

**From Disaster to Wellness: The Need to Build on the Success of the Lower 9th
Ward Health Clinic in Post-Katrina New Orleans**

**Statement of
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Congressional Hearing**

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Chairman Towns and members of the Committee, I am Alice Craft-Kerney, Executive Director of the Lower 9th Ward Health Clinic in New Orleans, Louisiana. I appreciate the opportunity to be here today to discuss the successful partnership of government and community to deliver health care services to the citizens of the New Orleans region.

I first want to express my appreciation for the Primary Care Access and Stabilization Grant, which has been a lifeline for the uninsured and underinsured residents of the Greater New Orleans area. The grant program enabled the Lower 9th Ward Health Clinic, as well as, other health clinics to employ medical staff and provide health care services in New Orleans, which has been designated as a medically underserved area. It is our hope that Congress will recognize the critical need for our health clinics and take action to continue this fruitful collaboration, which contributed significantly to the recovery of the New Orleans region.

Before Hurricane Katrina, I worked as a nursing supervisor of trauma surgery wards and the confined care unit at Charity Hospital (Medical Center of Louisiana), which is part of the LSU Health Care Services Division. Charity Hospital was a level one trauma center that served as the safety net provider for patients who either had no health insurance or were underinsured. During my nineteen and a half years at the Medical Center of Louisiana, I served many patients who were hospitalized because they were not able to access primary care services that could have prevented their need for hospitalization. There are significant factors that contribute to people in the New Orleans region being vulnerable to poor health outcomes, which include:

- Large numbers of New Orleans residents living at or below the poverty level
- Low education levels and high illiteracy rates among residents
- High dependence on the public sector for health care needs
- High rates of chronic illness
- High number of uninsured residents
- Use of emergency rooms as a substitute for primary care

- Inadequate emergency preparedness

On August 29, 2005, these factors collided with the worst natural and man-made disaster in the history of the United States, creating a public health crisis of enormous proportions. Ms. Patricia Berryhill, a registered nurse and my colleague at the Medical Center, and I decided to confront this crisis by opening the Lower 9th Ward Health Clinic on February 27, 2007.

THE LOWER 9TH WARD HEALTH CLINIC: A MEDICAL HOME

The humanitarian mission we have undertaken at the Lower 9th Ward Health Clinic is informed by the *United Nations Guiding Principles of Internal Displacement*, a standard of care that is supported by the U.S. Government to ensure the recovery of people around the world who become displaced by a disaster. Principle 19 of the *Guiding Principles* calls for comprehensive medical care and special attention to the health needs of displaced persons. For displaced New Orleanians, these health needs involved the traumatic experience of the disaster and being uprooted from home as well as the physical impacts of not having access to life-sustaining medications and treatments.

As time passed, no one came to the lower ninth ward—a community separated from the rest of the city by a waterway called the Industrial Canal. Historically, the lower ninth ward was last to obtain any services. With that knowledge, we opened the Lower 9th Ward Health Clinic in order to provide the medical care needed by internally displaced people returning to New Orleans, many of whom have a history of inadequate medical attention.

The necessity for the Lower 9th Ward Clinic was borne by the on-the-ground conditions in New Orleans. In the immediate aftermath of Hurricane Katrina, Charity Hospital, the medical safety net provider, was closed indefinitely. Some of the re-opened private health care facilities were ill equipped and without the capacity to care for the host of needs among the patient population. There was also the question of who would provide care for the uninsured? Scarce medical resources led to the roll-out of health care service buses that passed through various neighborhoods and temporary tent clinics which drew long lines of people.

In the lower ninth ward, residents struggling to restore their lives demanded a health care clinic. Ms. Berryhill and I committed ourselves to finding a way to meet this urgent demand. Ms. Berryhill allowed use of her home on St. Claude Avenue in the Lower 9th Ward to be converted into a health clinic. With the assistance of residents, advocacy organizations, and volunteers, we planned, designed, and built the Lower 9th Health Clinic with a clear focus on making it a real home for healthcare regardless of ability to pay. By “home,” I mean a place where people feel welcomed and comfortable with staff who support them in taking the necessary steps to wellness and prevention.

Initially, the clinic was staffed by volunteer medical providers at a time when many medical professionals who lived in the city were physically displaced by the disaster. It was largely through the Primary Access and Stabilization Grant that we were able to access the funds to employ and stabilize medical staff, purchase medications, medical equipment and supplies, and

contract services for laboratory tests. The grant also provided us with the capacity to raise funds from other sources.

Today, the Lower 9th Ward Health Clinic is proud to report that it employs two part-time physicians with significant medical experience, two medical assistants, one clinical director, and one executive director. We serve more than 2,200 patients on an on-going basis and over 5,000 patients through initial medical visits. We are grateful to provide a service that has not only contributed to the medical progress and positive health outcomes of our patients, but also to their recovery and the recovery of New Orleans.

HEALING & EMPOWERING PATIENTS

As we continue to move forward, the Lower 9th Ward Health Clinic has made tremendous strides in health promotion and disease prevention. Our overarching goal continues to be prevention of premature deaths and avoidance of unnecessary disabilities due to chronic illnesses. We embrace a model of care that is patient-centered and provides a conduit to a continuum of health care services. We are patient navigators who empower our patients to effectively care for themselves through highly individualized patient education, consistent medical follow-up, preventive screenings, and a unique aftercare program. The Lower 9th Ward Health Clinic has implemented programs that utilize and promote best practices in disease management among high risk, underserved populations and institutes extremely innovative therapies. At each and every visit, we question and document the patient's responses to recent hospitalizations and emergency room visits. We have documented that our patients who consistently return to our clinic for follow-up care do not have emergency room visits or hospitalizations. In addition, we keep track of patients who may become depressed since we have seen an increase in depressive disorder self reports after Hurricane Katrina and this has been a major factor for patients remaining outside of care.

Because this clinic is anchored in the Lower 9th Ward community, is staffed by culturally sensitive medical professionals, and outfitted with emergency medical equipment, we have been able to take action in time that has saved lives of people who came to us with emergency health problems. We received undisputable confirmation that we in the right place, at the right time, doing the right thing when the first patient that entered the door of the clinic was so ill that she was transported via ambulance to the emergency room. The Lower 9th Ward Health Clinic has sent a number of patients to the emergency room to receive life sustaining treatments. However, we are most proud of our accomplishments in reducing emergency room visits, decreasing hospitalizations, and reducing absenteeism from work which translates into increased productivity and a better quality of life. With every patient we serve, we know that we are reducing the factors that have led to poor health among residents before and after Hurricane Katrina.

ONGOING PARTNERSHIP

While we have made incremental progress, there is still much work to be done in the areas of quality improvement and disparity reduction. With the adversity of this disaster there was also an opportunity to discard ineffective treatments and try new and innovative therapies to improve

quality of care and reduce disparities. The positive health care outcomes to date have been realized in large part because of funding from the Primary Care Access and Stabilization Grant. We are eternally grateful to all members of congress and commend past Secretary of Health and Human Services, Michael Leavitt, for his service and his leadership, as well as, his insightful actions which aided the New Orleans region in receiving much needed funding for health care services. We are also looking forward with great anticipation to future public-private collaborations which enhance and sustain the health care status of the citizens of our region. On behalf of the 2,200 patients of the Lower 9th Ward Health Clinic, we ask for the support of this Committee to continue the Primary Care Access and Stabilization Grant in order to save lives and enhance the health care status of the citizens of our region.

Thank you.