000 (03/01/2007 to 06/30/2008) ID# 059810

Increasing the capacity to screen and treat post-disaster distress in Louisiana and promoting awareness of the services available

Bayouclinic Inc.

Bayou La Batre, Ala.

\$50,000 (10/18/2005 to 10/17/2006) ID# 055909

Maintaining a community health clinic for victims of Hurricane Katrina

The Carter Center

Atlanta, Ga.

\$50,000 (09/01/2006 to 08/31/2007) ID# 057177

Twenty-second annual Rosalynn Carter Symposium on Mental Health Policy: Disaster mental health in the wake of Hurricane Katrina

Christian Health Ministries

New Orleans, La.

\$100,000 (01/01/2007 to 12/31/2007) ID# 059634

Providing post-Katrina pastoral counseling services to people living in the greater New Orleans area

\$65,000 (09/01/2007 to 12/31/2007) ID# 063021

Sustaining post-Katrina pastoral counseling services for people with mental health needs in the greater New Orleans area

Columbia University, Mailman School of Public Health.

New York, N.Y.

\$104,775 (07/01/2006 to 01/31/2007) ID# 057199

Study of the roles of city and state departments of public health during Hurricane Katrina

Community Foundation of South Alabama

Mobile, Ala.

\$150,000 (07/01/2007 to 06/30/2010) ID# 060647

Establishing and maintaining the health component of the Community Knowledge Network to help victims of Hurricane Katrina in Mobile County, Ala.

Council of State Governments-Southern Governors' Association

Lexington, Ky.

\$735,060 (02/15/2006 to 10/31/2007) ID# 056637

Developing a Gulf Coast health information technology task force

DePelchin Children's Center

Houston, Texas

\$243,841 (03/01/2007 to 02/29/2008) ID# 059511

Building a network of evidence-based, trauma-focused therapeutic services for Hurricane Katrina evacuated children

Emergency Medicine Foundation

Dallas, Texas

\$48,685 (01/01/2006 to 07/31/2006) ID# 056079

Production of a Web-based video to encourage emergency physicians' participation in disaster response teams and inform them of lessons learned

Enterprise Foundation

Columbia, Md.

\$1,000,000 (11/01/2005 to 10/31/2007) ID# 055817

Gulf Coast relief and recovery initiative

Enterprise Louisiana Loan Fund

Columbia, Md.

\$1,000,000 (04/01/2007-03/31/2012) ID# 059809

Providing financial support to rebuild houses affected by hurricanes Rita and Katrina

Foundation Center

New York, N.Y.

\$35,000 (06/01/2006 to 12/31/2007) ID# 057250

Philanthropy's response to the Gulf Coast hurricanes

Foundation for the Mid South

(See [Appendix 7](#) for subgrants.)

Jackson, Miss.

\$300,000 (10/10/2005 to 10/09/2006) ID# 055890

Support to faith-based organizations helping Hurricane Katrina victims and evacuees in the mid-South

\$500,000 (06/15/2006 to 01/14/2008) ID# 057502

Supporting health access and services to vulnerable populations in the aftermath of Hurricanes Katrina and Rita; provides matching funds for the Baxter International Foundation Health Recovery Fund administered by Foundation for the Mid South

Georgia Tech Research Corporation

Atlanta, Ga.

\$177,098 (05/19/2006 to 05/31/2007) ID# 057653

Supporting the redevelopment of health care in the wake of Katrina

Grantmakers in Aging

(See [Appendix 3](#) for subgrants.)

Dayton, Ohio

\$250,000 (10/01/2005 to 03/31/2007) ID# 055794

Assistance for elderly victims of Hurricane Katrina

Health Care Centers in Schools

Baton Rouge, La.

\$100,000 (09/01/2007 to 08/31/2008) ID# 061978

Planning electronic medical records to ensure integrated care for children in Baton Rouge, La.

John and Mary R. Markle Foundation

New York, N.Y.

\$25,000 (11/01/2005 to 10/31/2006) ID# 055944

Raising awareness about prescription relief for Hurricane Katrina evacuees

Kaye W. Bender, Ph.D., R.N.

Terry, Miss.

\$18,543 (06/01/2006 to 12/31/2006) ID# 057469

\$11,452 (02/15/2007 to 07/14/2007) ID# 060545

Consultant for the Katrina Response Team—Mississippi

Living Cities: The National Community Development Initiative

New York, N.Y.

\$200,000 (06/01/2006 to 05/31/2008) ID# 056655

Operating support for the Louisiana Disaster Recovery Foundation to aid victims of Hurricanes Katrina and Rita

Local Initiatives Support Corporation

New York, N.Y.

\$1,000,000 (11/01/2005 to 10/31/2007) ID# 056058

Gulf Coast relief and recovery initiative

Louisiana Public Health Institute

New Orleans, La.

\$28,775 (03/01/2006 to 01/31/2007) ID# 056921

\$33,172 (02/15/2007 to 01/14/2008) ID# 060182

Consulting services reporting on the local and state perspective of the recovery from Hurricane Katrina

\$482,775 (03/01/2007 to 02/28/2009) ID# 059697

Disaster response training on mental and behavioral health skills for school health nurses

\$745,198 (02/01/2008 to 01/31/2011) ID# 059701

Developing a health information management system for New Orleans' coordinated school-based health centers

\$838,544 (02/15/2008 to 02/14/2011) ID# 063540 (Pending)

Mental health care capacity building and implementing effective models of treatment in primary care settings in New Orleans

\$306,282 (04/01/2008 to 03/31/2011) ID# 060335 (Pending)

Developing a model intake, referral, coordination and tracking system for behavioral health for New Orleans

Louisiana Rural Health Services Corporation

(See [Appendix 8](#) for subgrants.)

Hammond, La.

\$1,250,000 (11/01/2005 to 10/31/2007) ID# 055911

Relief for victims of Hurricanes Katrina and Rita

Louisiana State University Health Sciences Center

New Orleans, La.

\$749,695 (02/01/2007 to 01/31/2008) ID# 059474

Addressing the mental health needs of displaced children and families in the aftermath of Hurricane Katrina

Mary Hall Freedom House

Atlanta, Ga.

\$50,000 (12/01/2005 to 01/31/2006) ID# 056219

Transitional housing for people displaced by Hurricane Katrina

Medical Center of Louisiana Foundation

New Orleans, La.

\$1,242,384 (06/01/2007 to 05/31/2009) ID# 059929

Technical assistance for a new post-Katrina safety-net medical center designed to improve health care

Memorial Hospital at Gulfport Foundation

Gulfport, Miss.

\$98,000 (03/01/2007 to 10/31/2007) ID# 059369

Post-Katrina school-based mental health services in the Mississippi Gulf Coast

Mississippi Methodist Senior Services Inc.

Tupelo, Miss.

\$50,000 (10/15/2005 to 10/14/2006) ID# 055938

Support for elders living in a retirement community affected by Hurricane Katrina

Morehouse School of Medicine

Atlanta, Ga.

\$455,689 (04/01/2007 to 03/31/2009) ID# 059468

Developing a telehealth care mental health program in four Gulf Coast states affected by Hurricanes Katrina and Rita

National Association of Community Health Centers

(See [Appendix 4](#) for subgrants.)

Bethesda, Md.

\$750,000 (09/20/2005 to 12/20/2005) ID# 055716

Hurricane Katrina relief for community health centers

National Association of County and City Health Officials

Washington, D.C.

\$10,000 (10/14/2005 to 04/13/2006) ID# 056064

Support for one-day meeting to address the public health implication of Hurricane Katrina aftermath

National Conference of Commissioners on Uniform State Laws

Chicago, Ill.

\$100,195 (07/01/2006 to 10/31/2007) ID#057186

Drafting a Uniform Interstate Emergency Health Care Services Act

National Council for Community Behavioral Healthcare

(See [Appendix 5](#) for subgrants.)

Rockville, Md.

\$300,000 (10/21/2005 to 10/20/2006) ID# 055891

Hurricane disaster mental health services and assistance

National Foundation for the Centers for Disease Control and Prevention

(See [Appendix 1](#) for subgrants.)

Atlanta, Ga.

\$1,000,000 (09/09/2005 to 09/08/2006) ID# 055669

Emergency service, equipment and supply funding for state and local public health agencies impacted by Hurricane Katrina

National Network of Public Health Institutes

New Orleans, La.

\$25,629 (10/18/2005 to 03/31/2006) ID#055742

Temporary infrastructure needs due to displacement by Hurricane Katrina

New York University College of Nursing

New York, N.Y.

\$64,127 (02/01/2007 to 06/30/2008) ID# 060257

Study on the roles of city and state departments of public health during Hurricane Katrina

Rand Corporation

Santa Monica, Calif.

\$1,200,798 (08/15/2007 to 08/14/2009) ID# 060562

Helping the New Orleans area community develop improved, more culturally relevant and evidence-based mental health services

Rutgers, The State University, The Center for State Health Policy

New Brunswick, N.J.

\$98,100 (12/15/2005 to 12/14/2006) ID# 056280

Designing and producing outreach materials and radio advertisements for the State of Louisiana

St. Thomas Health Services

New Orleans, La.

\$50,000 (07/01/2006 to 06/30/2007) ID# 057552

Restoration of pediatric services in the aftermath of Hurricane Katrina

The Salvation Army

Alexandria, Va.

\$500,000 (09/23/2005 to 10/22/2005) ID# 055760

Emergency assistance for the victims of Hurricane Katrina

Sheltering Arms

Houston, Texas

\$50,000 (09/27/2005 to 09/26/2006) ID# 055798

Support for the Care for Elders Program to provide disaster relief in the Houston area

State Associations of Addiction Services

(See [Appendix 6](#) for subgrants.)

Washington, D.C.

\$200,000 (10/19/2005 to 10/18/2006) ID# 055892

\$200,000 (12/02/2005 to 12/01/2006) ID#056506

Hurricane disaster addiction services relief assistance

State of Louisiana Department of Health and Hospitals

Baton Rouge, La.

\$262,920 (02/15/2006 to 12/14/2007) ID# 056544

Replication of the Covering Kids and Families Process Improvement Collaborative in Louisiana

State of Louisiana Department of Health and Hospitals

Shreveport, La.

\$147,000 (01/01/2006 to 02/28/2007) ID# 056271

Outreach effort to enroll the elderly in the Medicare Savings Program in Louisiana

Technical Assistance Collaborative

Boston, Mass.

\$189,240 (03/01/2006 to 06/30/2007) ID# 056884

Improving the transition of youth ages 18–24 to adult behavioral health services post-Hurricane Katrina

\$2,353,248 (11/15/2006 to 11/14/2009) ID# 059160

Implementing Supportive Housing for People with Disabilities in Louisiana

Third Sector New England

Boston, Mass.

\$600,000 (05/01/2006 to 07/06/2007) ID# 057236

To the National Program Office of RWJF's Community Health Leaders Program for a special solicitation to recognize community health leaders impacting the Gulf Coast region

Tulane University School of Public Health and Tropical Medicine

New Orleans, La.

\$186,408 (12/02/2005 to 11/30/2006) ID# 056257

Using radio to import resettlement safety and health information to New Orleans' vulnerable minority population

\$49,974 (01/01/2007 to 12/31/2007) ID# 057991

Development of a tracking system to collect household-level data and information on resources available for recovery from Hurricane Katrina

University of California, Los Angeles, National Center for Child Traumatic Stress

Los Angeles, Calif.

\$15,120 (11/15/2006 to 09/30/2007) ID# 058833

Psychological first aid field operations guide

APPENDIX 3: Grantmakers in Aging, Subgrants

Grantmakers in Aging (GIA)

Dayton, Ohio

\$250,000 (10/01/2005 to 03/31/2007) ID# 055794

Contribution to GIA's Hurricane Fund for the Elderly that provided assistance for elderly victims of Hurricane Katrina

Grantmakers in Aging made Subgrants to:

- Alabama-Tombigbee Regional Commission Area Agency on Aging, Monroeville, Ala.
- Agency on Aging, South Alabama Regional Planning Commission. Dothan, Ala. Alzheimers Association in Louisiana, Alexandria, La.
- Assisted Living Association of Alabama, Montgomery, Ala.
- Catholic Charities Archdiocese of New Orleans, New Orleans, La.
- Louisiana Department of Health and Hospitals, Division of Long Term Supports and Services, Baton Rouge, La.
- Marshall County Retired and Senior Volunteer Program Inc., Guntersville, Ala.
- Medical Center of Louisiana/LSU Health Center Geriatric Clinical Program, Baton Rouge, La.
- Mississippi Center for Justice, Jackson, Miss.
- Mississippi Department of Human Services, Division of Aging and Adult Services, Jackson, Miss.
- New Hope Missionary Baptist Church, Jackson, Miss.
- Providence Community Housing, New Orleans, La.
- St. Mary Community Action, Franklin, La.
- Senior Center of South Pearl River County, Picayune, Miss.
- Senior Citizens Services in Alabama, Montgomery, Ala.
- Southeast Louisiana Legal Services, New Orleans, La.
- Southern Mississippi Planning and Development District Area Agency on Aging, Gulfport and Hattiesburg, Miss.
- University of New Orleans Center for Hazards Assessment (CHART), New Orleans, La.
- Xavier University of Louisiana, New Orleans, La.

APPENDIX 4: National Association of Community Health Centers, Subgrants

National Association of Community Health Centers

Bethesda, Md.

\$750,000 (09/20/2005 to 12/20/2005) ID# 055716

Hurricane Katrina relief for community health centers

The Association made Subgrants to:

- Amite County Medical Services, Liberty, Miss.
- Capital Family Health Center, Baton Rouge, La.
- Central Mississippi Civic Improvement Assn., Jackson, Miss.
- Coastal Family Health, Biloxi, Miss.
- El Centro del Barrio, San Antonio, Texas
- Good Neighbor Health Care Center, Houston, Texas
- Iberia Comprehensive Community Health, New Iberia, La.
- Innis Community Health, Innis, La.
- Jefferson Community Health Care, Avondale, La.
- Martin Luther King Jr. Family Clinic, Dallas, Texas
- Mobile County Health Dept., Ala.
- Motellar Medical Center, Irvington, Ala.
- Primary Health Services Center, Monroe, La.
- Rapides Primary Health Care, Alexandria, La.
- St. Helena Community Health, Greensburg, La.
- Southwest Louisiana Health Center, Lake Charles, La.
- SW Louisiana Primary Health Care, Opelousas, La.
- Teche Action Board, Franklin, La.

APPENDIX 5: National Council for Community Behavioral Healthcare, Subgrants

National Council for Community Behavioral Healthcare

Rockville, Md.

\$300,000 (10/21/2005 to 10/20/2006) ID# 055891

Hurricane disaster mental health services and assistance

The Council made Subgrants to:

- Baldwin County Mental Health Center, Fairhope, Ala.
- Bogalusa Mental Health Center, Bogalusa, La.
- Burke Center, Lufkin, Texas
- Capital Area Human Services District, Baton Rouge, La.
- Cenikor Foundation, New Orleans, La.
- Chilton/Shelby Mental Health Center, Calera, Ala.
- COPE Center, DeFuniak Springs, Fla.
- Cullman Mental Health Center, Cullman, Ala.
- East Alabama Mental Health Center, Opelika, Ala.
- Eastside Mental Health Center, Birmingham, Ala.
- Gulf Coast Mental Health Center, Gulfport, Miss.
- Jefferson/Blount/St. Clair Mental Health Mental Retardation, Birmingham, Ala.
- Jefferson Parish Human Services Authority, Metairie, La.
- Lurline Smith Mental Health Center, Mandeville, La.
- Mental Health Center of Madison Co., Huntsville, Ala.
- Mental Health Mental Retardation Authority of Harris County, Houston, Texas
- Mobile Mental Health Center, Mobile, Ala.
- Montgomery Mental Health Center, Montgomery, Ala.
- Mountain Lakes Mental Health Center, Guntersville, Ala.
- Ozark Guidance Center, Springdale, Ark.
- Pine Belt Mental Healthcare Resources, Hattiesburg, Miss.
- Rosenblum Mental Health Center, Hammond, La.
- Spineletop Mental Health Mental Retardation Center, Beaumont, Texas
- Western Arkansas Counseling and Guidance Center, Fort Smith, Ark.
- Western Mental Health Center, Birmingham, Ala.

APPENDIX 6: State Associations of Addiction Services, Subgrants

State Associations of Addiction Services

Washington, D.C.

\$200,000 (10/19/2005 to 10/18/2006) ID# 055892

\$200,000 (12/02/2005 to 12/01/2006) ID# 056506

Hurricane disaster addiction services relief assistance

The State Associations made Subgrants to:

- Acadiana Recovery Center, Lafayette, La.
- Bridge House, New Orleans, La.
- Capital Area Human Services District, Baton Rouge, La.
- Celebration, Metairie, La.
- Cenikor, Houston, Texas
- Country Oaks, Jackson, Miss.
- Fairview Treatment Center, Bayou Vista, La.
- Family House, Harvey, La.
- Grace House, New Orleans, La.
- Gulf Coast Mental Health Center/Live Oaks, Gulfport, Miss.
- Harbor House, Jackson, Miss.
- Matthew 25:40, Lake Charles, La.
- Newhaven Recovery Center, Brookhaven, Miss.
- Odyssey House, New Orleans, La.
- Pine Belt Mental Healthcare Resources, Hattiesburg, Miss.
- Region 8 Mental Health Center, Brandon, Miss.
- Responsibility House, Kenner, La.
- Youth Services Bureau, Covington, La.

APPENDIX 7: Foundation for the Mid South, Subgrants

Foundation for the Mid South

Jackson, Miss.

\$300,000 (10/10/2005 to 10/09/2006) ID# 055890

Support to faith-based organizations helping Hurricane Katrina victims and evacuees in the mid-South

The Foundation made Subgrants to:

- Calling All Christians, Moss Point, Miss.
- Capital Missionary Baptist Church, Baton Rouge, La.
- Christian Worship Church, Gulfport, Miss.
- Church on the Rock, Pascagoula, Miss.
- Desire Street Ministries, Destin, Fla. (at the time of the grant).
- Emmanuel Missionary Baptist Church, Jackson, Miss.
- Faith Bible Church, Covington, La.
- Faith Covenant Ministries, Biloxi, Miss.
- Faith in Community Ministries, Wiggins, Miss.
- Family of Faith Christian Church, Biloxi, Miss.
- Forrest Heights Missionary Baptist Church, Gulfport, Miss.
- Gloryland Baptist Church, Baton Rouge, La.
- Greater Fairview Community Development Corporation, Jackson, Miss.
- Greater St. Mary Baptist Church, New Orleans, La.
- Green Pastures Christian Ministries, Moss Point, Miss.
- Handsboro United Methodist Church, Gulfport, Miss.
- Joy of Deliverance Ministries, Baton Rouge, La.
- Korean Baptist Church of Baton Rouge, Baton Rouge, La.
- LeMoyné Boulevard Baptist Church, Biloxi, Miss.
- Manna from Heaven Ministries, Moss Point, Miss.
- Merrill Chapel United Methodist Church, Poplarville, Miss.
- Mount Zion United Methodist Church, Pass Christian, Miss.
- Nazarene Baptist Church, Baton Rouge, La.
- New Beginnings Holy Deliverance Ministries, Columbia, Miss.
- New Birth Fellowship Missionary Baptist Church, Ridgeland, Miss.
- New Dimensions Ministries, Jackson, Miss.
- New Hope Missionary Baptist Church, Natchez, Miss.
- New Light Baptist Church, Monroe, La.
- New Mount Olive Baptist Church, Tete, La.
- New Testament Full Gospel Ministries, Moss Point, Miss.
- One Way Deliverance, New Orleans, La.
- Pearl River County Families First Resource Center, Picayune, Miss.
- Pelican Inn Haven Shelter, Shreveport, La.
- PGHOPE, Port Allen, La.
- Piney Grove Baptist Church, Petal, Miss.
- Powerhouse of Deliverance Ministries, Inc., Bay St. Louis, Miss.
- Rauch, Inc., New Orleans, La.
- REJOICE, Inc., Kenner, La.
- Resurrection Life Church, Picayune, Miss.
- St. James Baptist Church, Gulfport, Miss.
- St. James United Methodist Church, Ocean Springs, Miss.
- St. Luke Missionary Baptist Church, Gulfport, Miss.
- St. Mark Baptist Church, Little Rock, Ark.
- St. Paul United Methodist Church, Ocean Springs, Miss.
- Soldiers of Compassion Outreach Ministries, Shreveport, La.
- Stone of Help Ministries, Hattiesburg, Miss.
- Tabernacle of Faith Ministries, Gulfport, Miss.

- The Refuge A/G–KidCare America, Gautier, Miss.
- True Deliverance Evangelistic Outreach Ministry, Gulfport, Miss.
- Truevine Deliverance Ministries, Columbia, Miss.
- Union Baptist Church, Pascagoula, Miss.
- Walker’s Chapel Free Will Baptist Church, McComb, Miss.
- West Northside Drive Church of Christ, Clinton, Miss.

\$500,000 (06/15/2006 to 01/14/2008) ID# 057502

Supporting health access and services to vulnerable populations in the aftermath of Hurricanes Katrina and Rita; provides matching funds for the Baxter International Foundation Health Recovery Fund administered by Foundation for the Mid South

The Foundation made Subgrants to:

- Boat People SOS, New Orleans, La., Biloxi, Miss.
- Catholic Charities Diocese of Jackson, Miss.; Trauma Recovery for Youth, Jackson, Miss.; Natchez, Miss.; Vardaman, Miss.
- Common Ground Health Clinic, New Orleans, La.
- University of Arkansas for Medical Science–Area Health Education Center, Servier County, Ark.
- YWCA of Greater Baton Rouge, Baton Rouge, La.

APPENDIX 8: Louisiana Rural Health Services Corporation, Subgrants

Louisiana Rural Health Services Corporation

Hammond, La.

\$1,250,000 (11/01/2005 to 10/31/2007) ID# 055911

Relief for victims of Hurricanes Katrina and Rita

The Corporation made Subgrants to:

- F.D. Baker Wellness Center, LLC, Independence, La.
- Fleur-De-Lis Community Health Center, Cankton, La.
- Foundation for Louisiana State University Health Sciences Center, New Orleans, La.
- Hispanic Apostolate Community Services, New Orleans, La.
- Hospital Service District No. 1, Parish of Avoyelles, Bunkie, La.
- Iberia Comprehensive, New Iberia, La.
- Lake Arthur Health Care Clinic, Lake Arthur, La.
- LSU Medical Alumni Association, New Orleans, La.
- Make a Start Recovery Center, Inc., Albany, La.
- Pediatric Group of Acadiana, New Iberia, La.
- Riverside Family Medicine, Maurepas, La.
- St. Bernard Health Center, Chalmette, La.
- St. Thomas Clinic, New Orleans, La.
- Shirley Medical Clinic, Jennings, La.
- South Cameron Hospital, Cameron, La.
- The Multipractice Clinic, Independence, La.
- Union General Hospital, Farmerville, La.
- Zion Travelers Cooperative Center, Braithwaite, La.



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