



Children's Health Fund

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NEW REPORT PROVIDES REMEDY TO DYSFUNCTIONAL DISASTER RESPONSE SYSTEM THAT HAS LEFT MORE THAN 20,000 GULF REGION CHILDREN IN CRISIS MORE THAN FOUR YEARS AFTER THE HURRICANE

*Children's Health Fund Calls for New Case Management Protocol as Part of the Creation
of a National Recovery Framework and Pending Reform of Stafford Act*

*Irwin Redlener, MD, President of Children's Health Fund and Member of the National
Commission on Children and Disasters, to Provide Recommendations to Protect Children
and Families in Aftermath of Future Disasters to Disaster Recovery Subcommittee
on Wednesday, December 2*

NEW YORK, NY (December 1, 2009) – The Children's Health Fund (CHF), a national organization that advocates for and develops programs that provide clinical care to children in need including three permanent projects in the Gulf Coast area – New Orleans, LA; Gulfport, MS and Baton Rouge, LA – released today a report recommending that a single lead federal agency, rather than the current mix of federal and local organizations, should be designated to coordinate the implementation of all future disaster case management programs in the Gulf and elsewhere.

Case Management is an essential part of disaster recovery, a process that coordinates, implements, monitors and evaluates the individual and/or families' health and human service needs. Effective disaster case management ensures that children and families are protected from secondary, long-term trauma following a major catastrophe.

It is uncertain how many individuals and families impacted by Hurricane Katrina still remain in recovery. It is widely acknowledged among public health and disaster management professionals that 20,000 or more children are still in recovery or in uncertain conditions with respect to housing, education, and access to essential services.

The imminent opportunity to reform federal disaster case management as part of the creation of a National Recovery Framework and reform of the Stafford Act encouraged CHF to bring together key stakeholders around disaster case management to establish recommendations on both the local and national level. The participants included organizations that currently provide different programs to the hurricane-impacted community. Members from the Federal Emergency Management Agency (FEMA), U.S Department of Housing and Urban Development (HUD), U.S. Department of Health and Human Services (HHS), and the Louisiana Recovery Authority (LRA), with providers and advocates for disaster case management services participated in a roundtable event on October 7, 2009, as well as interested parties from academia, the private sector, and foundations.

The group concluded that a single federal model for case management should be rapid and sustainable, local and appropriately funded, among other things. Further, two important points noted in the report, include:

- Significant disaster related destruction of communities and infrastructure inevitably requires long-term rebuilding which may result in a prolonged and difficult recovery for individuals and families, many of whom will require supportive case management.
- When case management programs fall short, they tend to fail the most vulnerable in the affected communities.

“Case management is an essential part of disaster recovery, linking individuals and families with key services needed to recover as well as the government’s ability to monitor both the program and human recovery process,” said **Senator Mary Landrieu, D-LA**. “Following the devastation of Hurricanes Katrina, Rita, Gustav and Ike, several federally initiated disaster case management programs were implemented in Louisiana including Katrina Aid Today, Disaster Housing Assistance Program (HUD), HHS Disaster Case Management Pilot Project, and FEMA Disaster Case Management Pilot Program. I applaud the efforts of CHF and these important stakeholders who have developed these recommendations to create a faster, more efficient and more humane system to respond to current and future communities afflicted by disasters.”

“Thousands of vulnerable children who survived Hurricane Katrina now face potentially permanent mental health and academic issues as a direct consequence of disorganized and dysfunctional recovery protocols that have left many families in unstable housing with sporadic contact with health providers and difficult school settings,” **Irwin Redlener, MD, President of Children’s Health Fund**, said. “The failure to identify and register individuals and families that needed case management programs, and then to many other people in Louisiana, the Gulf, and across the nation who left the Gulf to never return, has left them unnecessarily vulnerable.”

Dr. Redlener, Director, National Center for Disaster Preparedness and Professor of Clinical Population & Family Health Columbia University Mailman School of Public Health, who is scheduled to testify about the report at a December 2nd hearing on case management before the Subcommittee on Disaster Recovery chaired by Senator Landrieu, continued “To that end, we recommend a one-year interagency agreement between FEMA, HHS, and HUD to better provide current disaster case management services is an important next step and is expected to be –and should be –executed without further delay and with full consideration to the lessons learned in Louisiana.”

“While catastrophes have a profound effect on everyone in the disaster zone, they’re particularly traumatic for children,” said **Mark Shriver, Chairperson of the National Commission on Children and Disasters**. “We have to find common sense solutions to meet the unique disaster response needs of children and streamlining case management programs in ways suggested by the Children's Health Fund is a powerful step forward.”

The key recommendations from the Roundtable’s deliberations were:

- A single lead federal agency should be designated to coordinate the implementation of all disaster case management programs.
- A single federal model for case management should be established using the criteria outlined in the report.
- Mechanisms to ensure rapid, sufficient and efficient sharing of client information among relevant governmental agencies and provider organizations must be developed. This may well require contingency-based modifications of the Privacy Act.

For a complete copy of the report and list of signatories visit, www.childrenshealthfund.org

Children's Health Fund (CHF) (www.childrenshealthfund.org) Founded in 1987 by singer/songwriter Paul Simon and pediatrician/advocate Irwin Redlener, MD, Children's Health Fund (CHF) is the nation's leading pediatric provider of mobile-based health care for homeless and low-income children and their families. CHF's mission is to bring health care directly to those in need through the development and support of innovative medical programs, response to public health crises, and the promotion of guaranteed access to health care for all children. Teams of dedicated medical professionals in CHF's 24 pediatric programs in 15 states and the District of Columbia have brought essential primary care services through more than 2 million patient visits.

In response to the devastation of Hurricanes Katrina and Rita, CHF established three permanent health and mental health care projects in the Gulf Coast area; the New Orleans Children's Health Project, in partnership with Tulane University School of Medicine, the Baton Rouge Children's Health Project, in partnership with LSU Health Sciences Center School of Medicine and the Mississippi Gulf Coast Children's Health Project, in partnership with Coastal Family Health Center. In collaboration with the National Center for Disaster Preparedness at Columbia University's Mailman School of Public Health, the organizations have established one of the largest ongoing cohort studies of post-disaster recovery in Louisiana and Mississippi, the Gulf Coast Child and Family Health Study.

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