Gone With The Wind

What happens to black people when there are a few black doctors? New Orleans residents find out.

August 22, 2006 By Trymaine Lee

Cardiologist Emmett Chapital's New Orleans office still has a grimy flood line wrapped around it, like a black eye on a prizefighter. The buildings surrounding it sit hollowed out in a neighborhood still strewn with mucked-up memories of life before Hurricane Katrina. The community and the people who call it home are sick and in need of aid.

But more than a year after floodwaters devoured much of the city, leading to the deaths of more than 1,800 people, nearly 96% of the city's black doctors remain in storm-forced exile, leaving thousands of black patients without proper health care. The implications are far-reaching and dire.

The vast majority of the 300 black doctors who practiced in New Orleans before the storm primarily served black patients. They treated the community's most vulnerable: the sick, frail, elderly and the young. On Katrina's heels they, too, were tossed to the wind and are now scattered throughout the region.

In fact, most of New Orleans' population remains beyond its borders, with the Census Bureau placing the city's current population at around 220,000 residents, down from the 485,000 that appeared in census records before the storm. The city today is much older, whiter and wealthier than it was a little more than a year ago. Experts say blacks make up about 55% of the New Orleans population, down from about two-thirds before Katrina.

Gradually, though, the city is repopulating, but health care providers have returned much more slowly. According to Leonard Weather, MD, president of the New Orleans Health Alliance, only about 12 black physicians who worked in the city have returned. Many obstacles impede them: destroyed homes and offices, higher insurance premiums and the relocation of their families to such cities as Atlanta, Houston and Shreveport, Louisiana.

A system on life support

"New Orleans right now is not a place for the faint of heart," says Dr. Chapital. "If our current health care crisis was a patient, he'd be on life support."

Only two of nine New Orleans hospitals have reopened since the storm, with eight of 22 opening in

the greater metropolitan area. Those institutions report that they're operating with less than half their prestorm number of beds. Some doctors have joined colleagues from cross-city practices in order to stay afloat. Flooding destroyed one of Dr. Chapital's two offices; the other sustained reparable damage. To get his practice running again, he opened his surviving office to five physicians whose businesses were destroyed. One staff member lives in a Federal Emergency Management Agency (FEMA) trailer behind his office.

"It's been a fight getting back into business," Dr. Chapital says. "But we're doing what we can. The salvation of New Orleans rests upon the shoulders of those who are from here. If we wait for something to save us, we'll never get rescued. We saw that during Katrina."

Nowhere to run to

In the meantime, nightmare scenarios unfurl daily for black patients. "I'm hearing horror stories of black women with breast cancer being examined without having to take off their bras," Dr. Weather says. "Of people not being given pain medications because doctors think they are just trying to get high."

Black physicians are "more caring and concerned" when treating black patients and are at the forefront in the medical care of diseases that affect us disproportionately, such as diabetes, high blood pressure and obesity, Dr. Weather says. Many of their nonblack counterparts "are seeing patients who are obese and suffering from diabetes and high blood pressure but won't tell them to lose weight," he says. They'll say patients' hypertension "isn't too bad because on average blacks have higher blood pressure" and, he believes, they don't care enough to tell black patients that their unhealthy lifestyles might eventually kill them.

Mentally ill patients without access to mood-stabilizing meds are often being confronted by cops rather than caregivers. Some have even been killed in confrontations with police. After an eight-hour standoff in May, NOPD officers gunned down Ronald Goodman, who had a long history of mental illness.

Goodman was armed with a high-powered rifle and squeezed off several shots at officers who had arrived at his home to offer him treatment. Four months after the storm, police shot and killed Anthony Hayes, 38, who suffered from schizophrenia, after they confronted him as he was waving a three-inch knife on St. Charles Avenue. He was partially encircled by police, then hit with gunfire.

"Never have so many people gone untreated," says Joseph Davis, a mental health therapist who shares space in Dr. Chapital's office. "They are suffering from anxiety, depression—all the signs of post-traumatic stress. There are very few places they can turn."

Still in critical condition

The closing of Charity Hospital, New Orleans' only public hospital, has compounded the crisis. Nearly 75% of Charity's patients were black; 85% had annual incomes of less than $20,000; and 83% were uninsured, according to the Henry J. Kaiser Family Foundation, a health care nonprofit. Charity Hospital now operates limited emergency services at two satellite locations—one out of a

hospital in neighboring Jefferson Parish, the other at a flood-shuttered Lord & Taylor department store.

Charity CEO Dwayne Thomas, MD, who is black, calls the current state of black health care in New Orleans “dismal.” He says patients “who have little to no access to their primary care doctors are overwhelming the few open emergency rooms in the area.” Dr. Thomas adds that common chronic conditions have become matters of life and death, as people “often wait until they’re facing a medical crisis and having difficulty getting their basic needs met” before they seek out services. The result is overcrowded emergency rooms, where patients often spend hours or days waiting to be seen. An influx of thousands of mostly uninsured, illegal immigrant laborers has further stressed the city’s health care structure.

Sheila Davis, MD, associate director of the National Medical Association’s Cobb Institute, the policy arm of the organization’s 25,000 black physicians, says, “Our members serve the medically underserved. Without them, those populations will have very limited access to health care.” The NMA is developing strategies and partnerships to address the shortage and bring black doctors back to New Orleans.

As New Orleans slowly repopulates, black doctors feel that it’s essential for them to play a role in rebuilding community-based health care. “Black patients not having black doctors absolutely affects their quality of care,” Dr. Weather says. “We went to medical school because that’s what we were called to do, not because our parents told us to go.”

AFTER THE STORM
Xavier University bounces back to prepare for the next generation of black doctors

When Hurricane Katrina devastated New Orleans in August 2005, historically black Xavier University was plunged into a murky abyss with more than $90 million in damages.

The university, renowned for sending more blacks to medical schools than any other institution in the country and graduating nearly 25% of the nation’s black pharmacists, faced a bleak, uncertain future. Two months later, university president Norman Francis, PhD, made a bold and ambitious statement: Classes would resume in January 2006.

“We didn’t have time to wonder whether we could do it or not,” explains Wayne Harris PhD, dean of Xavier’s College of Pharmacy.

On January 17, the university opened, welcoming back 75% of its students. But with a meager endowment and limited FEMA assistance, additional funds were needed. Other universities, philanthropic organizations and private donors stepped up. The Arab nation of Qatar pledged $5 million to help support displaced students and $12.5 million to help rebuild Xavier’s campus.

“Hurricane Katrina was so devastating that everyone in Qatar and the rest of the world felt a responsibility to really act,” Nasser Bin Hamad M. al-Khalifa, Qatar’s ambassador to the United

States told the New York Times in May. Khalifa added that Qatar opted to give the funds to Xavier to ensure that those directly affected by the storm would benefit.

“Xavier has a long history of providing opportunity to students,” Harris says. “We owed it to our students to reopen when we did.” To contribute, visit **www.xula.edu** or call **504.486.7411**.

BEFORE THE NEXT DISASTER STRIKES

Follow these steps to prepare your family for the unthinkable

FEMA says Americans should prepare for large-scale disasters by developing specific action plans. It says people should be prepared to survive without any local or federal assistance for at least 36 hours. To learn more about disaster preparedness, visit FEMA at www.fema.gov or call 800.621.FEMA. In the meantime, take these steps:

1. Learn about the hazards facing your community and how it plans to make warnings and evacuations. You can find your state’s offices and agencies of emergency management through the “Contact Us” section of FEMA’s website.
2. Create a family disaster plan that addresses how to contact one another in case of evacuation and specific routes out of the area. In case local communications, such as phone service, are affected, keep cards with the contact information of out-of-state relatives or friends handy. If the family is split up, have each member or someone with operable communications call a contact person and give your whereabouts.
3. Assemble a disaster survival kit that includes a three-day supply of water and nonperishable food, a first-aid kit, a portable battery-powered radio, a flashlight and extra batteries, moist towelettes, matches, a waterproof container with extra clothing, photocopies of credit and ID cards, and cash. Keep a kit at home, at work and in your car.

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