

# Katrina's Children: *Still Waiting*



Children's Defense Fund



The Children's Defense Fund's Leave No Child Behind® mission is to ensure every child a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start*, and a *Moral Start* in life and successful passage to adulthood with the help of caring families and communities.

## **O God, Forgive and Transform Our Rich Nation©**

*O God, forgive and transform our rich nation where small babies and children suffer from preventable diseases and sickness quite legally.*

*Forgive and transform our rich nation where small children suffer from hunger quite legally.*

*Forgive and transform our rich nation where toddlers and school children die from guns sold quite legally.*

*Forgive and transform our rich nation that lets children be the poorest group of citizens quite legally.*

*Forgive and transform our rich nation that lets the rich continue to get more at the expense of the poor quite legally.*

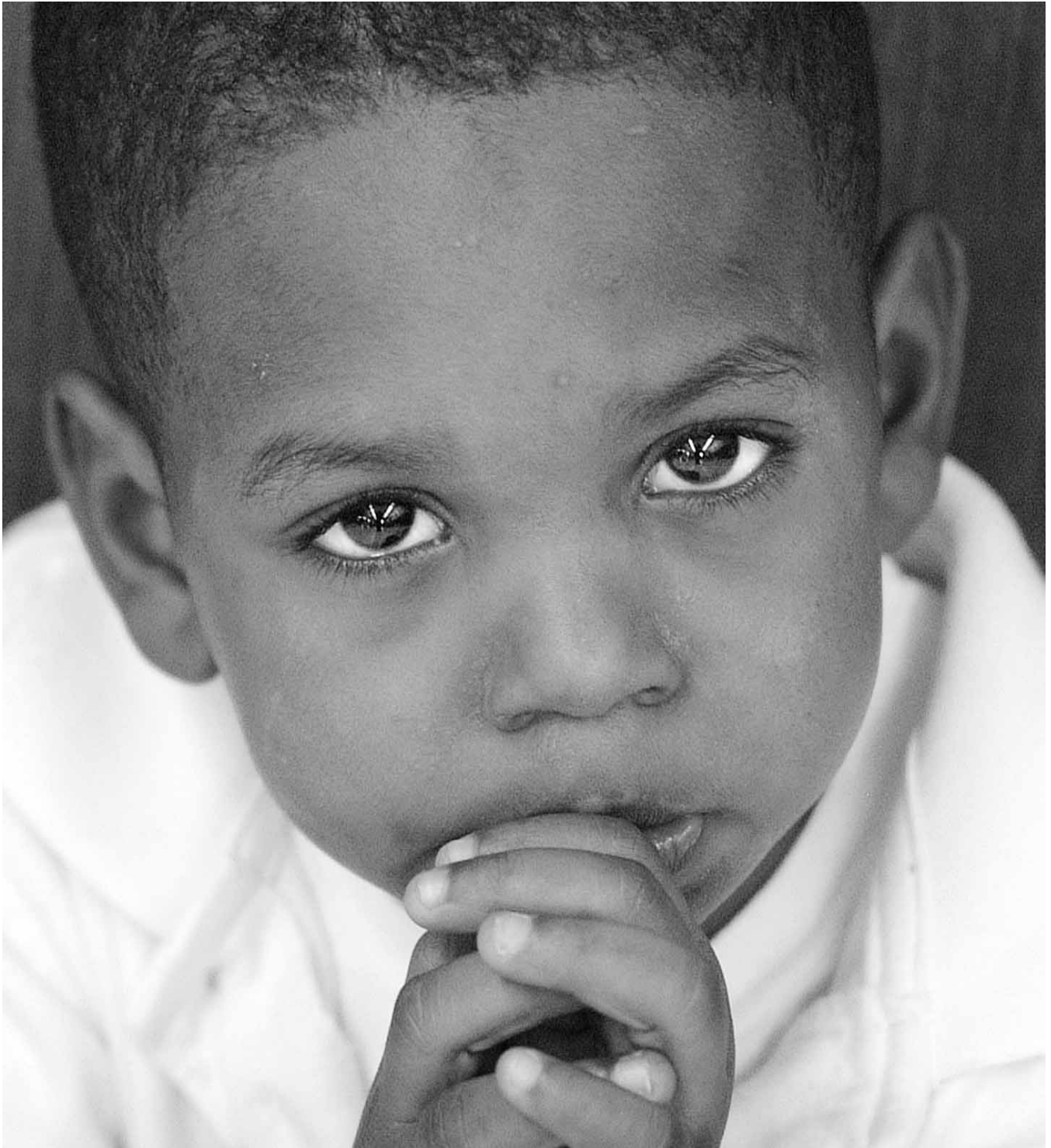
*Forgive and transform our rich nation that thinks security rests in missiles and bombs rather than in mothers and in babies.*

*Forgive and transform our rich nation for not giving You sufficient thanks by giving to others their daily bread.*

*Help us never to confuse what is quite legal with what is just and right in Your sight.*

*Help us as leaders and citizens to stand up in 2007 for all Your children and give them the anchor of faith, the rudder of hope, the sails of health care and education, and the paddles of family and community to navigate the tumultuous sea of life and land safely on the shore of adulthood.*

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A young Katrina survivor finds little to smile about.

## Acknowledgments

This updated report has been written by Julia Cass who worked for nearly 20 years as a reporter for the *Philadelphia Inquirer*. She was a member of the team that won a Pulitzer Prize in 1979 for coverage of the Three Mile Island nuclear accident. An article she wrote in the Sunday magazine about a rural crime family became the basis for the movie “At Close Range.” In the 1980s, she was named the *Inquirer’s* southern bureau chief. From this experience came the book *Black in Selma*, which won the American Bar Association’s Silver Gavel Award for best book about the justice system published in 1990 and the Lillian Smith Award for best book about the South that same year. In 1997, she became executive editor of the *Buenos Aires Herald* in Argentina, and for a year served as managing editor of the Sunday magazine of the *San Jose Mercury News*.

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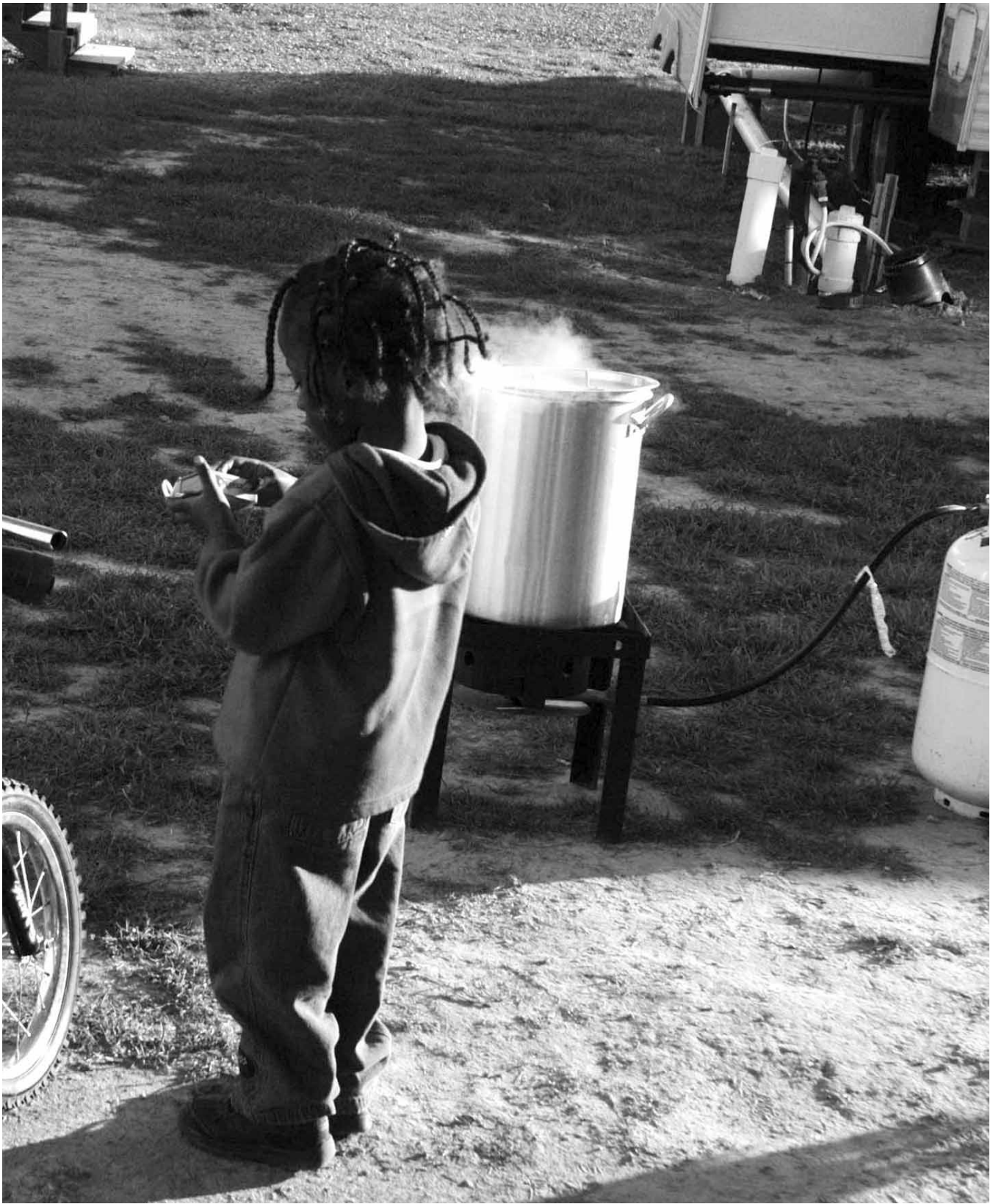
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As of January 2007, 92,409 eight by 30 foot trailers continue to be “home” for many of Katrina’s children. Family members often have to sleep in shifts and too few activities exist, leaving many children idle and bored.

# Part I

## Foreword

# *Another Call to Conscience and Action for Katrina's Children*

*I tremble for my country when I reflect that God is just; that his justice cannot sleep forever.*

—Thomas Jefferson

*Hurricane Katrina was a natural disaster, compounded by a manmade disaster. It is now 18 months past time to get our response right. The response to Katrina is one of the great moral challenges facing our nation. So is ending the war in Iraq.*

—Speaker Nancy Pelosi, January 19, 2007

*I am determined to pass legislation to cover all children as a first step to ensuring that all Americans have access to affordable health care coverage. For example, many parents would become insured if they—like their children—were able to enroll in Medicaid or the State Children's Health Insurance Program (SCHIP). I support legislation that would allow states to provide health coverage to uninsured parents who have children eligible for Medicaid and SCHIP.*

— Senate Majority Leader Harry Reid

*The future of New Orleans and the Gulf Coast does not depend on structures. Our future depends on our children. If we do not provide the safe, nurturing, predictable and enriched experiences these children need and if we do not arm our caregivers, educators and mental health providers with the tools they need to understand, engage, educate and heal traumatized children, all these new buildings will be filled with struggling children growing into adulthood expressing only a fraction of their true potential.*

— Bruce D. Perry, M.D., Ph.D.

Senior Fellow, Child Trauma Academy, Houston, Texas

Katrina's children are *still waiting* for their country to come to their rescue with life and hope giving health and mental health care and a secure place called home.

Over a year and a half after the storm flooded their houses, schools and neighborhoods and took away their family members, pets, sense of safety, trust in their nation and belief in the future, tens of thousands of children, teenagers and Katrina survivors are languishing in a purgatory of uncertainty. Few or no doctors. Little or no mental health treatment. No school space. No safe place to play. No affordable decent housing. Few family jobs. A dearth of after-school programs. Few summer alternatives to the streets. And too little child care when parents work. No light at the end of a long dark tunnel plastered with broken promises from their political leaders *in the richest nation on earth.*

While Iraq's terrifying quagmire dominates the news and Congress' current attention, Katrina's terrifying quagmire has become yesterday's story for too many political, policy and media leaders and citizens. What kind of nation turns its back on its children and families who have gone through one of the worst natural disasters in our history? How are children to believe in the values of a nation that values them so little? What kind of nation leaves hundreds of thousands of its children and teenage disaster survivors who have "experienced a level of loss, trauma and dislocation unprecedented in modern American history," Julia Cass writes on the following pages, tossing about in a still raging sea of terror, uncertainty, fear and unresolved loss in the aftermath of a disaster? Surely America can do better!

## What We Can and Must Do Now

In April 2006, the Children's Defense Fund (CDF) released *Katrina's Children: A Call to Conscience and Action*. In the ensuing months, despite the valiant efforts of many organizations and individuals and much media attention, *far* too little has been done to protect children—and adults—whose chronic and acute post-traumatic stress disorders continue.

Thousands of Katrina's children are still scattered across our nation, uncertain whether they ever will be able to return home. Many who remained in their storm devastated states are packed into flimsy, temporary, overcrowded trailers in FEMA camps that are no place for children—or any human being—in this wealthy nation for any significant period of time, while housing reconstruction moves at a snail's pace and violence flares in New Orleans.

## A Call to Action for Katrina's Children

CDF's April 2006 report made nine action recommendations.\* While housing, jobs, safety and education are crucial to child, family and community well-being, **we focus here on one achievable step** that our Congress, President and political leaders can and must take in 2007: **Guarantee comprehensive health and mental health coverage for every child wherever they live in America** to meet the urgent unmet need of Katrina's children in their home states and across the land who desperately need health and mental health coverage.

There are more than nine million uninsured children in America and millions more underinsured children. Although the State Children's Health Insurance Program (SCHIP) and Medicaid have been successful in providing coverage to approximately 30 million children, much more needs to be done—*now*. Katrina's children are a case study for why a national floor of health and mental health decency is essential as they have faced 50 different state eligibility and procedural requirements including demands for health records washed away by the flood. Millions of additional children like those affected by Katrina are eligible for coverage but are not enrolled in existing programs because of bureaucratic barriers that make it difficult to obtain or keep coverage. Other children are excluded from programs or go uninsured when their parents change jobs. Still others don't get health services they need because program benefits, which vary from state to state, are limited in their state. Had we a simpler more uniform child health coverage and benefit system in place in America, Katrina's children would have received the help they urgently needed and still need. CDF's proposal to provide *all* children, including all Katrina's children, the long overdue health and mental health safety net is achievable this year. Every child and pregnant woman in a family with income up to 300 percent of the federal poverty level (\$61,950 for a family of four in 2007)

\* see pages 20-21



would be guaranteed comprehensive benefits regardless of the state in which they live, and enrollment would be automatic and simple. The point is to help children get health care, to survive and thrive and learn in school and stay out of far costlier emergency rooms, and to prevent and alleviate problems from natural and manmade disasters like Katrina. We ignore Dr. Bruce Perry's warning about untreated child trauma at our peril.

As SCHIP comes up for funding renewal this year, it is time for America to ensure all its children the basic right to health coverage that we provide seniors. No child should have to wait 65 years for health coverage. **Every one of the nine million children, including every Katrina survivor child, needs the commitment of their nation to guarantee comprehensive health and mental health coverage in 2007.** A child's chance to live and have health and learning problems detected and treated early when sick or suffering from mental trauma should not depend on the lottery of birth: state, family, race, parental employment, or the compassion, callousness, fickleness, common sense of political leaders or the drift of political winds. Health and the right to survive and thrive is a basic human right that a decent and sensible nation should assure. No other rich industrialized nation denies children this life-giving and life-enhancing protection. Health care is essential to school achievement and to reducing crime and later dependency. God did not make two classes of children, and American policy that creates such inequities and legalized neglect must cease. Please make your voice and your votes count for Katrina's children and all uninsured children over the next weeks and months with our political leaders in all parties.

Some of our political leaders claim we cannot afford the annual investment required to cover every child and pregnant woman, guarantee every child an equal and comprehensive benefit package and end the bureaucratic maze that denies millions of children health coverage for which they are currently eligible. They claim new "PayGo" rules make providing *all* children health coverage this year problematic. This excuse must be rejected by people of faith and people who believe in justice for children and the poor. While we support fiscal responsibility that has eluded many of our leaders over the past six years as they lavished tax cuts on millionaires and waged two costly wars, saving children's lives and health is a profound moral and social issue: It is about the values and priorities of our nation as Speaker Pelosi correctly recognizes and must act upon. Katrina is as profound a moral challenge as Iraq—and one the Congress can do something about beginning with our children's health.

The American people want all of their children to have health coverage. Children are the most cost effective group to cover. Every child can be guaranteed the healthy start in life they need for less than the cost of two months of the war in Iraq, nine days of military spending in 2007, and three months of the tax cut for the top 1 percent of the wealthiest Americans. Join our campaign to cover nine million uninsured children by signing the "Susie Flynn for President" petition at [www.electsusie.com](http://www.electsusie.com).

It's time to say to our children, "We care for each of you," and to honor the God we claim to trust on our currency.

I hope this reminder that Katrina's children are still waiting, still suffering, still looking to adults in our nation for protection and succor will make us all act now.

Marian Wright Edelman



*President, Children's Defense Fund*



A report prepared by Congress estimated that 189,000 children were dislocated by Hurricane Katrina. At the end of 2006, about 99,000 people in areas in Louisiana and Mississippi battered by Hurricane Katrina were still living in “temporary” housing trailers.

## Part II

# Katrina's Children: *Still* Waiting

By Julia Cass

In mid-November 2006, the assistant principal at the Albert Wicker Elementary School in New Orleans came upon a ruckus near a classroom where 12-year-old Eric\* had just told his teacher she better “get out of my face.” The assistant principal, Jacquelyn Mahatha, knew that Eric hadn’t been a problem before Katrina. “It’s frustration,” she said, explaining that Eric is among the New Orleans children who are living alone or with older siblings or relatives, separated by hundreds of miles from their displaced parents.

In Eric’s case, Ms. Mahatha said, he and his mother evacuated to Tennessee, where she found work. But at school, Eric felt labeled and picked on as an outsider. He wanted to come home. So his mother sent him to live with an elderly aunt and uncle until she could find a way to get back to New Orleans herself. Her former home is uninhabitable, with all of Eric’s possessions destroyed.

“We have so many children who are acting out now because they’re angry,” said Ms. Mahatha. “They feel that adults have failed them.”

### The Storm: Still Raging

Just as surging waters from Hurricane Katrina broke down levees that were not properly constructed, the storm overwhelmed the local, state and federal government’s already inadequate disaster and recovery plans. It ripped holes in a safety net that already had large gaps and strained already stressed family networks beyond their capacity to care for all their members.

At every step along the way, from the horror of the dangerous, fetid Superdome to a new life in a cramped trailer, from unfamiliar schools without welcome elsewhere to reopened schools in New Orleans without books or enough teachers, from the alien territory of evacuation to still-devastated neighborhoods back home, thousands of children and teenagers experienced a level of loss, trauma and dislocation unprecedented in modern American history.

A Louisiana State University Health Sciences Center in New Orleans did mental health screening of 8,000 children in schools and temporary housing in the state and found that 16 percent had relatives or friends who had been injured, 12 percent had relatives or friends who had died, and 22 percent had been separated from their pets. Thirty-four percent were separated from their primary caregivers at some point with 7 percent still separated in June 2006.

The concern for Katrina’s children is not just the immediate trauma from the storm but that so much of their lives remains disrupted more than a year later. A report prepared for Congress in November 2005 estimated that 189,000 children were dislocated by Katrina; as many as 100,000 still do not live where they did a year and a half ago. Some children have attended as many as nine schools in the past 18 months. Those who have returned to New Orleans often do not attend the same schools with the same students or teachers, and many of their after-school activities no longer exist.

\* not his real name

“Disasters like Oklahoma City and 9/11 were time-limited,” said Irwin Redlener, director of Columbia University’s National Center for Disaster Preparedness. “The children who were affected could go to a place of normalcy.” New York City, in particular, has a large network of hospitals, clinics, child psychiatrists and social workers, and its public schools and neighborhoods were largely unaffected by the terrorist attack. Children in New Orleans and along the Mississippi Gulf Coast suffered a double blow: more upheaval and fewer resources to help. For Katrina’s children, Mr. Redlener said, “the trauma has not yet ended.”

## The Purgatory of Temporary Housing

Ask child advocates what families need most and they respond: housing, housing, housing. More than 70 percent of New Orleans flooded. By now, much of the painful, nasty work of cleaning up, gutting and throwing away a lifetime of now-ruined possessions has been done. But many residential neighborhoods still remain empty except for an occasional trailer in a driveway. Of New Orleans’ pre-Katrina population of 484,000, only about 200,000 live there today—though not necessarily in the same location. An informal survey of the 41 children in the Children’s Defense Fund’s Freedom Schools® program in New Orleans one afternoon found that just 16 live in the same house or apartment as they did before.

Many children and families yearn to return to New Orleans but cannot. As of mid-January 2007, 258 Louisiana homeowners (out of 101,657 applicants) had received their share of the billions in federal dollars intended to help them repair or replace their homes. Families who rented pre-Katrina are not in line for any of these funds, and many are priced out of returning because the scarcity of livable units has driven monthly rents from \$676 to \$978 for a two-bedroom unit and from \$868 to \$1,256 for three bedrooms.

While some displaced families have settled comfortably, though perhaps a little sadly, into other cities, many remain in the purgatory of temporary housing—or what one social worker calls “long-term temporary housing.” Of the nine displaced children profiled in a CDF “Katrina’s Children” report last April, only one family had been able to return to New Orleans by November 2006. Two other families are fairly well situated with jobs, housing and schools in Houston and in Simmesport, Louisiana. Five families continue to wait, in trailers, mobile homes and family members’ houses, to go home or at least obtain more permanent housing and a sense of stability in their upturned lives. The ninth family could not be located.

A surprisingly large number of evacuees still live in FEMA-provided travel trailers—8 by 30 foot boxes that were not designed for extended stays, large families or high winds. From a high of 107,623 travel trailers in Louisiana, Mississippi and Alabama in July 2006, 92,409 remained in place in January 2007. FEMA does not keep track of the number of children in trailers but visits to FEMA trailer parks suggest that many trailers house children, often more than one. Valerie, who until recently lived in a FEMA trailer park near Baton Rouge, said that her trailer housed seven family members, three adults and four children. “We slept in shifts,” she said. During this time her seven-year-old grandson, Hakeem, who was abandoned by his mother right after the storm, kept saying, “Looks like I’m going to have to go to a foster home.”

Families living in FEMA trailers that are parked in the driveways of their damaged houses in New Orleans worry about their children’s exposure to mold, dust and even rats, which are said to live in houses untouched since the storm. Parents worry, too, about their children living in largely abandoned neighborhoods.



The one profiled family that has returned to New Orleans, Cheryl and her daughters Montrelle, 14, and Maliyah, 4, live in a four-plex in the upper Ninth ward, which their former landlord repaired and rented to them at a reasonable price. But theirs is one of only three inhabited houses in the entire block, and public bus service, which Montrelle takes to get to her Catholic high school, is infrequent. Only 17 percent of the pre-Katrina New Orleans buses were running in January 2007. “I’m concerned about who’s out there—workers from out of state, homeless people living under houses,” Cheryl said.

Montrelle is happy to be back at St. Mary’s, a rigorous all girls’ school she much prefers to the large public high school that she attended in Houston last year. But once she gets home, she said, “I don’t go out.”

## Trailer Camps for Katrina’s Displaced Children

Other families continue to live in FEMA trailer camps—gravel lots with no greenery, play areas or public gathering spaces. The largest, Renaissance Village near Baton Rouge, became notorious last spring when a visit by Marian Wright Edelman, President of the Children’s Defense Fund, and subsequent media reports drew attention to its dreary conditions and lack of services for children. After that, FEMA paved the streets, and volunteers and charitable groups flocked there to help its 1,500 residents. It is now something of a model—if such can be said of a place that is essentially a temporary camp—with a playground, a teen center and after-school tutoring. Volunteers say that unlike last year, most Renaissance Village school-aged children now attend school, though some older dropouts hang around the park all day.

Nonetheless, it was sad to see 11-year-old Jamal, a quiet, polite boy profiled in the April report who still lives in Renaissance Village, walking in the fading afternoon light from the school bus past trailer after trailer to his long-term temporary home. Jamal is trying to make the best of life in a trailer camp, even planting a few tomatoes in the dirt by the trailer he shares with his father and 16-year-old brother. But there is little joy. Asked how it is to live there, he answered gravely, “It’s okay.”



Jamal

During the summer of 2006, Judy, grandmother of Myan, who was featured in the CDF report, and Valerie, Hakeem’s grandmother, moved with their families from Renaissance Village to a mobile home park about five miles away. This is another of FEMA’s temporary housing programs—providing mobile homes and placing them in existing privately owned mobile home parks. In October 2006, 9,531 FEMA mobile homes were in place in Louisiana and Mississippi.



Myan

The mobile home community, called Granberry Park, has no volunteers looking out for the children. On a visit in November 2006, two brothers, 12 and 9, were tossing a football across the gravel street. It was a school day, and the older brother said they’d missed the school bus. Their 16-year-old sister said that their mother was at work and that they’d “got the weeks mixed up and thought it was Thanksgiving break but that’s next week.”

Judy, who lived in rural Plaquemines Parish south of New Orleans, is pleased with the additional space in the three-bedroom mobile homes, but there is nowhere for her granddaughter, Myan, now 18 months old, to play. Once in

a while, she takes Myan back to Renaissance Village to play on its playground, which opened in November 2006. “If they’d had all that child care when we lived there, maybe I could have gotten a job,” she commented. Until Katrina, Judy shucked oysters in a seafood plant that no longer exists.

Valerie, whose family members slept in shifts in their trailer in Renaissance Village, also appreciates the larger space. But, she confessed, she is “just living. As far as emotionally, I am drained.” Her husband, Julius, was incapacitated by a stroke six years ago, and they live on his Social Security check. She has a seizure disorder that has been exacerbated by the stress of displacement. Insurance on their flooded home in New Orleans East paid off the mortgage, but they don’t have money to repair it. She hasn’t heard anything from the federal homeowner assistance program since she went to be fingerprinted, a requirement she considered “degrading.” Their car doesn’t work, which makes it hard to get her husband to the doctor or go to the pharmacy or grocery store. Buses don’t come to Granberry Park, as they do to Renaissance Village.

## A Child Fears Going into Foster Care

With all these problems, Valerie said she couldn’t continue to care for her grandson. She didn’t send him to foster care as he feared, however. She tracked down her daughter, who had changed her phone number after leaving Hakeem at a shelter in Baton Rouge. “I told her, ‘It’s time to raise him.’” In August 2006, she put Hakeem on a bus to Georgia, where his mother now lives. “He’s smart so he’s making good grades, but he’s having behavior problems. I think it stems from the situation. His life has changed backwards and forwards.”



Hakeem

Residents of some trailer parks now face moving to other trailer parks. The 600 families who took refuge in five FEMA trailer parks near the Baton Rouge Airport will be on the move again by April 2007 because the airport is not renewing the lease. In mid-November 2006, most had not been told where their new homes would be. Some already were being moved to trailer parks nearby, their meager post-Katrina belongings put on a truck with those of other families being moved that day. Additional FEMA parks are scheduled to close.

## A “Kafkaesque” Ordeal Created by FEMA

The approximately 33,000 displaced families living in apartments paid for by FEMA—mostly in Texas—also experience continuing uncertainty. Many received confusing letters, repetitive requests and conflicting information, and some 11,000 families were cut off with little explanation. In November 2006, a federal judge ordered the agency to reinstate the aid. Many of the families had already left their apartments or were on the verge of eviction, and the judge described their ordeal as “Kafkaesque.” They faced another upheaval at the end of February 2007, 18 months after the storm, when FEMA’s temporary housing assistance was scheduled to end. In mid-January 2007, FEMA extended the deadline for another six months until the end of August 2007.

For evacuees in Texas, finding work is the core difficulty. A survey by the Texas Department of Health and Human Services estimated that 251,000 evacuees lived in Texas in June 2006. Only 30 percent of adult evacuees were employed—an unemployment rate of 59 percent when retirees, students, homemakers and those who can’t work are taken into account. Seventy-one percent said they had jobs



Actress Cicely Tyson reads a story at the opening of a CDF Freedom Schools<sup>SM</sup> after-school program site in New Orleans for children of Katrina.



Jennifer Garner and Reese Witherspoon joined other prominent women in New Orleans in May 2006 in a Katrina Child Watch<sup>®</sup> visit to draw the nation's attention to the continuing trauma and needs of Katrina's children and their families. Their visit catalyzed support for a number of CDF Freedom Schools<sup>SM</sup> sites and a mobile health van.



Three hundred New Orleans children were denied admission to public schools because there was no more room.



before the hurricane. Sixty percent of the evacuees are female and 54 percent of households include at least one child.

Glenda Jones Harris, a caseworker with CDF in Houston who helps families with housing and other problems, said that evacuees without cars find it hard to get around a sprawling city with little public transportation, child care is very expensive, and they're separated from their multi-generational family support networks. "You had hard-working people with low-wage jobs living in great grandmother's house with an aunt taking care of the kids after school," she said. "In Texas, they're on their own."

## **"Our Doctor Is Gone"**

When the mobile health van arrived for its weekly stop at a trailer park in rural Hancock County, Mississippi, in mid-October 2006, a steady stream of children with staph infections, ear aches, asthma, allergies and behavioral problems were brought in to see the pediatrician. The park, a privately owned site on which FEMA has placed several hundred travel trailers for evacuees from the Gulf Coast, is a 45-minute ride by ambulance to the nearest hospital. Many of the displaced families now living there have no transportation to take their children to their former doctors or clinics along the coast—if those doctors and clinics are even still operating.

"A lot of doctors, their offices got flooded out," said Dr. Persharon Dixon, the van's pediatrician and medical director of the Mississippi Gulf Coast Children's Health Project. "Estimates are that in the three counties we serve, 20 percent of the physicians have closed up shop. We've been doing a lot of basic care because, over and over, it's 'Our doctor is gone.'"

In December 2006, a mobile health van purchased by CDF with UNICEF funding began making the rounds of FEMA trailer parks and schools in New Orleans, where the extensive flooding took out even more of the health care infrastructure than in Mississippi. Prior to the storm, there were 3,200 physicians in Orleans and surrounding parishes; only about 1,200 are practicing there now. Dr. Michael Hunter, an African American family practitioner in New Orleans, said that pre-Katrina, more than 300 African American physicians practiced in the city. He estimates that only 50 to 75 practice there now.

In New Orleans, too, 11 of the 23 hospitals in existence before Katrina have not reopened, including the majority of services at Charity Hospital, which provided most of the city's indigent care. Only three of the city's 12 health clinics have reopened; both its dental clinics remain closed. A further problem for poor families: Becoming certified or recertified for Medicaid or transferring to another state's system requires birth certificates and other documents, many of which turned into a mushy pulp in flooded houses.

These serious gaps in the city's health care system prompted New Orleans' Health Department to sponsor a free, week-long medical clinic for uninsured citizens in makeshift tents in late January 2007. More than 600 people lined up the first morning for medical adult and pediatric care, dental care and oral surgery, and free eye care services and eyeglasses.

The CDF mobile health van funded by UNICEF is operated by EXCELth, a nonprofit health care organization. Dr. Dixon and EXCELth pediatricians said they see many children with allergies and respiratory illnesses. Nutrition is also a big problem, especially for families in FEMA parks in remote locations that may have a hard time obtaining healthy foods. Few FEMA parks have places to play, and in those with lots of crime and drugs, parents often won't let the children stay outside. And it's impossible to run around inside a tiny trailer. School nurses say they're seeing more obesity than before.



Dr. Cory Hebert, a pediatrician with the Children's Medical Clinic in Jefferson Parish, next to New Orleans, said that he, too, treats many children with allergies and asthma. He attributes this in part to mold, debris and dust in the environment. "We've seen more viral illnesses; stress and lifestyle change can depress the immune system."

## **Rising Child Mental Health Needs: "The Trust Is Broken"**

Dr. Hebert also sees children with mental health problems. "We've handled PTSD (post-traumatic stress disorder) where the parents are unable to calm the child down when he or she has a panic attack. One girl was caught on the Causeway surrounded by water. Whenever it rains, she freaks out. Her mom comes to school to get her but she won't calm down so the mother brings her here. I have to be the surrogate. The reason is because the parents were there when the trauma happened. The kids don't trust their parents because they put them in harm's way."

Melrose Biagas, principal of the James Singleton Elementary School in New Orleans, made a similar observation about children stuck in the Superdome. "They saw people fighting, people dying," she said. "They had to stay together and not go into the bathroom. No one was in control. Whenever kids here are fighting or acting out aggressively, the social worker and I ask where they went during the storm. More often than not, these children say, 'The Dome.' They were afraid, and they don't trust adults. The trust is broken."

Two studies of children affected by Katrina detail the difficulties they have had adjusting. In a 2006 study by Columbia University and the Children's Health Fund of 665 displaced families, nearly half the parents reported that at least one child in their household had emotional or behavior difficulties that were not present before the hurricane. Symptoms involved feeling sad or depressed, being nervous or afraid, and having problems sleeping or getting along with others. Compared with kids surveyed in Louisiana in 2003, Katrina's victims were more than twice as likely to have behavior or conduct problems; the same was true of depression and anxiety, the survey found. The ongoing screening of children by Louisiana State University Health Sciences Center in New Orleans found that more than 30 percent showed symptoms of depression or PTSD.

"Children are not getting better," said Dr. Charlotte Hutton, associate clinical director of the New Orleans Adolescent Hospital System of Care. "They continue to live in devastated communities, which create a sense of worthlessness, powerlessness and lack of security. We're seeing more biting, scratching and defiance in smaller children. These might be coping strategies. They need reassurance and comfort from parents who may not be able to give it because they're traumatized, too."

Teenagers are alienated and isolated, she said. "You have teens being left alone in FEMA trailers or with distant relatives for weeks while their parents are transitioning back to the community."

To deal with the mental health problems brought on by Katrina, the Louisiana Department of Health and Hospitals created a project called Louisiana Spirit. With \$52.4 million in grants from FEMA, the state has contracted with four nonprofit outreach groups to perform mental health counseling. Social workers and counselors seek out people suffering mental trauma through massive literature drops, billboards, a Web site and community outreach. Those wanting help can call a hotline or meet briefly with a counselor.

The program's Children's Team provides counseling support in Catholic and some public schools, training teachers to recognize trauma—their own as well as their students'—and to run support groups.

Team members, assigned to a school for five to eight weeks, also conduct one-on-one counseling for students who need more attention.

FEMA guidelines call for short-term “crisis counseling” but do not allow “mental health treatment,” which some experts believe dilutes the program’s usefulness. Louisiana Spirit is modeled on Project Liberty, a FEMA-financed program that provided \$132 million to counsel traumatized New Yorkers after the September 11, 2001 terrorist attacks. Dr. Elmore Rigamer, a psychiatrist who is the medical director of Catholic Charities of New Orleans, pointed out a major difference: Not only was FEMA’s crisis counseling grant to New York City more than twice as large, the city had an extensive mental health infrastructure and more people with health insurance.

“I keep getting told by Washington I can’t see someone more than five times and then I have to refer them,” Dr. Rigamer said. “Who exactly am I supposed to refer them to?”

Dr. Hutton estimates that there are now fewer than 15 child psychiatrists in New Orleans, and many of them are in private practice and don’t serve poor children. Of the five mental health clinics for children before the storm, one clinic and one satellite remain open. The inpatient child psychiatric unit in the Adolescent Hospital has 15 beds, half its size pre-Katrina. The adult unit from the closed Charity Hospital now takes up the other beds. (A plan to replace Charity and its services to the uninsured—20 percent of Louisiana’s residents—is currently being negotiated by the federal and state governments. Cost seems to be the major consideration.)

“We need to rebuild our infrastructure,” said Dr. Howard Osofsky, chairman of the Department of Psychiatry at Louisiana State University Health Sciences Center, who with his wife is directing the screening of Katrina children. The Mississippi Gulf Coast has a similar problem with mental health resources; the mental health clinic in Gulfport has a six- to eight-week wait just for intake.

## No Place to Learn

Notoriously dysfunctional before Katrina, New Orleans’ academically failing public schools were about to be taken over by the state; the system’s out-of-control finances had been handed over to a private management firm; and teachers had to buy supplies like toilet paper. Katrina seemed to offer an opportunity to remake the public schools into something better for children. That was the hope of many.

In the 18 months since the storm, the public school landscape has, indeed, changed dramatically, with 31 charter schools dominating a fragmented system largely overseen by the state’s Recovery School District but partly controlled by the Orleans Parish School Board. Fifty-five public schools were open in December 2006 (43 percent of the pre-Katrina number) with 27,400 students attending, slightly fewer than half the district’s pre-storm student population of 59,000. Some 90 percent are African American.

Will this new system function better than the old one? Many charter schools are new this year; some are getting good reports from parents. But the bright hope for the state’s takeover of 17 failing schools has proved to be at least partly stillborn, as teachers, textbooks and supplies have come up drastically short in the state-run schools. Previously run-down schools now look even more battered. Students are served cold sandwiches instead of hot lunches. More than a month after school started in the fall of 2006, students sat idle in auditoriums when not enough teachers were available to teach their classes. The Recovery School District was still seeking 73 teachers as the second half of the school year began in January 2007.

In January 2007, in a highly unusual move for a public school system, 300 returning children were denied admission and placed on a waiting list because the existing schools had no more room. Two additional schools were scheduled to be renovated and opened, one on February 5, 2007, the other on February 15, 2007. The head of the city's Catholic School system has offered to take the 300 children into the archdiocesan schools.

The upheaval has been enormous. With fewer schools and the prevalence of charters, the previous neighborhood-based system is gone. Turf fights have broken out in some high schools between students from different neighborhoods. New Orleans Parish School District teachers were laid off after the hurricane. Not all were rehired, and others did not return to the city. New teachers, often young, have taken their place. Only 67 percent of the teachers hired for the Recovery School District are certified. Many of the teachers and principals in the system before the storm now work in different schools.

In addition, student records were destroyed in flooded school buildings, as were Independent Education Plans (IEPs) for students with special needs. Many schools no longer have aides to work with mainstreamed special needs students, and these children are largely left to fend for themselves in the classroom. Enrollment continues to fluctuate as parents come back or leave the city. Added to all this, many children did not go to school for weeks or months in 2005 and have fallen behind—or, often, even more behind—and their lives are disrupted in so many other ways.

“I feel for my students,” said Assistant Principal Mahatha of Albert Wicker Elementary School. “Many don't know their addresses they've moved around so much.”

As the weather cooled in late fall, she bought coats for some of her students who didn't have them. CDF's office in New Orleans helped 150 children who needed school uniforms.

Principals at elementary and high schools, including the higher achieving ones, report increased fighting, problems with concentration and lagging test scores at a time when few schools have after-school tutoring programs. The school system is so thoroughly reconstituted that the system does not know how the children are doing academically compared with previous years. This year's test scores will provide a point of comparison for future years.

The violence at John McDonough High School, the largest high school with about 775 students, has escalated so much that it made national news. In the first six weeks of this school year, students have assaulted guards, a teacher and a police officer. A guard and a teacher were beaten so badly they were hospitalized. The school has a metal detector, at least 25 security guards and a number of armed police officers.

The principal, Donald Jackson, attributes the problem in part to the further breakdown of the family following Katrina, leaving some teenagers alone and angry. In an interview with the *New York Times* in the fall of 2006, he estimated that up to a fifth of the students live without parents. “Basically they are raising themselves because there is no authority figure in the home,” he told the *Times*. “If I call for a parent because I'm having an issue, I may be getting an aunt, who may be at the oldest 20, 21.”

A group of students held a press conference in October 2006, saying that the school had too many security guards and not enough teachers. Mr. Jackson has been a dynamo of activity, calling community and parent meetings and inviting Bill Cosby and the city's Congressional candidates to speak to the students.

Still, the atmosphere remains chaotic, judging from an hour sitting in the school's main office. Security guards and police officers brought in a steady stream of students, mostly for defying teachers. A sophomore sat fuming while waiting for an assistant principal. She'd been sent to the office for talking

back to a teacher. “There’s not enough teaching, no doors on the bathroom stalls, they serve cold sandwiches. They should just *close* this school,” she declared. This student said she spent three days on a roof before being rescued by a helicopter and taken to Dallas. This fall, when her family returned to the city, her mother moved in with relatives. “There wasn’t enough room for me so I live with my auntie across the river.”

Meanwhile, a boy walked around in circles, talking loudly and refusing to return to class. A girl sat waiting for her drop papers. “I’m going to go for a GED,” she said.

Another boy declared that he didn’t have to listen to his substitute teacher because “he’s not my daddy.” His father, he said, is working in Texas. Five students were suspended during that hour.

Police call teenagers not living with a parent or close relative “unaccompanied minors.” Before Katrina, New Orleans had rampant youth crime. Teenagers on their own, largely a post-Katrina phenomenon, and fewer resources to help have made matters worse. Deputy Chief Marlon Defillo has been going to community meetings about crime and insisting that police alone can’t solve the problem. “We need social support to assist families in staying together. Drug rehabilitation has taken a big hit. Mental illness. Pre-Katrina we had a place to bring people. Now it’s more difficult.” The crime rate in New Orleans has continued to rise since the beginning of 2007, with 10 murders occurring within a two-week period in January.

## **Katrina Fatigue**

The sight of New Orleanians, mostly poor and African American, waiting for days for rescue and food and water, shocked and angered many Americans. It was a Third World image, striking in its portrayal both of need and of the horrendously inadequate response of government to it. People talked about a new attention to poverty and race, and hope arose that concern and resources could help the city solve some of its long-term problems.

For many families and their advocates that hope is fading. They say that even while so much still remains to be done, “Katrina fatigue” is beginning to dry up private generosity and public funds. They worry that Katrina’s children will become a lost generation. Melrose Biagas, the Singleton Elementary School principal, is concerned about their broken trust in adults to protect them. “We have to show that adults care.”

*Investing in effective mental health treatment can mean the difference between a child’s success and failure in school and in society. The most effective mental health care must be tailored to the child’s and family’s needs and must be accessible and available when and where they need it. The needs of children and their families often cross multiple systems; communities need sustainable tools to link or integrate systems to meet those needs. On average, children’s mental health delivery systems comprising community-based services and supports save public health systems \$2,776.85 per child in inpatient costs over the course of a year and save juvenile justice systems \$784.16 per child within the same timeframe.*

—Senator Peter Domenici (R-N.M.)



## Part III



Approximately 251,000 Katrina evacuees remain in Texas after fleeing Hurricane Katrina. They left everything behind as they sought safety for their children. Unfortunately, they also lost their health coverage as the Louisiana State Children's Health Insurance Program (SCHIP) did not transfer across state lines. Only 33 percent of Katrina evacuees receive Medicaid compared to 41 percent before the storm. Only 11 percent use SCHIP compared to 23 percent in Louisiana. Worst, a staggering 30 percent of Katrina children in Texas lack health insurance compared to 8 percent before the storm.

## A Safe Haven for Katrina's Children: CDF Freedom Schools<sup>SM</sup> Program

Recovery efforts are broad and challenging, but we know how to meet the most basic education and health needs of children. Seventy public schools in New Orleans remain closed. Hundreds of children have been turned away at schoolyards, losing their legal right to education during a primary developmental period. Parents are forced to labor over the confusing bureaucracies of three separate school systems. More than half of all fourth and eighth grade students in New Orleans' public schools read below grade level, and the clinical diagnoses of depression and anxiety have increased fourfold. The prevalence of behavioral problems has doubled. Without a sense of community, thousands of children and teens are deprived of the safety, love, nurturing and stimulation they all deserve to become healthy adults. The largest high school in New Orleans opened this year with a shocking 20 percent of students living on their own, raising themselves. We must stop the increasing acts of violence committed by youth and targeting youth. There is an urgent need for adult mentors to provide the healthy supports needed to overcome the fear, isolation and hopelessness enveloping children in New Orleans.

The CDF Freedom Schools<sup>SM</sup> program builds confidence and hope in children, youth and young adults left behind in lives interrupted by crises of poverty and disaster across the nation. We partner with community-based organizations, churches, universities and schools to provide free summer and after-school care that helps children and youth better understand and believe in themselves, each other and their circumstances, and fulfill their potential. A core belief of our program is that all children are capable of learning and achieving at high standards. *CDF Freedom Schools* programs bring excitement and purpose and set high expectations for children and youth on the verge of losing faith in themselves and trust in their communities.

Children are fed healthy meals each day and are surrounded by caring adults who focus on meeting their needs, maintaining a safe environment and promoting their success. College-age young adults facilitate restorative and fun academic and cultural enrichment to boost motivation to read and generate positive attitudes toward learning. Small class sizes allow for individualized attention. Every *CDF Freedom Schools* day begins with a 30-minute self and community affirming celebration called "*Harambee!*" Described by parents and community partners as a curriculum of "hope" and "healing," the Integrated Reading Curriculum engages children in high quality books, group discussions, developmental activities, music, arts and community service around the theme, "*I Can and Must Make a Difference in My Self, My Family, My Community, My Nation and My World!*" Parents and family members participate as guest readers and volunteers, and in weekly parent workshops.

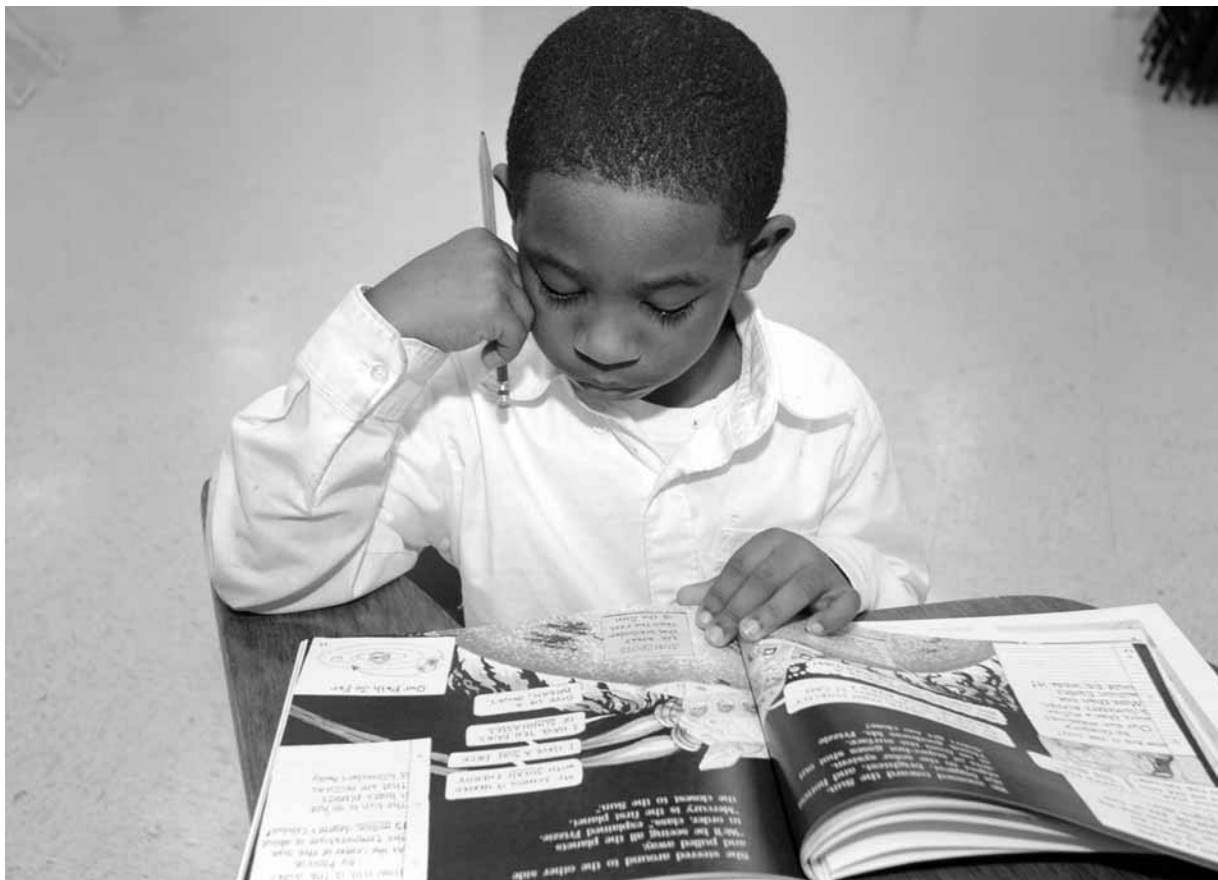
An evaluation conducted following the 2005-2006 *CDF Freedom Schools* Emergency Katrina Projects in Mississippi and Louisiana verifies that a majority of children regarded as "unreachable" or "unteachable" with difficult attitudes and low self-esteem made great improvements. After participation in *CDF Freedom Schools* programs, over 80 percent of the children reported having a "good time" and three-quarters felt happy or "like something good is going to happen," despite great loss and trauma. Seventy percent of the children reported they were "just as good as other children," an increase of 13 percent. The Philliber Research Associates of New York indicate the model in Kansas City consistently improves attitudes and reading test scores of children performing lowest in their cohort. The *CDF Freedom Schools* program is a dynamic force improving the home, school, social lives and health status of children.



In 2006 and the first half of 2007, the *CDF Freedom Schools* program:

- Trained 829 college student interns and more than 100 young adult leaders at CDF Haley Farm. Those servant leaders served more than 7,600 children at 102 sites in 49 cities in 23 states.
- Provided emergency training in Mississippi for more than 100 college students and young adult leaders to serve children displaced to Mississippi by Hurricanes Katrina and Rita.
- Provided 26 weeks of *CDF Freedom Schools* after-school programming to 600 children and families at nine sites in Mississippi.
- Provided 31 weeks of *CDF Freedom Schools* after-school programming to 50 children in New Orleans and employed five servant leaders and one site coordinator to operate the program.
- Helped establish 15 *CDF Freedom Schools* five-week summer programs in New Orleans and Baton Rouge to help Katrina survivor children.

As we move forward, CDF will sponsor more Freedom Schools across the country, and we hope to have more *CDF Freedom Schools* programs in Louisiana. *Essence* magazine has become a partner in supporting New Orleans Freedom Schools.



# Covering *All* Children in 2007: An Achievable, Smart and Right Goal

**WHY ACT NOW?** Medicaid and the State Children's Health Insurance Program (SCHIP) have made tremendous progress in improving children's health insurance, currently providing coverage to over 30 million children. **Yet more than nine million children in America, almost 90 percent living in working households and a majority in two-parent families, are still uninsured.** Millions more are underinsured. Chronic budget shortfalls, often confusing enrollment processes, and dramatic variation in eligibility and coverage from state to state prevent millions of currently eligible children from living healthy and realizing their full potential in school and life. As Congress prepares to consider reauthorization of SCHIP in 2007, the Children's Defense Fund (CDF) believes there is a special opportunity for our nation and leaders in all parties to take the next logical, incremental, smart and achievable step to ensure health and mental health coverage for **all** children in America as a significant down payment on health coverage for all.

**WHAT WOULD THE CHILDREN'S DEFENSE FUND PROPOSAL DO?** **It would ensure comprehensive health and mental health care for all children in America.** It would simplify and consolidate children's health coverage under Medicaid and SCHIP into a single program that guarantees children in all 50 states and the District of Columbia all medically necessary services. A child's chance to survive and thrive should not depend on the lottery of geography.

## **WHO WOULD BE ELIGIBLE?**

- **All children through age 18 with family incomes at or below 300 percent of the federal poverty level** (\$61,950 for a family of four in 2007). **Children with family incomes over 300 percent could buy into the program.**
- **Pregnant women at or below 300 percent of the federal poverty level** would be eligible for prenatal, delivery and post-partum care for at least 60 days after birth.
- **Youth who have transitioned from the foster care system through age 20 and other special needs children.**

## **WHAT BENEFITS WOULD BE INCLUDED?**

- All children would receive **comprehensive coverage for all medically necessary care equivalent to current Medicaid benefits.**

## **WHAT WOULD BE THE COST FOR FAMILIES?**

- Children in families with incomes at or below 200 percent of the federal poverty level (\$41,300 for a family of four in 2007) **would pay nothing for coverage or services.**
- Children in families with incomes between 201 percent and 300 percent of the federal poverty level would have **no premiums for coverage but could be charged some affordable amount for services.**
- Children in families with incomes over 300 percent of the federal poverty level would pay both premiums for coverage and some affordable amount for services.





## HOW WOULD THE CDF PROPOSAL STREAMLINE ENROLLMENT?

- All children currently enrolled in **Medicaid or SCHIP** would be enrolled automatically.
- All children currently receiving services under **certain federal assistance programs like school lunch and food stamps** would be enrolled automatically with an opportunity for families to “opt out.”
- All parents would also have the **option to enroll their child at birth, school registration, or issuance of a Social Security card.**
- Applications would be short and **simple to complete** and **obstacles to enrolling and staying enrolled would be eliminated.**

**WHAT WOULD BE THE COST TO STATES?** States would incur **no additional cost for expanding coverage and enhancing benefits or for increased** provider reimbursement rates. Those costs would be borne by the federal government.

## OTHER KEY PROVISIONS

All eligible children would be **guaranteed coverage** under this program regardless of their state of residence. To improve children’s access to health and mental health services, **payment to health care providers would be increased to the same level as Medicare.**



# A Call to Action for Katrina's Children

(1) **Provide immediate emergency mental health and health services to children and their families struggling to cope with the trauma of Katrina** including: an **emergency children's health and mental health corps**; **school-based health clinics** with easy access for children; **mobile health vans** with trained personnel every day of the week to help traumatized children and families; **emergency Medicaid** with full federal funding for 24 months as the bipartisan Grassley-Baucus Bill proposed earlier; **increasing community outreach and rebuilding community health centers and hospitals** that serve the poor in areas where the health infrastructure and personnel have been decimated.

(2) **Ensure every child in Katrina-affected states a quality public education and after-school and summer educational supports to help them make up for lost time and overcome previous and continuing school disparities.** Every child in our rich nation needs a quality, equitably funded public education system in order to escape social death in our globalizing economy and the Cradle to Prison Pipeline® crisis. Katrina children need safe, stimulating after-school and summer educational and social enrichment programs to help them make up lost time and denied opportunity.

(3) **Join CDF's campaign to ensure every Katrina evacuee child and every uninsured child in the United States—from birth to adulthood—comprehensive health and mental health coverage now with a national benefit floor with full federal funding.**

(4) **Join Katrina Child Watch® visits to let these children and families know that we care and have not forgotten them and to let our leaders know that we will not cease until they act.**


(5) **Demand that our leaders at all levels and sectors pay as much attention to constructing strong health, mental health, education and family support levees for Katrina's children in school, after school and in summer months as they pay to constructing levees strong enough to withstand another Katrina-level hurricane.** And demand that our leaders prepare better to prevent and respond competently to future disasters.

(6) **Organize Wednesdays in Washington® and Wednesdays at Home® witnesses, phone, letter writing and email campaigns and visits to your political leaders demanding mental health and health care for Katrina children now and a comprehensive health system for all children as a condition of your vote.** Also demand they stop and reverse the revenue hemorrhage from massive tax cuts for the richest 2 percent of Americans and all budget cuts in safety net programs for children and the poor, which increase our nation's human and budget deficits.

(7) **Lift up the needs of children in your regular prayer meetings and prayer circles and through participation in CDF's annual National Observance of Children's Sabbaths® celebrations in October with an action witness for child health coverage.** CDF's Interfaith *National Observance of Children's Sabbaths* Manual to help you will be available in May.

(8) **Demand investment in a quality integrated early childhood development system to help break the cycle of poverty, get every child ready to learn, and provide them the comprehensive support they need to avoid the Cradle to Prison Pipeline® crisis.** Children don't come in pieces but in families and communities. In the early years they need high quality comprehensive integrated services with parental engagement that Early Head Start and Head Start can provide. Immediate steps to serve all children ages 0-3 who need Early Head Start (only 3 percent of eligible children are currently served) and Head Start (only 50 percent of eligible children are served) and incentives to encourage Head Start collaboration with high quality child care and pre-school providers would meet some of the immediate needs of Katrina's children and families.

**(9) Vote. Vote. Vote. Organize. Organize. Organize. Hold yourself and your political leaders accountable for how they vote for children.** Visit CDF Action Council's Web site at [www.cdfactioncouncil.org](http://www.cdfactioncouncil.org) and check out its Nonpartisan Congressional Scorecard to see whether your Senators and Representative voted to help or hurt children.




**It's harder to accept the fact that 1 child in 9 is uninsured if you have to pick which child it is.**

**ELECT**  
**SUSIE FLYNN**  
 \*\*\*\*PRESIDENT\*\*\*\*

*"9 million uninsured children need a solution now."*

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## What You Can Do Today

- **Lift up our nine million children's health and mental health needs, especially Katrina's children, every Sunday in prayer from your pulpit. And ask your regular prayer groups to pray that our leaders may ensure them all comprehensive health and mental health coverage this year.**
- **Urge your congregation to go to [www.electsusie.com](http://www.electsusie.com) and get 25 others to do so to sign the petition for child health coverage this year.**
- **Agree to sign onto CDF's letter to the leaders of Congress and to Governors for coverage for all nine million children this year.**
- **Get at least 25 people to call or email or visit your Senators and Representative when they are back home during recess and urge them to support CDF's proposal to insure all nine million uninsured children this year.**





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