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Commentary

Katrina's legacy

Society more prepared to care for children in disasters, but hurricane victims still suffering 6 years later

by **Carden Johnston, M.D., FAAP,** and **Steven E. Krug, M.D., FAAP**

While significant progress in disaster planning has been made since Hurricane Katrina, including greater involvement of pediatricians, the unmet needs of the victims can linger for years.

How long does it take to heal? Is six years long enough?

Pediatricians who primarily provided critical services during the pounding and aftermath of Hurricane Katrina report ongoing consequences. In a supplement to the August issue of *Pediatrics* (http://pediatrics.aappublications.org/content/128/Supplement_1.toc), not only do they document how their patients are coping, they write compelling articles about how their professional, personal and community lives are still being impacted.

Our pediatric colleagues, who happened to be on call or volunteered to respond, had to provide critical care to children without power, communication, water and/or supplies. Continuously improvising, they made decisions based on their best clinical judgment in unrehearsed, unpredicted situations with no infrastructure. Amazingly, they consistently made correct choices (*Hurricane Katrina, Children and Pediatric Heroes.* A Supplement to *Pediatrics*. 2006;117: S355-S460).

Pediatricians, researchers, historians and especially disaster planners wonder about what is happening to these pediatricians, their patients, families, co-workers and communities.

The good news is that significant progress has been made since Hurricane Katrina devastated the Gulf Coast in August 2005. Lessons learned from Katrina have improved immediate care to children who were involved in other hurricanes, oil spills and earthquakes. Schools, communities and families better recognize the need to be self-sustainable for several days after a disaster until the government or others can coordinate provision of food, water and other support services.

The work of the Academy and the National Commission on Children and Disasters has increased attention being paid to children's issues. The Academy has created partnerships with federal agencies, and AAP leaders are being invited to participate in national preparedness decision-making discussions. Collaboration has become a buzzword, and a nationwide dialogue about children's needs has begun.

Other recommendations made soon after Hurricane Katrina also are being met. Communications are better, with special networks being established. Pediatricians are recognized as important members of disaster-planning committees. There are meetings between public and private providers. Strategies to verify and credential qualified physicians emergently are being initiated.

Significant changes have occurred in the hospitals impacted. For example, having successfully carried out the evacuation of 100 patients following Katrina without any assistance, Children's Hospital, New Orleans, is charged with the coordination of all regional pediatric and neonatal evacuations in the future. Several hospitals made interesting structural changes, such as:

- moving pediatric or neonatal intensive care units to higher floors;
- constructing an elevated helipad to allow transport when ground routes are not available;
- installing raised generators with underground fuel tanks able to provide power for extended periods of time;
- stockpiling items like food, potable water, air mattresses, portable toilets and hospital supplies; and

- developing security plans that include police officers who can remain onsite for hurricanes.

The needs of children do not stop at 30 days post-disaster — or even a year. The current supplement clearly documents unmet needs for many years. The following excerpt provides a snapshot of insight:

"The children in the schools seem better adjusted, but some still have fears and anxieties that resurface, even with minor storms. Because many parents continue to suffer from depression and/or anxiety about their financial situations, there has been an increase in the rate of mental and behavioral health problems, substance abuse, child abuse and family disruption."

Recruiting pediatricians to provide care in disaster areas is problematic, creating monumental changes in practice patterns. Consequently, referral to specialists is limited, forcing primary care pediatricians to provide secondary and sometimes tertiary care. Post-disaster physicians find changes in their patient mix. Demographic changes, as well as social, economic and psychological issues impact training programs. Caring for children with special health care needs who are homeless requires creativity as well as better-funded social services. Hospitals that are viable have to fill clinical needs for those that no longer exist.

Payment recommendations made by front-line pediatricians five years after Hurricane Katrina continue to be unmet. Volunteerism is expected, applauded and personally rewarding, but this intense level of volunteerism is unsustainable. Katrina's children need more care, not less, to help them and their families return to a satisfying role in society.

We stand in awe of the pediatricians and other colleagues who met the challenge of maintaining care of ill children during a major disaster, even though their offices and homes were being destroyed or while their disabled hospital was being evacuated. Disasters occur anywhere and everywhere. Some of us will be called on to serve in situations in which we, too, will have to improvise.

September is National Preparedness Month. What one thing will you do to improve your office, family or personal preparedness and to ensure that your patients are ready?

RESOURCE

For more information, visit the AAP Children and Disasters Web site at www.aap.org/disasters/index.cfm or e-mail DisasterReady@aap.org.

Dr. Johnston

Dr. Krug

***Drs. Johnston** and **Krug** are members of the AAP Disaster Preparedness Contact Network. Dr. Johnston is an AAP past president (2003-'04). Dr. Krug also is chair of the AAP Disaster Preparedness Advisory Council.*