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Children's Hospitals Meeting the Challenge Together

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WHEN Hurricane Katrina turned toward Louisiana, children's hospitals and pediatricians from around the nation mobilized to assist Children's Hospital of New Orleans (CHNO) and other area hospitals with patient evacuation, supplies, volunteers, and equipment. The successful evacuation of 72 seriously ill children from CHNO, completed within 24 hours after the decision to evacuate was made, transpired with the help of multiple children's hospitals and many Louisiana hospitals. This experience bears out the fact that no hospital, and indeed, no locality, can rely solely on itself when a disaster occurs.

Overall, I believe it is fair to say that the nation's pediatric community responded to Katrina well. However, I do not believe that there is a question in anyone's mind that we could have done better, that in some cases a child's care slipped through the cracks, or that the next hurricane might be bigger. As surely as Hurricane Katrina left destroyed buildings and flooding in its wake, she left behind an opportunity that pediatric providers cannot ignore: the opportunity to strengthen health care for all children. By examining what worked and what did not work, this supplement takes an important step in that direction.

As the association that represents children's hospitals nationwide, the National Association of Children's Hospitals and Related Institutions had a bird's eye view of the pediatric community's response to Katrina. What worked was the high level of cooperation among pediatric health care providers, including the 4 children's hospitals that aided directly in the CHNO evacuation with helicopters and planes. Many hospitals accepted displaced patients, dozens of children's hospitals provided volunteers that worked alongside hundreds of individual pediatricians in the aftermath, and several children's hospitals held fundraisers for CHNO.

The strong response of children's hospitals to Katrina

victims was the result of years of networking that solidified the relationships of decision-makers and, most importantly, built trust. The strong bonds that most children's hospitals have with specialty and community pediatricians helped communities provide immediate care for injured children and ensured that healthy children stayed that way even as they took refuge in cities across the United States.

Working side by side with community pediatricians, child-focused organizations in the region, and other community hospitals, children's hospitals were reminded that knowing who to call and how to get hold of them is not a luxury but a necessity.

The lack of communication and mutual support between disaster-planning agencies and CHNO was clear. At more than one point during the storm and subsequent flooding, CHNO leaders were unsuccessful in obtaining help from federal, state, and local agencies. This lack of communication forced children's hospitals and pediatricians to create solutions to problems that had not been experienced in the past, and certainly not on the scale of this disaster. In one instance, 2 ventilator-dependent infants were transferred to CHNO from another hospital via a small boat paddled by residents in the early hours of the storm. In another, a make-shift helipad was set up on a grassy field near the hospital with event

Key Words: Hurricane Katrina, children's hospital, disaster planning, disaster relief, Medicaid

Abbreviation: CHNO, Children's Hospital of New Orleans

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lights and portable generators helping direct helicopter landings. Children survived because of committed staff who created and implemented these solutions. Administrators, physicians, nurses, laboratory technicians, and respiratory therapists, as well as cooks, housekeeping, maintenance, security, and many others, gave their time despite the needs of their own families. However, there is no question that partnership-building is sorely needed so that children's needs will be a higher priority in the next disaster.

Significantly, one of the reasons that children's hospitals in the region were able to offer much-needed assistance to CHNO, other hospitals in New Orleans, and federal and local governments, was because they had the skills, materials, knowledge, committed staff, and, importantly, access to financial resources. Volunteers contributed countless hours of time, and many businesses and organizations contributed materials, but there are still significant costs in responding to a disaster.

Hurricane Katrina made it clear that our pediatric health system must be financially sound so that it has enough resources to respond immediately in a disaster and to maintain full function in the weeks and months after. The issue of adequate funding of children's health care is particularly pertinent now as significant cuts to the Medicaid program, as well as increases in cost sharing and restrictions on care that children can receive, threaten the remaining resources that children's hospitals have and their ability to rebuild them, not to men-

tion the benefits children need. Medicaid is the single largest health insurer for children and the single largest payer of care delivered by children's hospitals, yet the impact of Medicaid cuts on children and the nation's pediatric infrastructure is a point lost on some policy makers. Now more than ever the pediatric community must stand firm together in demanding that pediatric health care resources be protected and expanded.

Cuts to Medicaid and children's services and benefits could well mean that children's health care providers may not be able to respond as comprehensively to the next big disaster as they did to Katrina, and this disaster has shown what the inability to act quickly could mean to potentially affected children.

Although we, the pediatric community, understand that children (especially those with chronic and acute disease, newborns, and the injured) do not easily fit into disaster-planning scenarios for adults, others do not. We must work together to ensure that the unique needs of children are recognized by community, state, and national disaster-planning agencies and experts. Pediatricians, children's hospitals, and other pediatric health care providers need to be integrally involved when these agencies are creating plans to prepare for and cope with disasters. Likewise, children's providers must work together in our states and at the federal level to strengthen and protect children's health care now so that we will be better prepared to take care of all children then.

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