INTERVIEW

Rebuilding A Community Health Center Following A Natural Disaster: Interview In Biloxi, Mississippi

Two years after Hurricane Katrina, the region's health care system is still a skeleton of its former self, despite the dedication of those who came to help.

by Tom Bearden

ABSTRACT: Coastal Family Health Center is a not-for-profit health center that operates several community health clinics in the Biloxi, Mississippi, area with an annual operating budget of $10.4 million. On 29 August 2005, Hurricane Katrina virtually destroyed the Coastal Family Health network. Frustrated by slow governmental response, Coastal joined forces with volunteer organizations to salvage and rebuild its facilities. With the help of a host of unpaid volunteers, the subjects of this interview cobbled together a patchwork of funding sources to allow Coastal to begin to restore primary care services for thousands of Mississippi residents. PBS's *NewsHour with Jim Lehrer* has reported extensively on their efforts to recover from the storm. [*Health Affairs* 26, no. 5 (2007): w644–w650 (published online 29 August 2007; 10.1377/hlthaff.26.5.w644)]

Tom Bearden: What kind of operation did you have before the hurricane struck?

Joe Dawsey: We had nine locations where we provided services. These included an HIV/AIDS clinic, a homeless program, and clinics located in public school buildings. We were providing services primarily to the uninsured who otherwise would not receive care. During 2004 we had about 32,400 patients with over 100,000 visits, for an average of about three visits per patient. We were growing and had a good cash reserve and a stable medical staff. And then Katrina changed everything. We lost four sites completely. We had about four to five feet of water in the administration building. Everything inside the remaining buildings was destroyed. We lost our computer system and all communications. About 60,000 medical records were gone.

When I got back here to Biloxi the day after the storm, I found that most of my staff had left. Most didn't immediately come back, and some never returned. They'd lost their homes, so they were staying away. It was really disappointing. So we worked with volunteers. We reopened some clinics with volunteer doctors, nurses, and staff about a week after the storm.

It was all very chaotic in the early stages. Shortly after the storm, we were invited to the Federal Incident Command Center, where we

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started having meetings trying to organize things because there was really no organization. Everybody was pretty much on their own, picking up medications and so forth at a central location. Volunteers were coming down at a rapid rate, and no one was really trying to organize that. It finally wound up with Coastal being the one trying to coordinate the volunteer people because no one else was doing it. FEMA [Federal Emergency Management Agency] had a good response plan. They just didn't follow through with it.

Bearden: What didn't they follow through on?

Dawsey: They had Disaster Response Teams come in, and we'd spend hours making detailed plans, and then that team would rotate out and a whole new group would show up. And we'd have to start from the beginning with the new group. They'd all ask, "What do you need?" And I'd tell them time and time again what I needed—sometimes daily. They were all as nice as they could be. They wanted to help. But they couldn't actually do anything. When we got help, it came from private agencies and volunteers, particularly Hands On Disaster Response and Project HOPE.

Understanding The Devastation

Bearden: I gather that in the early days it was difficult to get people to understand the scope of the devastation here.

David Campbell: We'd get calls from people outside the area who were offering to help in different ways. My phrase, crudely, was always, "Give me butts in seats." Get a person down here, have him sit here and live here. Then he can understand what the needs are. Don't ask me to describe our needs to you and sit back in Chicago or Seattle or Boston. Get down here, and then you'll understand what the needs are. Any organization—HRSA [Health Resources and Services Administration] or FEMA or anyone else—has to have people in the situation.

Dawsey: The government agencies couldn't get the concept of how bad it was until they actually got down here and looked at it themselves. Well, it's still bad. Many communities are still washed out, and no amount of paperwork and reports was able to convey that. In the meantime, hundreds of volunteers were getting on planes, coming down here, working, doing a lot of good. I never understood why DHHS [U.S. Department of Health and Human Services] couldn't just send someone down here instead of just making phone calls. Let them stay on site for a day or week or for how long it takes, and let them do the report. That was my number-one sore point: the failure to send somebody down.

Role Of Hands On Disaster Response

Bearden: What specifically did Hands On Disaster Response do for Coastal?

Campbell: We came into the area the week after Katrina and set up a volunteer operation. Our intent was to do whatever seemed to be most needed in the area. And that started out to be chain-sawing, cutting trees off houses, and putting out tarps on roofs—just trying to help where it was needed.

We met Coastal the third week in September and helped gut the clinics (remove ruined drywall and fixtures)—things we were also doing for private homes, schools, and so forth. But Coastal needed more than just cleanup help. In our group of volunteers, we had people with professional expertise that Coastal badly needed. That wasn't planned but just sort of evolved. For example, Kris Cyr runs an organization called CAVU [Ceiling and Visibility Unlimited], which focuses on funding for community health centers in Massachusetts. Another volunteer was an architect, Nate Herrold, who helped us figure out whether buildings could be gutted or if things could be preserved. Nate stayed here for a year, working as a volunteer. We had a guy by the name of Joe Chouinard who showed up as a volunteer. He was a former executive with VISA out of London who was between jobs, and he stayed here and started to help with our strategic plan—how do we map all the things we're going to need, what will they cost, where might we go to get that money. Chris DeVeer was another one of our volunteers. He had been with us on

a project in Thailand—very smart, very skilled. We gave him responsibility for the FEMA relationship. Others brought other skills to the table. So we basically built Joe a volunteer management team.

One of the biggest challenges for the team was that the sources of assistance were so unpredictable. You have this patchwork of things coming at you. The Ohio Physicians Association gave us one of our first checks. Islamic Relief donated a trailer. You have to have someone to take the time to figure out what our needs were and then how to start matching column A and column B. The only thing that's really useful out of column A is cash, if it comes quickly. There wasn't much of that.

One of the first things we needed to do was replace the clinic in Moss Point. Well, to put together an emergency clinic you need three things: land to build on, volunteer effort, and cash. We figured out what we thought the project would look like and needed $400,000 in cash plus these other components. Then Jack Blanks with Project HOPE, who had coordinated the efforts of a lot of professional health care volunteers, got his organization to agree to allocate the cash for that. But the solution was bizarre. Merck donated some used construction trailers that were up in Pennsylvania. Singing River, a local hospital, paid to ship them down. Volunteers and contractors hired with the Project HOPE funds helped assemble them into an actual clinic. Project HOPE gave us the money for equipment, and so we ended up with a new 3,600-square-foot primary care clinic, but what a bizarre way to do it.

A Better Way To Run A Recovery Operation

Bearden: What's the better way to do it?

Campbell: That's a very good question, and it's one I'd like to see answered. One could say, for example, when you're done, here's a list of where all the money came from. How do we rewind so that we would have been able to anticipate twenty-four months earlier? We're going to get $125,000 from Pfizer, thank you, but let's get it more quickly so we can use it for flexible spending.

Dawsey: Most of the people who donate want to tell you where to put their donation. They want something specific, something they put their name on. Nobody wants to give you money for general operations.

Bearden: Give me an example.

Dawsey: OK. The Yakima Valley Community Health Center in Washington State had a fundraiser, and they called to say that they wanted something, a piece of equipment or something that they could identify. So they bought us some medical equipment for our Long Beach clinic—a defibrillator along with some other equipment.

Campbell: Another group said, "Here's $100,000 for an information system." It's great, you have to say thank you, but you really need something else. And so people will give you specific equipment, or they give you funds against a specific need, as opposed to listening to what you say you need and then saying OK, I'll give you that. It's amazing that the donors frankly don't listen a little more. So it's nice when someone says, here's a mobile clinic, but maybe at that point in time, what you really needed was some money so somebody could start sketching out what all the projects are that you need to start. You really do need planning money, with quite a bit of flexibility, and you need it rather quickly. You also need someone who's very good at figuring out things, like where we should go to apply for funds, where we can tell our story properly, so the sources of funding will give you money up front and then make sure that follow-up money comes on a logical and realistic schedule. That would seem to be a better approach.

Bearden: What was it like trying to get public money—tax dollars—to help rebuild the clinics?

Campbell: As an example, when we started, Hands On Disaster Response formed a committee to work with Coastal. We assigned one of the full-time volunteer positions to do nothing but interact with FEMA. We started tracking every week, what does FEMA say they need from Coastal, how can we help Coastal find the documents, get the estimates

or whatever, so we can supply FEMA what they want? And then that person needs to stay on top of FEMA to make sure it's all moving through that system. As just a data point, on the twelve-month anniversary of Katrina, when we reviewed these things, we found that FEMA had formally committed something in excess of one million dollars to Coastal. But as of that twelve-month anniversary date, Coastal had actually received less than $100,000. Being a government agency administering tax dollars, FEMA is very much into "send us the receipts and the proof of what you spent," and that's fine. But it doesn't address the need for planning for the future—what are the needs going to be in the two years and five years after the disaster?

There are so many questions. Are communities like Bay St. Louis and Pass Christian even going to come back at all? Will the population return, or will it be permanently smaller? Number two, What's it going to cost to build the facilities that I think will be needed? And, of course, When would the money be available to build anything? And you can't say, "We're going to build it in three years." You've got to get something going now because people need health care right now. So you have to create an interim set of facilities, even as you begin planning for a replacement set of facilities. And on top of all that, you've got to be running the current business. That's simply overwhelming for an organization like Coastal. So someone's got to come in and bring huge project management expertise to go in several directions at once—physical plans, financial plans, management plans. And nobody does that.

Dawsey: Unless you want to wind up as we did, where volunteers did that. If it hadn't been for them, I don't know what we would have done, frankly.

Campbell: Coastal eventually received a $7 million Social Services Block Grant. But it was quite a long road before the first dollar of that money actually showed up. Eight months after Katrina, in April 2005, we discovered that we had only seven days to write the application for that block grant. And then after we got the grant, we were told we had to spend it all by September 2007. That would have meant getting everything done—planning, design, and construction—in about twelve months. But that was completely unrealistic in terms of bidding a project and getting it built. That deadline was recently extended, but we had been frantically trying to comply with that requirement right up to the last moment.

Dawsey: You can't get a contractor down here to do anything in twelve months. In fact, there's a pretty severe shortage of contractors as it is. We're in competition with many other projects, and the regulations were making it nearly impossible to deal with the real world.

Campbell: Ten percent of that grant money should have been available sixty days after the storm, to be used for planning purposes, not sixteen months after the storm, when we got the first actual check. We had to rely on volunteers to get the job done. That's not the way it should be done.

Dawsey: At first, the state agency administering the grant funds told us that we couldn't get any money to do construction—that the law prohibited that. We had to argue with them, literally show them where it said construction funds were authorized in the law.

Communicating The Needs

Bearden: So the people you were applying to for the grant didn't understand what the grant was?

Campbell: Well, it was the Mississippi interpretation of the federal legislation. One of the great ironies is that the country of Qatar gave $100 million to the U.S. for hurricane relief. Part of that money initially went to Louisiana, and part was allocated to Mississippi.

Dawsey: We received $3.4 million of that money, starting in September 2006.

Bearden: And you didn't get your first U.S. government funds until January 2007. So money from Qatar got here faster than money from Washington?

Dawsey: Oh, yes. That's the irony. It's been quite a struggle. Just a couple of weeks before we got the Qatar money, I almost had to shut down one of our clinics and lay off all the staff

because there was no money coming in. DHHS lent us $500,000 to make the payroll and keep the clinic open.

Campbell: And part of the reason DHHS finally shook loose was because Kris Cyr was lobbying loudly. Joe was sort of constrained—he's the recipient of the funds, he can only gripe so much. Well, Kris was lobbing these mortar shell attacks, saying, "This is going to be a disaster if you don't do something." So it's interesting that we needed the balance of "Please" and "Damn it, if you don't, something bad's going to happen."

Another resource that we ended up spending Coastal money for was to retain Brad Prewitt, an attorney. I don't know if he's what you'd call a lobbyist or not, but he worked on our behalf. He had been on the staff of Sen. Thad Cochran (R-MS), and he represented us at the state capitol in Jackson. We needed that pressure, and so the total resources required to squeeze the money out is just wildly inappropriate. I mean, I'm elated that it worked, but it's absolutely inappropriate that that's what was required. And I don't think anyone should assume that that same combination of forces is going to come back together. Frankly, we were lucky, but it's ridiculous the combination of things that had to come together to allow it to work. It should never be assumed that that kind of combination is how you should solve this type of problem.

Effects On Patients

Bearden: How did all of this affect your patients?

Dawsey: Well, we couldn't see the patients. We needed facilities to see the patients. Our original clinic that we lost here in Biloxi had twenty-one exam rooms. After the storm we were operating out of a mobile facility that had one exam room. Another had two rooms. And our staff is scattered in four different locations. So if someone wants the pediatrician to see their child and also to be seen themselves, they have to go to two different locations and have two different appointments, where before they could go into one building and get taken care of. So that's certainly an inconvenience for the patients, plus we can't make the same number of appointments with just one exam room. Everything is limited when you do that in the temporaries.

Competition For Funds

Bearden: Billions of dollars have been appropriated for hurricane relief for the Gulf Coast. Are a lot of agencies competing for that money? How much of it actually reaches agencies like Coastal?

Dawsey: Here's an example. Mississippi asked Congress for $2 million to test some new disaster communications equipment. Congress eventually appropriated about $4 million, but divided the money between six states. All received the same amount. The actual money went to each state's primary care association. The money was intended for disaster planning, aimed at trying to prevent this from happening again. The bottom line is, we haven't received any of it.

Bearden: No trickle-down.

Dawsey: No trickle-down at all, and as of this day, there's $600,000 somewhere up there in the State of Mississippi and $600,000 in several other states, and I don't know what happened to that, either.

Kris Cyr: The emergency communications plan that was originally put forward really was very smart, well thought-out, with a significant amount of input from the business world in terms of how this could be done practically. That could have been a national model, but it was twisted and turned and picked apart until it was completely ineffective. It could have had such a wide impact. You'll never see a wide impact now because it's really getting pulled apart. By the time the carcass gets to Coastal—the people who need to implement this—there's nothing left.

Dawsey: Another thing bothered me. There was a lot of money out there for grants and so forth. But our computers were destroyed, and I didn't even know the money was out there, and even if I did, I didn't have the wherewithal to apply for it. And then all of a sudden someone would drive up—people from universities all over the country, universities that had got-

ten some Katrina money—and they would say, "We're here to do a study," or "We're here to do something," and they want to work with us. Well, I didn't know what they were doing, they didn't know what they were doing, but they had received some money, and they were down here to do something. And we still have one such group here now. Their project was to do screening, so they come down two days a month and do health screening over in Gulfport, about a mile from our clinic. The money could have been put to much better use in the clinic that's already in the neighborhood, rather than some nursing school coming down two days a month to do screening. And if they actually find anything in the health screening, they've got to refer the patient to our clinic anyway. It just didn't make any sense to me.

Lessons Learned?

Bearden: From a disaster planning perspective, are we any better off today if this hurricane were to occur again tomorrow?

Dawsey: No. That's the short answer. If Katrina happened tomorrow, I honestly don't believe we'd be better off. We have a few stronger buildings, the ones we've managed to build. I don't believe the lesson has been learned.

Campbell: It's interesting—we sort of primed the pump with volunteers, including substantial pro bono efforts from the folks at Abt Associates to help identify potential sources of financing, and then we used some of our initial funding to bring in sustainable professional resources. Those professional resources will be essential to allow Coastal to both complete the planning and construction and get the facilities open. We can reconstruct that volunteer network and pull together quickly again. But it seems to me that that sort of response ought to come from HRSA or NACHC [National Association of Community Health Centers}—one of those organizations. They should be learning with us right now and then stepping up and taking that role the next time. It would be a smarter way to do it, I think.

Joe, have you had any communications from FEMA that were sort of open-minded, in terms of, "Gee, Mr. Dawsey, what do you suggest we do differently?"

Dawsey: No, no.

Campbell: I mean, there's such a learning opportunity here.

Bearden: Did you see any evidence of anyone trying to make the situation better next time?

Dawsey: No.

Bearden: None whatsoever?

Dawsey: No, I haven't.

Bearden: Who needs to fix this?

Dawsey: That's a good question. I think the health care piece would have to be DHHS and NACHC, working with local organizations to provide some national coordination. I don't think FEMA can fix it unless it changes, unless it can have a separate health care branch—which I think would be unnecessary.

Cyr: I think that's right in terms of funding, but the reality of any disaster is that local communities are going to have to come up with the solutions, and they need the support structures. They don't need FEMA to come in and tell them what to do. Communities need to say, "Look, this is how you get barriers out of the way to turn this into a success here." FEMA needs to ask, "How do we provide the resources to you as a community?" And this all has to be coordinated by the community. Certainly the community leaders came out, supported that, put together a good plan—and nothing happened. So I think we just have to be careful when we talk about things being solved at a national level. Because it's really the community leaders who have a vested interest and who are going to make things actually happen on the ground. It's saying, "Look, we've got a hundred barriers on the spec sheet. Let's come up with an action plan to get them all out of the way."

Campbell: I don't know if anyone anywhere has tried to capture the total flow of resources that came in to help after Katrina—whether it was volunteer labor, private donations, Red Cross or federal funds—as compared to what the needs of the community were. That could be a pretty fascinating research project, because hundreds of millions of dollars of resources have been applied to meet the need. But I think it didn't come in the way most peo-

ple would have expected it to. A broad set of volunteer groups were very key participants. Lots of church groups were a major resource in rebuilding, helping people broadly across the coastal region. What we all expected FEMA to do just didn't happen, so other people filled the gap. Next time, should we help those people who filled the gap this time, or should we insist that next time FEMA step up and do it right? If you're a betting man, you're better off betting on the people who filled the gap the last time—the volunteers. Nothing's been done really to coordinate and fund all of this for next time, and the response is likely to be just as ad hoc in the future.

Bearden: So we need an after-action report?

Campbell: It would be sensible for someone—FEMA or someone else—to do an after-action report on what really worked and what did happen after Katrina. I know of no one even contemplating doing this.

Cyr: Project HOPE did a very good job of organizing nursing forces to come down to Coastal. Project HOPE has the database, they have the infrastructure, and they have the people who knew how to do this. What would happen if the federal government contracted with these very knowledgeable organizations, very trustworthy, very good names, very good histories of helping people? But you've got to get that in place up front. We've got to have the memoranda of understanding and the contracts that say, "Look, there are a bunch of people out there that do this better than the government," and figure out how to get them on the ground with the funds they need.

Dawsey: I've been through several hurricanes, and each time we just kind of build back up, wait for it to happen again, and do the same thing. Now we're trying to build the buildings a little sturdier, but as far as the response for health care, I don't think we learned a thing. I think that the private volunteer networks we developed after Hurricane Katrina have learned a lot and could get together again and respond even better because they know each other now. But nothing's written down, and there are no formal response plans that are any better than what we had in '05.

Looming Crisis: Mental Health

Cyr: I think it's important to point out the fact that we're facing a follow-on crisis right now: the mental health status of people in all of the hurricane-affected areas. And there is a current opportunity for these same actors to think about and attack something right now that could come out with a much more positive conclusion. The opportunity is now before us to address mental health care in those areas—for example, post-traumatic stress disorder [PTSD]. Often you don't see that come home to roost fully until something like eighteen months after a disaster. We're talking about a disaster after a disaster, and frankly a lot of the mental health money that came in originally has been pulled back out even before it was fully spent. So there is a disjunction between the needs and the way that the money has come down for mental health.

Right now the mental health crisis is just hitting the Gulf Coast, and it's going to be major, and it's going to be very costly if it is addressed in a reactionary way—both in human cost and frankly in financial cost. In some of the articles that have come out lately, different mental health institutions are saying that they have vastly increased their caseload from what they had before Katrina. So there's going to be depression, there's going to be PTSD, and other kinds of problems, and that's just the people who had good mental health before the disaster hit. The other piece is that because of the loss of providers, there are people who had pre-existing mental health needs for important medications that allow them to exist and function in the community, and those needs just aren't being met.